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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. 121FE4MS

NORTH CAROLINA FEDERAL BUREAU OF INVESTIGATION
POLITICAL ACTION COMMITTEE, INC.

ADDRESS (number and street) 530 Glenwood Avenue

Check if different than previously reported. (ACC)

Raleigh N.C. 27612

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00216754

3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] 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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Pre-Election Year Only), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [] [] [] in the State of []

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [] [] [] in the State of []

5. Covering Period 07 01 2003 through 12 31 2003

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 [Signature] Date 01 16 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §457g.

Table with 10 columns and 1 row, labeled 'Office Use Only'.

FEC FORM 3X (Rev. 08/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Carolina Farm Bureau Federation, Inc. - Political Action Committee, Inc.

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="2003"/>		<input type="text" value="605912"/>
(b) Cash on Hand at Beginning of Reporting Period	<input type="text" value="2710792"/>	
(c) Total Receipts (from Line 10)	<input type="text" value="193707"/>	<input type="text" value="2943927"/>
(d) Subtotal (see Lines 6(b) and 8(c) for Column A and Lines 8(a) and 6(c) for Column B)	<input type="text" value="2904499"/>	<input type="text" value="3589839"/>
7. Total Disbursements (from Line 31)	<input type="text" value="759806"/>	<input type="text" value="1445146"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="2144693"/>	<input type="text" value="2144693"/>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<input type="text" value="000"/>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<input type="text" value="000"/>	

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

For further information contact:

Federal Election Commission
899 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

North Carolina Farm Bureau Federation, Inc. - Political Action Committee, Inc.

Report Covering the Period:

From:

07 / 01 / 2003

To:

12 / 31 / 2003

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) Tierized (see Schedule A)
- (ii) Untierized
- (ii) TOTAL (add Lines 11(a)(i) and (ii)

32400

158281

190681

2977911

- (b) Political Party Committees
- (c) Other Political Committees (such as PACs)
- (d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5)

190681

2977911

12. Transfers From Affiliated/Other Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures (Refunds, Recales, etc.) (Carry Totals to Line 37, page 5)

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees

17. Other Federal Receipts (Dividends, Interest, etc.)

3026

6016

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3)
- (b) Levin Funds (from Schedule H5)
- (c) Total Transfers (add 18(a) and 18(b))

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))

193707

2983927

20. Total Federal Receipts (subtract Line 18(c) from Line 19)

193707

2983927

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,500,000	1,230,000
24. Independent Expenditures (see Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (see Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	9896	15144
30. Federal Election Activity (2 U.S.C. §431(2))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Local" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7,598,006	1,445,446
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7,598,006	1,445,446

DETAILED SUMMARY PAGE
of Disbursements

FEC Form SX (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
83. Total Contributions (other than loans) (from Line 11(d), page 5)	1,906.81	2,577.91
34. Total Contribution Refunds (from Line 29(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,906.81	2,577.91
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 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		OF	1
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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 (at Full) North Carolina Farm Bureau Federation, Inc.
Political Action Committee, Inc.

Full Name (Last, First, Middle Initial) A. Register, Craven		Date of Receipt 11 03 2003	
Mailing Address 1040 Williamson Road		Amount of Each Receipt this Period 324.00	
City Clinton	State NC	Zip Code 28326	
FEC ID number of contributing federal political committee C			
Name of Employer Self Employed	Occupation Agriculture Production		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 324.00		
Full Name (Last, First, Middle Initial) B.		Date of Receipt	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	
FEC ID number of contributing federal political committee C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date		
Full Name (Last, First, Middle Initial) C.		Date of Receipt	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	
FEC ID number of contributing federal political committee C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date		
SUBTOTAL of Receipts This Page (optional)		324.00	
TOTAL This Period (last page this line number only)		324.00	

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

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

FOR LINE NUMBER:		PAGE 1 OF 1	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full) **North Carolina Farm Bureau Federation, Inc.
Political Action Committee, Inc.**

Full Name (Last, First, Middle Initial)
A. B. & T

Mailing Address
P. O. Box 27961

City **Raleigh** State **NC** Zip Code **27612**

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

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) **Checking Interest**

Aggregate Year-to-Date **6,016**

Date of Receipt
12/13/03

Amount of Each Receipt this Period
302.65

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts (This Page (optional))

TOTAL This Period (last page five line number only)

302.65

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Disbursement Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 4
	<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. Political Action Committee, Inc.**

A.

Full Name (Last, First, Middle Initial) **Etheridge, Bob**

Date of Disbursement **07/19/03 2003**

Mailing Address **607 N. First Street**

City **Lillington** State **NC** Zip Code **27546**

Purpose of Disbursement **Contribution YTD \$500.00** Category Type **011**

Candidate Name **Bob Etheridge**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NC** District: **2**

Amount of Each Disbursement this Period **500.00**

B.

Full Name (Last, First, Middle Initial) **The Richard Burr Committee**

Date of Disbursement **07/19/03 2003**

Mailing Address **P. O. Box 5928**

City **Winston-Salem** State **NC** Zip Code **27113**

Purpose of Disbursement **Contribution YTD \$500.00** Category Type **011**

Candidate Name **Richard Burr**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NC** District: **5**

Amount of Each Disbursement this Period **500.00**

C.

