

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

ADDRESS (number and street) 5301 GLENWOOD AVENUE Check if different than previously reported. (ACC) RALEIGH NC 27612

2. FEC IDENTIFICATION NUMBER C00216754 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2007 through 12 31 2007

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 Electronically Filed by H. Julian Philpott, Jr. Date 01 09 2008

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		38033.93
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	61624.96									
(c) Total Receipts (from Line 19)	20672.08	62943.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	82297.04	100977.04								
7. Total Disbursements (from Line 31)	31510.00	50190.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50787.04	50787.04								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARPAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	3775.00	23750.00
(i) Itemized (use Schedule A)	16897.08	36193.11
(ii) Unitemized	20672.08	59943.11
(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)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20672.08	59943.11
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	3000.00
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 Transfer (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))	20672.08	62943.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20672.08	62943.11

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	49500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	10.00	690.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	31510.00	50190.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31510.00	50190.00

DETAILED SUMMARY PAGE
of Disbursements

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	20672.08	59943.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20672.08	59943.11
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 6 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)
NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

A.	Full Name (Last, First, Middle Initial) Keith Cable		Date of Receipt
	Mailing Address PO Box 6935		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Asheville	NC	28816
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Insurance Sales	Transaction ID: SA11AI.5164
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	Amount of Each Receipt this Period <input type="text" value="150.00"/>
Contribution			

B.	Full Name (Last, First, Middle Initial) Perry Crutchfield		Date of Receipt
	Mailing Address 7912 Sandy Bottom Way		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Raleigh	NC	27613
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NC Farm Bureau Federation		Occupation Management	Transaction ID: SA11AI.5159
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="625.00"/>	Amount of Each Receipt this Period <input type="text" value="625.00"/>
Contribution			

C.	Full Name (Last, First, Middle Initial) Peter Daniel		Date of Receipt
	Mailing Address 15 Furches St		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Raleigh	NC	27607
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NC Farm Bureau Federation		Occupation Administrator	Transaction ID: SA11AI.5165
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>
Contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1275.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 7 / 14
	<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"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

A.	Full Name (Last, First, Middle Initial) Albert Davis	Date of Receipt MM / DD / YYYY 07 / 16 / 2007
	Mailing Address 4848 Forest Highland Drive	Transaction ID: SA11AI.5151
	City State Zip Code Raleigh NC 27604	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Self	Occupation Insurance Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mitchell Peele	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address 129 Salamander Drive	Transaction ID: SA11AI.5157
	City State Zip Code Garner NC 27529	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer NC Farm Bureau Federation, Inc	Occupation Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) H. Julian Philpott, Jr.	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address PO Box 27766	Transaction ID: SA11AI.5160
	City State Zip Code Raleigh NC 27611	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer NC Farm Bureau Federation, Inc	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC

A. Full Name (Last, First, Middle Initial)
 Johnny Putnam
 Mailing Address 709 N 1st Street
 City Lillington State NC Zip Code 27546
 Date of Receipt MM / DD / YYYY
07 / 16 / 2007
Transaction ID: SA11AI.5148
 Amount of Each Receipt this Period 200.00
 Contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Occupation Insurance Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

B. Full Name (Last, First, Middle Initial)
 Mark Tillet
 Mailing Address 4158 Ivy Lane
 City Kitty Hawk State NC Zip Code 27949
 Date of Receipt MM / DD / YYYY
07 / 16 / 2007
Transaction ID: SA11AI.5149
 Amount of Each Receipt this Period 300.00
 Contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Occupation Insurance Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

C. Full Name (Last, First, Middle Initial)
 Larry Wooten
 Mailing Address 6000 Canadero Drive
 City Raleigh State NC Zip Code 27612
 Date of Receipt MM / DD / YYYY
12 / 07 / 2007
Transaction ID: SA11AI.5161
 Amount of Each Receipt this Period 500.00
 Contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer NCFB Federation Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only) 3775.00

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"/> 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 POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

