

**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 FARMPAQ

ADDRESS (number and street)

5301 GLENWOOD AVENUE

Check if different than previously reported. (ACC)

RALEIGH

NC

27612

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00216754

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(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)

(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

01

01

2004

through

03

31

2004

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

09

16

2004

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. 02/2003)

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
FARMPAC

Report Covering the Period: From: ^M0¹ [:]0¹ ^Y2004 To: ^M0³ [:]3¹ ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		21446.93
(b) Cash on Hand at Beginning of Reporting Period	21446.93	
(c) Total Receipts (from Line 19)	20664.80	20664.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42111.73	42111.73
<hr/>		
7. Total Disbursements (from Line 31)	3009.61	3009.61
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39102.12	39102.12
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^M01 ^D01 ^Y2004 To: ^M03 ^D31 ^Y2004

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)	6000.00	
(ii) Unitemized	14651.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	20651.00	20651.00
(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)	20651.00	20651.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	13.80	13.80
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))	20664.80	20664.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20664.80	20664.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	3000.00	3000.00
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.....	9.61	9.61
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 ActMty (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))..	3009.61	3009.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	3009.61	3009.61

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	20651.00	20651.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20651.00	20651.00
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 12

(check only one)

<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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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 FARM PAC

Full Name (Last, First, Middle Initial) A. Scott Atwell		Date of Receipt M / D / Y 03 / 12 / 2004
Mailing Address 136 Atwell Farm Lane		Transaction ID: SA11A1.4134
City Moorestville	State NC	Zip Code 28115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Insurance Sales	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Keith Cable		Date of Receipt M / D / Y 03 / 11 / 2004
Mailing Address PO Box 6935		Transaction ID: SA11A1.4126
City Asheville	State NC	Zip Code 28816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Self	Occupation Insurance Sales	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Mark Elenberg		Date of Receipt M / D / Y 02 / 24 / 2004
Mailing Address PO Box 1987		Transaction ID: SA11A1.4120
City Leland	State NC	Zip Code 28451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Insurance Sales	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(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

Full Name (Last, First, Middle Initial) A. Ashley Gilliam		Date of Receipt M / D / Y Y Y Y 02 / 24 / 2004
Mailing Address 134 Homestead Road		Transaction ID: SA11A1.4114
City	State	Zip Code
Angier	NC	27501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Insurance Sales	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Clark Goings		Date of Receipt M / D / Y Y Y Y 02 / 24 / 2004
Mailing Address 395B Haystack Road		Transaction ID: SA11A1.4112
City	State	Zip Code
Mount Airy	NC	27030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Insurance Sales	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Hugh House		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2004
Mailing Address 683 Par Drive		Transaction ID: SA11A1.4122
City	State	Zip Code
Jacksonville	NC	28540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Insurance Sales	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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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

Full Name (Last, First, Middle Initial) A. John Kilby		Date of Receipt M / D / Y 03 / 11 / 2004
Mailing Address 164 Neighborly Drive		Transaction ID: SA11A1.4124
City Lake Lure	State NC	Zip Code 28746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Insurance Sales	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Robert McCracken		Date of Receipt M / D / Y 02 / 24 / 2004
Mailing Address PO Box 1945		Transaction ID: SA11A1.4110
City Reidsville	State NC	Zip Code 27320
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Insurance Sales	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Charles Melvin		Date of Receipt M / D / Y 02 / 24 / 2004
Mailing Address 711 Stanley Avenue		Transaction ID: SA11A1.4116
City Rockingham	State NC	Zip Code 28379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Insurance Sales	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	

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ITEMIZED RECEIPTS**

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 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

<p>Full Name (Last, First, Middle Initial) A. Dwayne Nylkamp, Jr.</p> <p>Mailing Address PO Box 1500</p> <hr/> <p>City Henderson State NC Zip Code 27536</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;"> Name of Employer Self </td> <td style="width:35%; border: none;"> Occupation Insurance Sales </td> <td style="width:30%; border: none;"></td> </tr> <tr> <td style="border: none;"> Receipt For: Primary General Other (specify) ▼ </td> <td style="border: none;"> Aggregate Year-to-Date ▼ </td> <td style="border: none; text-align: right; vertical-align: bottom;"> 400.00 </td> </tr> </table>	Name of Employer Self	Occupation Insurance Sales		Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	400.00	<p>Date of Receipt M / D / Y Y Y Y 03 / 11 / 2004</p> <hr/> <p>Transaction ID: SA11A1.4132</p> <hr/> <p>Amount of Each Receipt this Period 400.00</p> <hr/> <p>Contribution</p>
Name of Employer Self	Occupation Insurance Sales						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	400.00					

