

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEDERAL ELECTION COMMISSION  
MAR. 5004

Oct 24 2 11 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> Central Carolina Bank & Trust Co Free Enterprise Fund	<b>2. FEC IDENTIFICATION NUMBER</b> C0087502
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported P. O. Box 931	<b>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</b>
<b>CITY, STATE and ZIP CODE</b> Durham, NC 27702	

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding General (Type of Election)  
 election on 11/08/94 in the State of NC
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/94</u> through <u>10/19/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 2,796.47
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,863.67	
(c) Total Receipts (from Line 19)	\$ 252.75	\$ 2,753.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3,116.42	\$ 5,549.51
7. Total Disbursements (from Line 30)	\$ 1,200.00	\$ 3,633.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1,916.42	\$ 1,916.42
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	
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 David P. Shaw	Date 10/20/94
Signature of Treasurer	

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

2 4 0 3 9 3 5 4 6 3 3

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
Central Carolina Bank & Trust Co. Free Enterprise Fund	FROM 10/1/94	TO: 10/19/94	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	43.75	306.25	11(a)(i)
i. Itemized (use Schedule A) .....	209.00	2,446.79	11(a)(ii)
ii. Unitemized .....	252.75	2,753.04	11(a)(iii)
iii. Total ..... (add i and ii) >	0	0	11(b)
b. Political Party Committees .....	0	0	11(c)
c. Other Political Committees (such as PACs) .....	252.75	2,753.04	11(d)
d. Total Contributions ..... (add a ii, b and c) >	0	0	12
12. Transfers From Affiliated/Other Party Committees .....	0	0	13
13. All Loans Received .....	0	0	14
14. Loan Repayments Received .....	0	0	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0	0	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0	0	17
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0	0	18
18. Transfers from Nonfederal Account for Joint Activity .....	252.75	2,753.04	19
19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	252.75	2,753.04	20
20. Total Federal Receipts ..... (subtract line 18 from line 19) >			
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	0	33.09	21(a)(i)
ii. Non-Federal Share .....	0	0	21(a)(ii)
b. Other Federal Operating Expenditures .....	0	33.09	21(b)
c. Total Operating Expenditures ..... (add a i, a ii, and b) >	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees .....	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1,200.00	3,600.00	23
24. Independent Expenditures (use Schedule E) .....	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	0	0	25
26. Loan Repayments Made .....	0	0	26
27. Loans Made .....	0	0	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....	0	0	28(a)
b. Political Party Committees .....	0	0	28(b)
c. Other Political Committees (such as PACs) .....	0	0	28(c)
d. Total Contribution Refunds ..... (add a, b and c) >	0	0	28(d)
29. Other Disbursements .....	0	0	29
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,200.00	3,633.09	30
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >	1,200.00	3,633.09	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	252.75	2,753.04	32
33. Total Contribution Refunds (from line 28d) .....	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	252.75	2,753.04	34
35. Total Federal Operating Expenditures ..... (add 21 a i and 21 b) >	0	33.09	35
36. Offsets to Operating Expenditures (from line 15) .....	0	0	36
37. Net Operating Expenditures ..... (subtract line 36 from 35) >	0	33.09	37

7 4 0 3 9 3 5 4 6 5 9

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of eliciting 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)**  
 Central Carolina Bank & Trust Co. Free Enterprise Fund Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ABA Bank PAC 1120 Connecticut Ave NW Washington DC 20036	Contribution - 94 Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/94	1,200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

0 4 0 3 9 3 5 1 6 0 0

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	1,200.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

Central Carolina Bank & Trust Co. Free Enterprise Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. L. Burns, Jr. 6934 Ebenezer Church Road Hillsborough, NC 27278 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Central Carolina Bank Occupation Chairman of Board Aggregate Year-to-Date > \$ 437.50	10/3/94	43.75
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

SUBTOTAL of Receipts This Page (optional)	43.75
TOTAL This Period (last page this line number only)	43.75

**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

10-20-94

No Postmark

Postmark Illegible

Received from the House Office of Records  
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

MMR

PREPARER

10-24-94

DATE PREPARED

3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2