Full Name (Last, First, Middle Initial) **Price for Congress Committee**

Date of Disbursement **08/05/03 2003**

Mailing Address **P. O. Box 1986**

City **Raleigh** State **NC** Zip Code **27602**

Purpose of Disbursement **Contribution YTD \$1,000.00** Category Type **011**

Candidate Name **David Price**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NC** District: **4**

Amount of Each Disbursement this Period **1,000.00**

SUBTOTAL of Disbursements This Page (optional) **1,500.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of line Detailed Summary Page		FOR LINE NUMBER (check only one)						PAGE 2 OF 4	
<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"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28d	<input type="checkbox"/> 28e	<input type="checkbox"/> 28f	<input type="checkbox"/> 28g	<input type="checkbox"/> 28h	

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NAME OF COMMITTEE (in Full) North Carolina Farm Bureau Federation, Inc.
Political Action Committee, Inc.

A.

Full Name (Last, First, Middle Initial) The Richard Burr Committee

Date of Disbursement: 09/09/2003

Mailing Address P. O. Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement Contribution YTD \$1,500.00 Category/Type 0 1 1

Candidate Name Richard Burr

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NC District: 5

Amount of Each Disbursement this Period 1,000.00

B.

Full Name (Last, First, Middle Initial) Hayes For Congress

Date of Disbursement: 09/09/2003

Mailing Address P. O. Box 2000

City Concord State NC Zip Code 28026

Purpose of Disbursement Contribution YTD \$1,000.00 Category/Type 0 1 1

Candidate Name Robin Hayes

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NC District: 8

Amount of Each Disbursement this Period 1,000.00

C.

Full Name (Last, First, Middle Initial) Brad Miller For Congress

Date of Disbursement: 09/09/2003

Mailing Address P. O. Box 20307

City Raleigh State NC Zip Code 27619

Purpose of Disbursement Contribution YTD \$2,000.00 Category/Type 0 1 1

Candidate Name Brad Miller

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NC District: 13

Amount of Each Disbursement this Period 1,000.00

SUBTOTAL of Disbursements This Page (optional) 3,000.00

TOTAL This Period (last page this line number only) 3,000.00

**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)	PAGE 3 OF 4				
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 29a	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30a

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NAME OF COMMITTEE (in full) **North Carolina Farm Bureau Federation, Inc.
Political Action Committee, Inc.**

Full Name (Last, First, Middle Initial) A. Mike McIntyre For Congress		Date of Disbursement 10/27/2003
Mailing Address P. O. Box 1		Amount of Each Disbursement this Period 500.00
City Lumberton	State NC	
Zip Code 28359	Category/Type 011	
Purpose of Disbursement Contribution YTD \$500.00		
Candidate Name Mike McIntyre		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 7		

Full Name (Last, First, Middle Initial) B. Elizabeth Dole Committee, Inc.		Date of Disbursement 11/12/2003
Mailing Address 421 Fayetteville Street Mall, Suite 1111		Amount of Each Disbursement this Period 1000.00
City Raleigh	State NC	
Zip Code 27601	Category/Type 011	
Purpose of Disbursement Contribution YTD \$1,000.00		
Candidate Name Elizabeth Dole		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District:		

Full Name (Last, First, Middle Initial) C. Charles Taylor For Congress		Date of Disbursement 12/05/2003
Mailing Address P. O. Box 2355		Amount of Each Disbursement this Period 500.00
City Asheville	State NC	
Zip Code 28802	Category/Type 011	
Purpose of Disbursement Contribution YTD \$500.00		
Candidate Name Charles Taylor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 11		

SUBTOTAL of Disbursements This Page (optional)	
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"/> 29c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 4 OF 4

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NAME OF COMMITTEE (In Full) **North Carolina Farm Bureau Federation, Inc.
Political Action Committee, Inc.**

A.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 11/23/03

Purpose of Disbursement: **Ballance For Congress**

Amount of Each Disbursement this Period: **500.00**

Category Type: **1011**

Candidate Name: **Frank Reliance, Jr.**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **NC** District: **1**

Mailing Address: **P. O. Box 25627**

City: **Raleigh** State: **NC** Zip Code: **27611**

B.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: _____

Purpose of Disbursement: _____

Amount of Each Disbursement this Period: _____

Category Type: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

C.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: _____

Purpose of Disbursement: _____

Amount of Each Disbursement this Period: _____

Category Type: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

SUBTOTAL of Disbursements This Page (optional): _____

TOTAL This Period (last page this line number only): **750.00**

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

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

FDR LINE NUMBER (check only one)

PAGE 1 OF 1

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

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NAME OF COMMITTEE (in Full) **North Carolina Farm Bureau Federation, Inc. Political Action Committee, Inc.**

A. Full Name (Last, First, Middle Initial) **B B & T**

Mailing Address **P. O. Box 27961**

City **Raleigh** State **NC** Zip Code **27612**

Purpose of Disbursement **Bank Service Fees YTD \$79.98**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **Bank Service Fees**

State: _____ District: _____

Date of Disbursement **12/31/2003**

Amount of Each Disbursement this Period **0.01**

B. Full Name (Last, First, Middle Initial) **B B & T**

Mailing Address **P. O. Box 27961**

City **Raleigh** State **NC** Zip Code **27612**

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **Bank Deposit Tickets**

State: _____ District: _____

Date of Disbursement **10/31/2003**

Amount of Each Disbursement this Period **7.14**

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement _____

Amount of Each Disbursement this Period _____

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (last page this line number only) **98.06**

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>1/20/04</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>pa</i> PREPARER	<i>1/20/04</i> DATE PREPARED