

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
NORTH CAROLINA FARM BUREAU FEDERATION, INC., POLITICAL ACTION COMMITTEE, INC.

ADDRESS (number and street) 5301 GLENWOOD AVENUE
(Check if address is changed) RALEIGH NC 27612
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
julian.philpott@ncfb.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
919 - 783 - 8593

2. DATE 01 / 29 / 2007

3. FEC IDENTIFICATION NUMBER C 00216754

4. IS THIS STATEMENT NEW (N) OR AMENDED (A) [X]

I certify that I have examined this Statement 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 [Handwritten Signature] Date 01 / 29 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NORTH CAROLINA FARM BUREAU FEDERATION, INC.

5301 GLENWOOD AVENUE

Mailing Address _____

RALEIGH _____ NG _____ 27612 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATE

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name PERRY, L. CRUTCHFIELD

Mailing Address 5301 GLENWOOD AVENUE

RALEIGH NC 27612

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 919-782-1705

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer H. JULIAN PHILPOTT, JR.

Mailing Address 5301 GLENWOOD AVENUE

RALEIGH NC 27612

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 919-782-1705

Full Name of Designated Agent H. JULIAN PHILPOTT, JR.

Mailing Address 5301 GLENWOOD AVENUE

RALEIGH NC 27612

Title or Position CITY STATE ZIP CODE

SECRETARY Telephone number 919-782-1705

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WACHOVIA BANK NA

Mailing Address

150 FAYETTEVILLE STREET 32926 6TH FLOOR

RALEIGH

NC

27601

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>1-25-07</i>
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMB
 PREPARER
 (3/2005)

2/9/07
 DATE PREPARED

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