

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC

ADDRESS (number and street) 5301 GLENWOOD AVENUE

Check if different than previously reported. (ACC) RALEIGH NC 27612

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00216754 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. Election on: M M M / D D D / Y Y Y Y Y Y in the State of. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on: M M M / D D D / Y Y Y Y Y Y in the State of.

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer H. Julian Philpott Jr.

Signature of Treasurer H. Julian Philpott Jr. [Electronically Filed] Date 01 / 27 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="73537.82"/>	<input type="text" value="73537.82"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="52997.82"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="45615.98"/>	<input type="text" value="45615.98"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="98613.80"/>	<input type="text" value="119153.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18500.00"/>	<input type="text" value="39040.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="80113.80"/>	<input type="text" value="80113.80"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	45615.98	45615.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45615.98	45615.98
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	45615.98	45615.98
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	45615.98	45615.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45615.98	45615.98

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	39040.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18500.00	39040.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18500.00	39040.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	45615.98	45615.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45615.98	45615.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

Full Name (Last, First, Middle Initial)

**A. ALMA ADAMS FOR CONGRESS**

Mailing Address P.O. BOX 20622

City GREENSBORO State NC Zip Code 27420

Purpose of Disbursement  
Contribution

011

Candidate Name

ALMA SHEALEY ADAMS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	5

Transaction ID : SB23.6360

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. BUTTERFIELD FOR CONGRESS COMMITTEE**

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement  
Contribution

011

Candidate Name

G. K. BUTTERFIELD

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	5

Transaction ID : SB23.6351

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. GRASSLEY COMMITTEE INC**

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement  
Contribution

011

Candidate Name

CHARLES E SENATOR GRASSLEY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	1	5

Transaction ID : SB23.6366

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	0	0	0	0	0	0	0	0	0

**TOTAL** This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

Full Name (Last, First, Middle Initial)

**A. MCHENRY LEADERSHIP FUND**

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Contribution

011

Candidate Name

PATRICK MCHENRY

Category/Type

Office Sought:  House  Senate  President  
State: NC District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

Transaction ID : SB23.6355

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. NORTH CAROLINA COTTON PRODUCERS ASSOCIATION COMMITTEE (NCCPAC)**

Mailing Address POST OFFICE BOX 656

City NASHVILLE State NC Zip Code 27856

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : SB23.6370

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 904

City DUNN State NC Zip Code 28335

Purpose of Disbursement Contribution

011

Candidate Name

RENEE JACISIN ELLMERS

Category/Type

Office Sought:  House  Senate  President  
State: NC District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

Transaction ID : SB23.6352

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC**

Full Name (Last, First, Middle Initial) <b>A. RENEE ELLMERS FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address P.O. BOX 904		<b>Transaction ID : SB23.6354</b>
City DUNN	State NC	
Zip Code 28335	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>RENEE JACISIN ELLMERS</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 02		

Full Name (Last, First, Middle Initial) <b>B. RICHARD BURR COMMITTEE; THE</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address POST OFFICE BOX 5928		<b>Transaction ID : SB23.6350</b>
City WINSTON-SALEM	State NC	
Zip Code 27113	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>Richard Burr</b>	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District:		

Full Name (Last, First, Middle Initial) <b>C. ROBERT ADERHOLT FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address P. O. BOX 1158		<b>Transaction ID : SB23.6365</b>
City HALEYVILLE	State AL	
Zip Code 35565	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>ROBERT ADERHOLT</b>	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

Full Name (Last, First, Middle Initial)

**A. VICTORY AND FREEDOM PAC (VAF PAC)**

Mailing Address 1666 K ST, NW  
STE 500

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
Contribution

Candidate Name

VIRGINIA ANN FOXX

Office Sought:  House  
 Senate  
 President  
State: NC District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2015

Transaction ID : SB23.6357

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. WALTER JONES COMMITTEE**

Mailing Address PO BOX 3962

City GREENVILLE State NC Zip Code 27836

Purpose of Disbursement  
Contribution

Candidate Name

WALTER B JONES

Office Sought:  House  
 Senate  
 President  
State: NC District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2015

Transaction ID : SB23.6353

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00

**TOTAL** This Period (last page this line number only)..... ▶

18500.00