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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC 5301 GLENWOOD AVENUE ADDRESS (number and street) (Check if address is changed) RALEIGH 27612 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .jake.parker@ncfb.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2018 C00216754 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Parker, Phillip, Jacob, , Jr. Type or Print Name of Treasurer Parker, Phillip, Jacob, , Jr. [Electronically Filed] 01 08 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact:

Federal Election Commission Use Toll Free 800-424-9530 Only Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

	EEC Eo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	raye z				
Can	ndidate	Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate				
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:	(5)				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Func	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee Name	Tage 🗸
NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA	A) NC FARM BUREAU FARMPAC
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representation	ative, or Leadership PAC Sponsor
NORTH CAROLINA FARM BUREAU FEDERATION, INC	
5301 GLENWOOD AVENUE Mailing Address	
RALEIGH NC	
CITY STA	TE ZIP CODE
Relationship: x Connected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
7. Custodian of Records: Identify by name, address (phone number optional) and position of books and records.	the person in possession of committee
Crutchfield, Perry, , ,	
Full Name PO Box 27766	
Mailing Address	
Raleigh , NC	27611
Title or Position CITY STATI	E ZIP CODE
Assistant Treasurer Telephone number	919 782 1705
3. Treasurer: List the name and address (phone number optional) of the treasurer of the commany designated agent (e.g., assistant treasurer).	nittee; and the name and address of
Full Name Parker, Phillip, Jacob, , Jr. of Treasurer	
Mailing Address PO Box 27766	
Raleigh	27611
CITY STATE Title or Position	ZIP CODE
Treasurer Treisurer Telephone number	919 - 782 - 1705

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			-
Full Name of Designated Agent	Crutchfield,	Perry, , ,	
Mailing Address		PO Box 27766	
			27611
Title or Position		CITY STATE	ZIP CODE
Assisstant Trea	surer	Telephone number	
safety deposit be	r Depositorie oxes or maint	s: List all banks or other depositories in which the committee deposits funtains funds.	ids, holds accounts, rents
Name of Bank,	Depository, e	tc.	
Name of Bank,	Depository, e	tc.	
Name of Bank, Mailing Address	BB&T	tc. 4409 Creedmoor Road	
	BB&T		
	BB&T	4409 Creedmoor Road	27613
	BB&T	4409 Creedmoor Road	27613 ZIP CODE
	BB&T	A409 Creedmoor Road Raleigh CITY STATE	
Mailing Address	Depository, e	A409 Creedmoor Road Raleigh CITY STATE	ZIP CODE
Mailing Address	Depository, e	4409 Creedmoor Road Raleigh CITY STATE	ZIP CODE
Mailing Address Name of Bank,	Depository, e	4409 Creedmoor Road Raleigh CITY STATE	ZIP CODE
Mailing Address Name of Bank,	Depository, e	4409 Creedmoor Road Raleigh CITY STATE	ZIP CODE