

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
Old North State PAC

ADDRESS (number and street) PO Box 97275
Check if different than previously reported. (ACC) Raleigh NC 27624

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00633818 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2020 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2020

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 McMichael, Collin, , ,

Signature of Treasurer McMichael, Collin, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 05 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

Old North State PAC

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="2020"/>	<input type="text" value="9192.87"/>	<input type="text" value="9192.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6673.39"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3500.00"/>	<input type="text" value="3500.00"/>
(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="10173.39"/>	<input type="text" value="12692.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6000.00"/>	<input type="text" value="8519.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4173.39"/>	<input type="text" value="4173.39"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

Old North State PAC

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

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	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	3500.00	3500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3500.00	3500.00
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)).....▶	3500.00	3500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3500.00	3500.00

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	2519.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	2519.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	6000.00	8519.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	8519.48

DETAILED SUMMARY PAGE
of Disbursements

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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)	3500.00	3500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3500.00	3500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	2519.48
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	2519.48

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 8
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
Old North State PAC

A. NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3601 VINCENNES ROAD
PO BOX 68700

City INDIANAPOLIS State IN Zip Code 46268

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
06 / 12 / 2020
Transaction ID : SA11C.4244

Amount of Each Receipt this Period
2500.00

Memo Item

B. NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3601 VINCENNES ROAD
PO BOX 68700

City INDIANAPOLIS State IN Zip Code 46268

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
06 / 30 / 2020
Transaction ID : SA11C.4260

Amount of Each Receipt this Period
1000.00

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	3500.00

**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"/> 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)
Old North State PAC

A. AMANDA MAKKI FOR CONGRESS

Full Name (Last, First, Middle Initial)
AMANDA MAKKI FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
06 / 29 / 2020

Mailing Address PO BOX 47483

City: ST PETERSBURG State: FL Zip Code: 33743

Purpose of Disbursement: Contribution

Candidate Name: MAKKI, AMANDA, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: FL District: 13

FEC Identification Number: C00708263
Transaction ID : SB23.4258
Amount of Each Disbursement this Period: 500.00

Memo Item

B. CAWTHORN FOR NC

Full Name (Last, First, Middle Initial)
CAWTHORN FOR NC

Date of Disbursement: MM / DD / YYYY
06 / 29 / 2020

Mailing Address 638 SPARTANBURG HWY, STE 70 #362

City: HENDERSONVILLE State: NC Zip Code: 28792

Purpose of Disbursement: Contribution

Candidate Name: CAWTHORN, DAVID MADISON, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: NC District: 11

FEC Identification Number: C00732958
Transaction ID : SB23.4259
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. FRIENDS OF MCCORMICK

Full Name (Last, First, Middle Initial)
FRIENDS OF MCCORMICK

Date of Disbursement: MM / DD / YYYY
05 / 21 / 2020

Mailing Address 4410 LAUREL GROVE TRACE

City: SUWANEE State: GA Zip Code: 30024

Purpose of Disbursement: Contribution

Candidate Name: MCCORMICK, RICHARD DEAN DR., , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: GA District: 07

FEC Identification Number: C00706747
Transaction ID : SB23.4245
Amount of Each Disbursement this Period: 1000.00

Memo Item

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"/> 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)
Old North State PAC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF NICK FREITAS INC

Mailing Address PO BOX 113

City CULPEPER State VA Zip Code 22701

Purpose of Disbursement Contribution

Candidate Name
FREITAS, NICHOLAS JASON, , ,

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: VA District: 00

Date of Disbursement: 06 / 29 / 2020

FEC Identification Number: **C00729335**
Transaction ID : SB23.4257
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. MARY MILLER FOR CONGRESS

Mailing Address 23326 E COUNTY ROAD 1960 N

City OAKLAND State IL Zip Code 61943

Purpose of Disbursement Contribution

Candidate Name
MILLER, MARY, , ,

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: IL District: 15

Date of Disbursement: 06 / 29 / 2020

FEC Identification Number: **C00723916**
Transaction ID : SB23.4265
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. MOWERS FOR CONGRESS

Mailing Address P.O. BOX 10297

City BEDFORD State NH Zip Code 03110

Purpose of Disbursement Contribution

Candidate Name
MOWERS, MATT, , ,

Office Sought: House Senate President Disbursement For: 2020 Primary General Other (specify) ▼

State: NH District: 01

Date of Disbursement: 06 / 29 / 2020

FEC Identification Number: **C00734491**
Transaction ID : SB23.4256
Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2500.00

TOTAL This Period (last page this line number only)..... ▶ 6000.00