10/08/2010 14:47

Image# 10931376044

FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For C	Other Than A	n Authorize	d Committe	ee		Office Use Only	у
NAME OF COMMITTEE (in full)		FEC MAILING LA YPE OR PRINT		ample:If typing. er the lines	, type			
North Carolina Medical S	Society Fede	eral Political Educ	ation and Action	Committee	1 1 1 1	1 1 1 1		
ADDRESS (number and stree	t) PO	Box 25834						
Check if different	222	2 N. Person Stree	t 	1 1 1 1	1 1 1 1	1 1 1 1		
than previously reported. (ACC)	Ral	leigh			ш	LNC	27611]-[
2. FEC IDENTIFICATION	NUMBER	~	CITY 🛕		Ş	STATE	ZIPC	ODE 🛕
C00003152			3. IS THIS REPORT		NEW OR		MENDED A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5) Jun 20 (M6)	H	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:			Apr 20 (M4)	H.	Jul 20 (M7)	00	t 20 (M10)	(Non-Election / Year Only) Jan 31 (YE)
April 15 Quarterly Rep July 15	ort(Q1)	(c) 12-Day		Primary (12P		General		Runoff (12R)
Quarterly Rep October 15		PRE-Elect Report for		Convention (1	12C)	Special	(12S)	
Quarterly Rep January 31 Quarterly Rep			Election on				in the State	
July 31 Mid-Young Report (Non-el Year Only) (M	lection Y)	(d) 30-Day Post -Electric Report for		General (30G	i)	Runoff (30R)	Special (30S)
Termination R (TER)	eport		Election on				in the State	
5. Covering Period	07	01 20	1 0	through	0 9	30	2010	
I certify that I have examined	-		-		true, correct a	and complete		
Type or Print Name of Treas	urer As	sst Treasurer Ste	phen W. Keene	!				
Signature of Treasurer El	ectronically I	Filed by Asst T	reasurer Steph	en W. Keene	D	ate 10	0.8	2010
NOTE : Submission of false,	erroneous,	or incomplete info	ormation may su	bject the perso	on signing this	s Report to th	e penalties of 2 l	J.S.C 437g.
Office Use							FEC FO	RM 3X

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/16 FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name North Carolina Medical Society Federal Political Education and Action Committee ^D 30 м м 0 7 м м D D 0 1 2010 2010 Report Covering the Period: From: To:

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010 ° ° °		49147.22
(b) Cash on Hand at Begining of Report	ing Period	55556.94	
(c) Total Receipts (fro	m Line 19)	13210.42	24624.14
(d) Subtotal (add lines	6(b) and		
6(c) for Column A 6(a) and 6(c) for C	and Lines olumn B)	68767.36	73771.36
7. Total Disbursements (fr	om Line 31)	56000.00	61004.00
B. Cash on Hand at Close Reporting Period (subtract Line 7 from Lir		12767.36	12767.36
Debts and Obligations of the committee (Itemize a Schedule C and/or Schedule C	ll on	0.00	
10. Debts and Obligations of the committee (Itemize a Schedule C and/or Schedule C a	ll on	0.00	

X 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. 06/2004) 3 / 16

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period:

From:

0 7 D D D 1

2010

то:

м м 0 9 ^D 3 0

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	11440.00	16950.00
(ii) Unitemized	1760.00	7640.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13200.00	24590.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13200.00	24590.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	10.42	34.14
3. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13210.42	24624.14
Total Federal Receipts (subtract Line 18(c) from Line 19)	13210.42	24624.14