A.	Full Name (Last, First, Middle Initial) C SAXBY CHAMBLISS Mailing Address PO BOX 12469 City ATLANTA State GA Zip Code 30355 Purpose of Disbursement Contribution Candidate Name C SAXBY CHAMBLISS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 00	Transaction ID: SB23.5220 Date of Disbursement 09 / 21 / 2007 Amount of Each Disbursement this Period 2000.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Mailing Address 430 South Capitol Street SE 2nd Floor City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.5224 Date of Disbursement 09 / 25 / 2007 Amount of Each Disbursement this Period 3000.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) ELIZABETH DOLE Mailing Address 712 S FULTON STREET City SALISBURY State NC Zip Code 28144 Purpose of Disbursement Contribution Candidate Name ELIZABETH DOLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 00	Transaction ID: SB23.5215 Date of Disbursement 08 / 23 / 2007 Amount of Each Disbursement this Period 2000.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	7000.00
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)

PAGE 10 / 14

<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 POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC

A.	Full Name (Last, First, Middle Initial) DOLE HAYES COMMITTEE	Transaction ID: SB23.5235 Date of Disbursement 11 / 14 / 2007
	Mailing Address 709 HILLSBOROUGH STREET	Amount of Each Disbursement this Period 4000.00
	City RALEIGH State NC Zip Code 27603	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) DOLE LEADERSHIP TRUST	Transaction ID: SB23.5218 Date of Disbursement 09 / 05 / 2007
	Mailing Address P.O. Box 510	Amount of Each Disbursement this Period 5000.00
	City Raleigh State NC Zip Code 27602	
	Purpose of Disbursement Contribution Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) BOB ETHERIDGE	Transaction ID: SB23.5214 Date of Disbursement 07 / 20 / 2007
	Mailing Address PO BOX 28001	Amount of Each Disbursement this Period 2500.00
	City RALEIGH State NC Zip Code 27611	
	Purpose of Disbursement Contribution Candidate Name BOB ETHERIDGE	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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"/> 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 POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

A.	Full Name (Last, First, Middle Initial) MICHAEL O JOHANNNS	Transaction ID: SB23.5230 Date of Disbursement 11 / 06 / 2007
	Mailing Address 1201 O STREET SUITE 101	Amount of Each Disbursement this Period 500.00
	City LINCOLN State NE Zip Code 68508	
	Purpose of Disbursement Contribution Candidate Name MICHAEL O JOHANNNS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) MITCH MCCONNELL	Transaction ID: SB23.5226 Date of Disbursement 09 / 28 / 2007
	Mailing Address 2318 DUNDEE ROAD	Amount of Each Disbursement this Period 1000.00
	City LOUISVILLE State KY Zip Code 40205	
	Purpose of Disbursement Contribution Candidate Name MITCH MCCONNELL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) DAVID E PRICE	Transaction ID: SB23.5229 Date of Disbursement 10 / 12 / 2007
	Mailing Address 2200 N. Lakeshore Drive	Amount of Each Disbursement this Period 2500.00
	City CHAPEL HILL State NC Zip Code 27514	
	Purpose of Disbursement Contribution Candidate Name DAVID E PRICE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)

PAGE 13 / 14

<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 POL ACT CMTE INC (AKA) NC FARM BUREAU FARMFAC

Full Name (Last, First, Middle Initial)

A. PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)

Mailing Address 2600 South River Road

City Des Plaines State IL Zip Code 60018

Purpose of Disbursement Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.5240

Date of Disbursement

08 / 24 / 2007

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
JOSEPH H SHULER

Mailing Address PO Box 97

City Hazelwood State NC Zip Code 28738

Purpose of Disbursement Contribution

Candidate Name JOSEPH H SHULER

011
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NC District: 11

Transaction ID: SB23.5232

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

31500.00

**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)

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<input type="checkbox"/> 21b	<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARM PAC

A.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address PO Box 27961

City
Raleigh

State
NC

Zip Code
27612

Purpose of Disbursement
BANK SERVICE CHARGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5238

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

10.00

TOTAL This Period (last page this line number only)

10.00