

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

JUL 24 1 36 PM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) North Carolina Medical Society Federal Political Education and Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported PO Box 25834 222 N. Person Street	2. FEC IDENTIFICATION NUMBER C-00003152
CITY, STATE and ZIP CODE Raleigh, NC 27611	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M) Prior to 1/94

## 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 \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 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
5. Covering Period <u>1/1/95</u> through <u>6/30/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 4,932.37
(b) Cash on Hand at Beginning of Reporting Period	\$ 4,932.37	
(c) Total Receipts (from Line 19)	\$ 14,620.01	\$ 14,620.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 19,552.38	\$ 19,552.38
7. Total Disbursements (from Line 30)	\$ 13,004.00	\$ 13,004.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,548.38	\$ 6,548.38
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 888 E Street NW Washington, DC 20463 Toll Free 800-424-8530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedules 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  
 Stephen W. Keene, Assistant Treasurer

Signature of Treasurer Date 7-21-95

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

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

(revised 1/1/81)

NAME OF COMMITTEE <b>North Carolina Medical Society Federal Political Education &amp; Action Committee</b>		REPORT COVERING PERIOD FROM <b>1/1/95</b> TO: <b>6/30/95</b>	
		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	-0-	-0-	11(a)(i)
ii. Unitemized .....	14,556.00	14,556.00	11(a)(ii)
iii. Total .....	14,556.00	14,556.00	11(a)(iii)
b. Political Party Committees .....	-0-	-0-	11(b)
c. Other Political Committees (such as PACs) .....	-0-	-0-	11(c)
d. Total Contributions .....	14,556.00	14,556.00	11(d)
12. Transfers From Affiliated/Other Party Committees .....	-0-	-0-	12
13. All Loans Received .....	-0-	-0-	13
14. Loan Repayments Received .....	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Retates, etc.) .....	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.) .....	64.01	64.01	17
18. Transfers from Nonfederal Account for Joint Activity .....	-0-	-0-	18
19. Total Receipts .....	14,620.01	14,620.01	19
20. Total Federal Receipts .....	14,620.01	14,620.01	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H#)			
i. Federal Share .....	-0-	-0-	21(a)(i)
ii. Non-Federal Share .....	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures .....	54.00	54.00	21(b)
c. Total Operating Expenditures .....	54.00	54.00	21(c)
22. Transfers to Affiliated/Other Party Committees .....	11,950.00	11,950.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1,000.00	1,000.00	23
24. Independent Expenditures (use Schedule E) .....	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	-0-	-0-	25
26. Loan Repayments Made .....	-0-	-0-	26
27. Loans Made .....	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....	-0-	-0-	28(a)
b. Political Party Committees .....	-0-	-0-	28(b)
c. Other Political Committees (such as PACs) .....	-0-	-0-	28(c)
d. Total Contribution Refunds .....	-0-	-0-	28(d)
29. Other Disbursements .....	-0-	-0-	29
30. Total Disbursements .....	13,004.00	13,004.00	30
31. Total Federal Disbursements .....	13,004.00	13,004.00	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	14,556.00	14,556.00	32
33. Total Contribution Refunds (from line 28d) .....	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	14,556.00	14,556.00	34
35. Total Federal Operating Expenditures .....	54.00	54.00	35
36. Offsets to Operating Expenditures (from line 15) .....	-0-	-0-	36
37. Net Operating Expenditures .....	54.00	54.00	37

95039364030

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 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 Medical Society Federal Political Education and Action Committee

A. Full Name, Mailing Address and ZIP Code First Union National Bank PO Box 3008 Raleigh, NC 27602	Name of Employer Interest	Date (month, day, year) 1/31/95	Amount of Each Receipt this Period 8.78
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 8.78	
<hr/>			
B. Full Name, Mailing Address and ZIP Code First Union National Bank PO Box 3008 Raleigh, NC 27602	Name of Employer Interest	Date (month, day, year) 2/28/95	Amount of Each Receipt this Period 8.59
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 17.37	
<hr/>			
C. Full Name, Mailing Address and ZIP Code First Union National Bank PO Box 3008 Raleigh, NC 27602	Name of Employer Interest	Date (month, day, year) 3/31/95	Amount of Each Receipt this Period 12.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 29.91	
<hr/>			
D. Full Name, Mailing Address and ZIP Code First Union National Bank PO Box 3008 Raleigh, NC 27602	Name of Employer Interest	Date (month, day, year) 4/28/95	Amount of Each Receipt this Period 9.78
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 39.69	
<hr/>			
E. Full Name, Mailing Address and ZIP Code First Union National Bank PO Box 3008 Raleigh, NC 27602	Name of Employer Interest	Date (month, day, year) 5/31/95	Amount of Each Receipt this Period 11.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 51.55	
<hr/>			
F. Full Name, Mailing Address and ZIP Code First Union National Bank PO Box 3008 Raleigh, NC 27602	Name of Employer Interest	Date (month, day, year) 6/30/95	Amount of Each Receipt this Period 12.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 64.01	
<hr/>			
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 > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	64.01

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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 committees.

**NAME OF COMMITTEE (in Full)**  
 North Carolina Medical Society Federal Political Education and Action Committee

95039064032

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Memphis Tennessee	Income Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/14/95	7.00
B. Full Name, Mailing Address and ZIP Code NC Dept. of Revenue PO Box 25000 Raleigh, NC 27640	Income Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/14/95	15.00
C. Full Name, Mailing Address and ZIP Code First Union National Bank PO Box 3008 Raleigh, NC 27602	1995 Estimated Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/27/95	32.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	54.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 22

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 Medical Society Federal Political Education and Action Committee

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Medical Political Action Committee 1101 Vermont Ave., NW Washington, DC 20005	Voluntary Membership Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/13/95	2,200.00
B. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee 1101 Vermont Ave., NW Washington, DC 20005	Voluntary Membership Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/95	3,200.00
C. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee 1101 Vermont Ave., NW Washington, DC 20005	Voluntary Membership Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/95	250.00
D. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee 1101 Vermont Ave., NW Washington, DC 20005	Voluntary Membership Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/95	1,500.00
E. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee 1101 Vermont Ave., NW Washington, DC 20005	Voluntary Membership Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/95	2,250.00
F. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee 1101 Vermont Ave., NW Washington, DC 20005	Voluntary Membership Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/95	1,650.00
G. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee 1101 Vermont Ave., NW Washington, DC 20005	Voluntary Membership Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/95	900.00
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

SUBTOTAL of Disbursements This Page (optional) .....

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

11,950.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

North Carolina Medical Society Federal Political Education and Action Committee

95039664034

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walter Jones Congressional Campaign Committee PO Box 99667 Raleigh, NC 27615	NC-3rd District Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/27/95	1,000.00
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

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

1,000.00

**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

7-21-95

No Postmark

Postmark Illegible

Received from the House Office of Records  
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*StB.*

PREPARER

7-24-95

DATE PREPARED

95039064005