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 16

II. DISBURSE	MENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditur Shared Federal/ 	es: —		
Activity (from Sc		0.00	0.00
(i) Federal Sha	are	0.00	
(ii) Non-Federa	l Share	0.00	0.00
(b) Other Federal O	perating	2.22	4.00
•		0.00	4.00
(c) Total Operating (add 21(a)(i), (a)	Expenditures (ii) and (b))	0.00	4.00
 Transfers to Affiliated 			
		0.00	0.00
 Contributions to Federal Candidates/C and Other Political Co 	Committees	0.00	5000.00
and Other Political Co 4. Independent Expendi		0.00	3000.00
(use Schedule E)		0.00	0.00
 Coordinated Expendit Committees (2 U.S.C (use Schedule F) 	ures Made by Party . 441a(d))	0.00	0.00
(use scriedule F)			
6. Loan Repayments Ma	ade	0.00	0.00
7. Loans Made		0.00	0.00
Refunds of Contribution(a) Individuals/Person			
	ommittees	0.00	0.00
(b) Political Party Co	ommittees	0.00	0.00
(c) Other Political C	ommittees		
,		0.00	0.00
(d) Total Contributio	n Refunds , (b), and (c)) >	0.00	0.00
(add Lines 20(a)	, (b), and (c))		
9. Other Disbursements		56000.00	56000.00
0. Federal Election Activ	rity (2 U.S.C 431(20))		
(a) Shared Federal E			
(from Schedule F	′	0.00	0.00
(i) Federal Share		0.00	0.00
(ii) "Levin" Share	·	0.00	0.00
(b) Federal Election	Activity Paid Entirely	0.00	0.00
With Federal Fur		0.00	0.00
(c) Total Federal Ele Lines 30(a)(i),	ection Activity (add 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements	(add Lines 21(c), 22.		
23, 24, 25, 26, 27, 2	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	56000.00	61004.00
,			
32. Total Federal Disbu			
(subtract Line 21(a)(E6000 00	61004.00
from Line 31)		56000.00	61004.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 16

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	13200.00	24590.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13200.00	24590.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	4.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	4.00

FE6AN026

I7	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS any information copied from such Reports and such	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16 (check only one) X 11a 11b 11c 12 13 14 15 16 11 Son for the purpose of soliciting contributions
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	e name and ad	dress of any political committee t	o solicit contributions from such committee.
∠ .	Full Name (Last, First, Middle Initial) Dr. Frank Victor Aluisio Mailing Address 3200 Northline Avenu City	e State	Zip Code	Date of Receipt 0 9 1 3 2 0 1 0 Transaction ID: SA11AI.13733
	Greensboro FEC ID number of contributing federal political committee.	NC C	27408	Amount of Each Receipt this Period 800.00
	Name of Employer Greensboro Orthopaedic Center Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		Voluntary member contribution
3.	Full Name (Last, First, Middle Initial) Dr. James Page Aplington Mailing Address PO Box 38008	I		Date of Receipt Date of Receipt 1 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13734
	Greensboro FEC ID number of contributing federal political committee.	NC C	27438-8008	Amount of Each Receipt this Period 800.00
	Name of Employer Greensboro Orthopaedic Ce- nter, PA Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		Voluntary member contribution
 :.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Carlton Beane Mailing Address 1401 Benjamin Parkw	/ay		Date of Receipt 0 9 1 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13735
	Greensboro FEC ID number of contributing	NC C	27408-4518	Amount of Each Receipt this Period 800.00
	Name of Employer Greensboro Orthopaedic Center, PA Receipt For: Primary Other (specify) ▼	Occupation Physicia		Voluntary member contribution
	SUBTOTAL of Receipts This Page (optional) .	1		2400.00

П	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS ny information copied from such Reports and seconds.	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/16 (check only one) X 11a 11b 11c 12 13 14 15 16 11					
Oi	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	o solicit contributions from such committee.							
∠ \ .	Full Name (Last, First, Middle Initial) Dr. Paul Anthony Bednarz Mailing Address 6181 Old Ironworks F	Road		Date of Receipt 0 9 1 3 2 0 1 0					
	City	State	Zip Code	Transaction ID: SA11AI.13736					
	Greensboro	NC	27455-8298	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		800.00					
	Name of Employer Greensboro Orthopaedic Ce- nter, PA Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		Voluntary member contribution					
	Full Name (Last, First, Middle Initial) Dahari Brooks Mailing Address 1401 Benjamin Parkw	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: SA11AI.13737					
	Greensboro	NC	27408	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		800.00					
	Name of Employer Greensboro Orthopaedics	Occupation Physicia		Voluntary member contribution					
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 800.00						
_	Full Name (Last, First, Middle Initial) Dr. Robert Andrew Collins			Date of Receipt					
	Mailing Address PO Box 38008			0 9 1 3 2 0 1 0					
	City	State	Zip Code	Transaction ID: SA11AI.13738					
	Greensboro	NC	27438-8008	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		800.00					
	Name of Employer Greensboro Orthopaedic Ce- nter, PA	Occupation Physicia	<u> </u>	Voluntary member contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00						
Γ,	SUBTOTAL of Receipts This Page (optional) .	1		2400.00					

