

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM
2002 FEB 19 P 3:28

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

NORTH CAROLINA FARM BUREAU FEDERATION, INC.
POLITICAL ACTION COMMITTEE, INC.

ADDRESS (number and street)

5301 GLENNWOOD AVENUE

Check if different than previously reported. (ACC)

RAILEIGH

NC

27612

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00216754

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(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)

(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 2001

through

12 31 2001

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

H. Julian Philpott, Jr.

Date

01 25 2002

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
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 2X (Revised 1/01)

Write or Type Committee Name **NORTH CAROLINA FARM BUREAU FEDERATION, INC.
POLITICAL ACTION COMMITTEE, INC.**

Report Covering the Period: From: **07** / **01** / **2001** To: **12** / **31** / **2001**

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 5. (a) Cash on Hand January 1, 2001 | | 1,302,337 |
| (b) Cash on Hand at Beginning of Reporting Period | 1,072,495 | |
| (c) Total Receipts (from Line 10) | 962,793 | 1,154,451 |
| (d) Subtotal (add Lines 5(b) and 5(c) for Column A and Lines 5(a) and 5(c) for Column B) | 2,035,288 | 2,456,788 |
| 7. Total Disbursements (from Line 20) | 2,118,58 | 633,358 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 182,343.0 | 1,823,430 |
| 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
988 E Street, NW
Washington, DC 20463

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name **NORTH CAROLINA FARM BUREAU FEDERATION, INC.**
POLITICAL ACTION COMMITTEE, INC.

Report Covering the Period: From: **07** / **01** / **2001** To: **12** / **31** / **2001**

| 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) Itemized (use Schedule A) | 30,000 | |
| (ii) Unitemized | 9,248.49 | |
| (ii) TOTAL (add Lines 11(a)(i) and (ii) | 39,248.49 | 11,339.49 |
| (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 32, page 4) | 39,248.49 | 11,339.49 |
| 12. Transfers From Affiliated/Other Party Committees | | |
| 13. All Loans Received | | |
| 14. Loan Repayments Received | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 38, page 4) | | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 7,944 | 20,502 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) | 96,279.3 | 115,445.1 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) | 96,279.3 | 115,445.1 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

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 | | |
| (ii) Non-Federal Share | | |
| (b) Other Federal Operating Expenditures | | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0 0 0 | 0 0 0 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 2 1 0 0 0 0 | 6 2 0 0 0 0 |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use 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)) | 1 3 3 5 8 | 1 3 3 5 8 |
| 29. Other Disbursements | | |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) | 2 1 1 8 5 8 | 6 3 3 3 5 8 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) | 2 1 1 8 5 8 | 6 3 3 3 5 8 |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans) (from Line 11(d), page 3) | 9 5 4 8 4 9 | 1 1 3 3 9 4 9 |
| 33. Total Contribution Refunds (from Line 28(d)) | 0 0 0 | 0 0 0 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32) | 9 5 4 8 4 9 | 1 1 3 3 9 4 9 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0 0 0 | 0 0 0 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3) | 0 0 0 | 0 0 0 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35) | 0 0 0 | 0 0 0 |

**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 1 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 (In Full) **NORTH CAROLINA FARM BUREAU FEDERATION, INC.
POLITICAL ACTION COMMITTEE, INC.**

A. Full Name (Last, First, Middle Initial)
PLEMMONS, ALBERT E.

Mailing Address
P. O. BOX 1236

City **BREVARD** State **NC** Zip Code **28712**

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

Name of Employer **SELF-EMPLOYED** Occupation **AGRICULTURE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3,000.00

Date of Receipt
1.2 / **06** / **2001**

Amount of Each Receipt this Period
3,000.00

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

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

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

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) ▶ **3,000.00**

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

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"/> 17 |

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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) | | Date of Receipt |
| A. HNST | | 07 / 31 / 2001 |
| Mailing Address | | Amount of Each Receipt this Period |
| P. O. BOX 27961 | | |
| City | State Zip Code | |
| RALEIGH | NC 27612 | 7944 |
| FEC ID number of contributing federal political committee | | Aggregate Year-to-Date ▼ |
| C | | |
| Name of Employer | Occupation | |
| Receipt For: | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | 20502 |
| <input checked="" type="checkbox"/> Other (specify) ▼ | | |
| INTEREST ON CHECKING | | |

| | | |
|-------------------------------------------------------------------|------------|------------------------------------|
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| B. | | |
| 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) ▼ | | |

| | | |
|-------------------------------------------------------------------|------------|------------------------------------|
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| C. | | |
| 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) ▼ | | |

| | |
|-----------------------------------------------------|-------------|
| SUBTOTAL of Receipts This Page (optional) | |
| TOTAL This Period (last page this line number only) | 7944 |

**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 1 OF 2 |
| | <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"/> 28 | |

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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. EVA CLAYTON FOR CONGRESS COMMITTEE | | Date of Disbursement 08 / 21 / 2001 |
| Mailing Address P. O. BOX 25627 | | Amount of Each Disbursement this Period 10000 |
| City RALEIGH | State NC | |
| Zip Code 27611 | | Category/ Type 011 |
| Purpose of Disbursement CONTRIBUTION YTD \$1,100.00 | | |
| Candidate Name EVA CLAYTON | | |
| 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: 1 | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. MIKE MCINTYRE FOR CONGRESS | | Date of Disbursement 09 / 23 / 2001 |
| Mailing Address P. O. BOX 1 | | Amount of Each Disbursement this Period 50000 |
| City LUMBERTON | State NC | |
| Zip Code 28359 | | Category/ Type 011 |
| Purpose of Disbursement CONTRIBUTION YTD \$1,500.00 | | |
| 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) C. HAYES FOR CONGRESS | | Date of Disbursement 10 / 19 / 2001 |
| Mailing Address 137 UNION STREET SOUTH | | Amount of Each Disbursement this Period 100000 |
| City CONCORD | State NC | |
| Zip Code 28025 | | Category/ Type 011 |
| Purpose of Disbursement CONTRIBUTION YTD \$1,500.00 | | |
| Candidate Name ROBIN HAYES | | |
| 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: 8 | |

| | |
|-----------------------------------------------------------|--|
| 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"/> 26 |
| <input type="checkbox"/> 25 | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29 | | | | |

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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. CHARLES TAYLOR FOR CONGRESS COMMITTEE

Date of Disbursement

| | | |
|----|----|------|
| 12 | 11 | 2001 |
|----|----|------|

Mailing Address

22 SOUTH PACK SQUARE

City

ASHEVILLE

State

NC

Zip Code

28801

Purpose of Disbursement

CONTRIBUTION

YTD \$1,150.00

011
Category/
Type

Amount of Each Disbursement this Period

5,000.00

Candidate Name

CHARLES TAYLOR

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **NC**

District: **11**

B.

Date of Disbursement

| | | |
|--|--|--|
| | | |
|--|--|--|

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

C.

Date of Disbursement

| | | |
|--|--|--|
| | | |
|--|--|--|

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

21

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) 1/25/02 |
| <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>J. Gray</i> | 2/19/02 |
| PREPARER | DATE PREPARED |