

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 FEB -3 P 1:18

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00216754 121499
N 258 HUBERT JULIAN PHILPOTT JR
NORTH CAROLINA FARM BUREAU FED
ERATION INC POL ACT CMTE INC (16c
5301 GLENWOOD AVENUE
RALEIGH NC 27612

2. FEC IDENTIFICATION NUMBER
C00216754

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

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:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____

30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period 7-01-99 through 12-31-99		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 1999		\$ 10,414.56
(b)	Cash on Hand at Beginning of Reporting Period 7/1/99	\$ 9,454.36	
(c)	Total Receipts (from Line 19)	\$ 1,530.47	\$ 1,735.25
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 10,984.83	\$ 12,149.81
7.	Total Disbursements (from Line 30)	\$ 1,265.43	\$ 2,430.41
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 9,719.40	\$ 9,719.40
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 202-694-1100
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
H. JULIAN PHILPOTT, JR. TREASURER

Signature of Treasurer *Hubert Julian Philpott Jr* Date 1-28-00

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE NORTH CAROLINA FARM BUREAU FEDERATION, INC. POLITICAL ACTION COMMITTEE, INC.		REPORT COVERING PERIOD FROM 07-01-99 TO: 12-31-99	
		COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)			11600
ii. Unitemized	1,431.56	1,525.57	11600
iii. Total (add i and ii) >	1,431.56	1,525.57	11600
b. Political Party Committees			1100
c. Other Political Committees (such as PACs)			1100
d. Total Contributions (add a ii, b and c) >	1,431.56	1,525.57	1100
12. Transfers From Affiliated/Other Party Committees			0
13. All Loans Received			0
14. Loan Repayments Received			0
15. Offsets To Operating Expenditures (Refunds; Rebates, etc.)			0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			0
17. Other Federal Receipts (Dividends, Interest, etc.)	98.91	209.68	0
18. Transfers from Nonfederal Account for Joint Activity			0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,530.47	1,735.25	0
20. Total Federal Receipts (subtract line 18 from line 19) >	1,530.47	1,735.25	0
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21000
ii. Non-Federal Share			21000
b. Other Federal Operating Expenditures			2100
c. Total Operating Expenditures (add a i, a ii, and b) >			2100
22. Transfers to Affiliated/Other Party Committees			0
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,250.00	1,850.00	0
24. Independent Expenditures (use Schedule E)			0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (use Schedule F)			0
26. Loan Repayments Made			0
27. Loans Made			0
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			2000
b. Political Party Committees			2000
c. Other Political Committees (such as PACs)			2000
d. Total Contribution Refunds (add a, b and c) >	15.43	580.41	2000
29. Other Disbursements			0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,265.43	2,430.41	0
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,265.43	2,430.41	0
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,431.56	1,525.57	0
33. Total Contribution Refunds (from line 28d)	-0-	-0-	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,431.56	1,525.57	0
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	0
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	0
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	0

SCHEDULE A

ITEMIZED RECEIPTS

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.
 POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code BB&T P.O. BOX 27961 RALEIGH, NC 27612	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	07-01-99 12-31-99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CHECKING INTEREST	Aggregate Year-to-Date > \$ 209.68		98.91
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Amount of Each Receipt this Period
Name of Employer		Date (month, day, year)	
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Amount of Each Receipt this Period
Name of Employer		Date (month, day, year)	
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Amount of Each Receipt this Period
Name of Employer		Date (month, day, year)	
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Amount of Each Receipt this Period
Name of Employer		Date (month, day, year)	
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Amount of Each Receipt this Period
Name of Employer		Date (month, day, year)	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	98.91

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA FARM BUREAU FEDERATION, INC.
POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
EVA CLAYTON FOR CONGRESS P.O. BOX 25627 RALEIGH, NC 27611-5626	EVA CLAYTON-US HOUSE NC DISTRICT 1 YTD\$250.00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-08-99	250.00
CHARLES TAYLOR FOR CONGRESS P.O. BOX 2355 ASHEVILLE, NC 28802	CHARLES TAYLOR-US HOUSE DISTRICT 11 NC YTD\$500.00 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-08-99	500.00
HAYES FOR CONGRESS COMMITTEE 102 CHURCH STREET, NORTH CONCORD, NC 28025	ROBIN HAYES-US HOUSE NC DISTRICT 8 YTD\$500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10-07-99	500.00
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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)
NORTH CAROLINA FARM BUREAU FEDERATION, INC.
POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BB&T P.O. BOX 27961 RALEIGH, NC 27611	BANK CHARGES - YTD \$ 30.41 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-31-99	15.43
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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

15.43

**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

1/31/00

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

Electronic Filing

SA
PREPARER

2/7/00
DATE PREPARED