

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
APR 24 12 34 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Central Carolina Bank & Trust Co. Free Enterprise Fund	2. FEC IDENTIFICATION NUMBER 0087502
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P. O. Box 931 CITY, STATE and ZIP CODE Durham, Nc 27702	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate 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
- Twelfth day report preceding Primary
 (Type of Election)
 election on 5/7/96 in the State of N. C.
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>4/1/96</u> through <u>4/17/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 1,739.12
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,524.87	
(c) Total Receipts (from Line 10)	\$ 553.25	\$ 2,653.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4,078.12	\$ 4,392.12
7. Total Disbursements (from Line 30)	\$ 500.00	\$ 814.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,578.12	\$ 3,578.12
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 20483 Toll Free 800-424-9530 Local 202-219-3420
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
David P. Shaw

Signature of Treasurer Date
4/18/1996

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

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Central Carolina Bank & Trust Co. Free Enterprise Fund		FROM 4/1/96	TO: 4/17/96
		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)	137.50	400.00	
ii. Unitemized	415.75	2,253.00	
iii. Total (add i and ii) >	553.25	2,653.00	
b. Political Party Committees	0	0	
c. Other Political Committees (such as PACs)	0	0	
d. Total Contributions (add a ii, b and c) >	553.25	2,653.00	
12. Transfers From Affiliated/Other Party Committees	0	0	
13. All Loans Received	0	0	
14. Loan Repayments Received	0	0	
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	
18. Transfers from Nonfederal Account for Joint Activity	0	0	
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	553.25	2,653.00	
20. Total Federal Receipts (subtract line 18 from line 19) >	553.25	2,653.00	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	
ii. Non-Federal Share	0	0	
b. Other Federal Operating Expenditures	0	14.00	
c. Total Operating Expenditures (Add a i, a ii, and b) >	0	14.00	
22. Transfers to Affiliated/Other Party Committees	0	0	
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	800.00	
24. Independent Expenditures (use Schedule E)	0	0	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (use Schedule F)	0	0	
26. Loan Repayments Made	0	0	
27. Loans Made	0	0	
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0	0	
b. Political Party Committees	0	0	
c. Other Political Committees (such as PACs)	0	0	
d. Total Contribution Refunds (Add a, b and c) >	0	0	
29. Other Disbursements	0	0	
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	500.00	814.00	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	500.00	814.00	
III. Net Contributions/Operating Expenditure			
32. Total Contributions (other than loans)(from line 11d)	553.25	814.00	
33. Total Contribution Refunds (from line 28d)	0	0	
34. Net Contributions (other than loans)(subtract line 33 from 32)	553.25	814.00	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	14.00	
36. Offsets to Operating Expenditures (from line 15)	0	0	
37. Net Operating Expenditures (subtract line 36 from 35) >	0	14.00	

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 a i

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)

Central Carolina Bank & Trust Company Free Enterprise Fund

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William L. Burns, Jr. Route 1, Box 2327G Hillsborough, NC 27278	Central Carolina Bank	4/1/96	87.50
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman of the Board	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ernest G. Roessler P. O. Box 931 Durham, NC 27702	Central Carolina Bank	4/1/96	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

137.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Central Carolina Bank & Trust Company Free Enterprise Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Faircloth for Senate P. O. Box 26585 Raleigh, Nc 27611	Contribution - US Senate Race Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/3/96	500.00
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

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SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	500.00