<p>Full Name (Last, First, Middle Initial) B. Brian Poindexter</p> <p>Mailing Address 3013 Raven Hill Drive</p> <hr/> <p>City East River State NC Zip Code 27018</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;"> Name of Employer Self </td> <td style="width:35%; border: none;"> Occupation Insurance Sales </td> <td style="width:30%; border: none;"></td> </tr> <tr> <td style="border: none;"> Receipt For: Primary General Other (specify) ▼ </td> <td style="border: none;"> Aggregate Year-to-Date ▼ </td> <td style="border: none; text-align: right; vertical-align: bottom;"> 400.00 </td> </tr> </table>	Name of Employer Self	Occupation Insurance Sales		Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	400.00	<p>Date of Receipt M / D / Y Y Y Y 03 / 28 / 2004</p> <hr/> <p>Transaction ID: SA11A1.4138</p> <hr/> <p>Amount of Each Receipt this Period 400.00</p> <hr/> <p>Contribution</p>
Name of Employer Self	Occupation Insurance Sales						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	400.00					

<p>Full Name (Last, First, Middle Initial) C. J.C Stephenson, Jr.</p> <p>Mailing Address 281 Cornwallis Drive</p> <hr/> <p>City Mocksville State NC Zip Code 27028</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;"> Name of Employer Self </td> <td style="width:35%; border: none;"> Occupation Insurance Sales </td> <td style="width:30%; border: none;"></td> </tr> <tr> <td style="border: none;"> Receipt For: Primary General Other (specify) ▼ </td> <td style="border: none;"> Aggregate Year-to-Date ▼ </td> <td style="border: none; text-align: right; vertical-align: bottom;"> 400.00 </td> </tr> </table>	Name of Employer Self	Occupation Insurance Sales		Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	400.00	<p>Date of Receipt M / D / Y Y Y Y 03 / 11 / 2004</p> <hr/> <p>Transaction ID: SA11A1.4130</p> <hr/> <p>Amount of Each Receipt this Period 400.00</p> <hr/> <p>Contribution</p>
Name of Employer Self	Occupation Insurance Sales						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	400.00					

SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 12
(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 FARMFAC

Full Name (Last, First, Middle Initial) A. Junius Warren		Date of Receipt M / D / Y Y Y Y 03 / 20 / 2004
Mailing Address 308 Maple Street		Transaction ID: SA11A1.4137
City	State	Zip Code
Murfreesboro	NC	27855
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Insurance Sales	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Ronnie Williams		Date of Receipt M / D / Y Y Y Y 03 / 11 / 2004
Mailing Address PO Box 430		Transaction ID: SA11A1.4128
City	State	Zip Code
Carthage	NC	28327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Insurance Sales	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	6000.00

**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)

PAGE 11 / 12

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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

Full Name (Last, First, Middle Initial) A. Richard Burr		Transaction ID: SB23.4101 Date of Disbursement 02 / 20 / 2004	
Mailing Address PO Box 5928		Amount of Each Disbursement this Period 2000.00	
City Winston-Salem State NC Zip Code 27113	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President State: NC District	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bob Etheridge		Transaction ID: SB23.4102 Date of Disbursement 03 / 25 / 2004	
Mailing Address PO Box 28001		Amount of Each Disbursement this Period 1000.00	
City Raleigh State NC Zip Code 27611-8001	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NC District 2	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	3000.00

**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)

PAGE 12 / 12

<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

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address PO Box 27961

City Raleigh State NC Zip Code 27612

Purpose of Disbursement
Bank Service Charges

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB29.4109

Date of Disbursement

01 / 31 / 2004

Amount of Each Disbursement this Period

9.61

SUBTOTAL of Disbursements This Page (optional) ▶

9.61

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

9.61