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 16 (check only one) X					
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	e name and add	dress of any political committee to	o solicit contributions from such committee.					
	Full Name (Last, First, Middle Initial) Dr. Ronald Anthony Gioffre			Date of Receipt					
	Mailing Address 1401 Benjamin Parkw PO Box 38008			09 13 2010					
	City Greensboro	State NC	Zip Code 27438-8008	Transaction ID: SA11AI.13740 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		800.00					
	Name of Employer Greensboro Orthopaedic Ce- nter, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		Voluntary member contribution					
3.	Full Name (Last, First, Middle Initial) Dr. William Mansfield Gramig, III Mailing Address 1401 Benjamin Parkw	/ay		Date of Receipt 0 9 1 3 2 0 1 0					
	PO Box 38008 City	State	Zip Code	Transaction ID: SA11Al.13741					
	Greensboro	NC	27438-8008	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		800.00					
	Name of Employer Greensboro Orthopaedic Ce- nter	Occupatio Physicia		Voluntary member contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00						
_	Full Name (Last, First, Middle Initial) Adam Kendall Mailing Address 3200 Northline Avenu	le		Date of Receipt					
	City	State	Zip Code	0 9 1 3 2 0 1 0 Transaction ID: SA11AI.13742					
	Greensboro	NC	27408	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		800.00					
	Name of Employer Greensboro Orthopaedics	Occupatio Physicia	n	Voluntary member contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00						
	SUBTOTAL of Receipts This Page (optional) .	1		2400.00					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 16 (check only one) X 11a 11b 11c 12 13 14 15 16					
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	he name and addr	ess of any political committee t	o solicit contributions from such committee.					
Full Name (Last, First, Middle Initial) Dr. Steven Roland Norris Mailing Address 3200 Northline Avenuate Ste 200 City Greensboro FEC ID number of contributing federal political committee. Name of Employer Greensboro Orthopaedic Center	State NC C Occupation Physician	Zip Code 27408	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 890.00						
Dr. Matthew David Olin								
City	State	Zip Code	Transaction ID: SA11AI.13750					
Greensboro FEC ID number of contributing federal political committee.	C	27408-4518	Amount of Each Receipt this Period 800.00					
Name of Employer Greensboro Orthopaedic Ce- nter, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼	Voluntary member contribution					
Full Name (Last, First, Middle Initial) Fred Ortmann			Date of Receipt					
Mailing Address 1401 Benjamin Park	way		09 13 2010					
City	State	Zip Code	Transaction ID: SA11Al.13751					
Greensboro	NC	27408	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		800.00					
Name of Employer Greensboro Orthopaedics	Occupation Physician		Voluntary member contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 800.00						
SUBTOTAL of Receipts This Page (optional)			2400.00					

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS by information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 16 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) North Carolina Medical Society Federal	name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Richard D. Ramos Mailing Address 1401 Benjamin Parkway City Greensboro FEC ID number of contributing federal political committee. Name of Employer Greensboro Orthopaedic Ce-	State NC C Occupatio Physicia		Date of Receipt M M
	nter, PA Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 800.00	
В.	Full Name (Last, First, Middle Initial) Dr. Kevin Mark Supple Mailing Address 3200 Northline Avenue Ste 200 City Greensboro FEC ID number of contributing federal political committee. Name of Employer Greensboro Orthopaedics Receipt For: Primary General Other (specify)	State NC C Occupatio Physicial Aggregate		Date of Receipt M M M
c .	Full Name (Last, First, Middle Initial) Dr. Willard Ray Thompson Mailing Address 315 Mocksville Avenue City Salisbury FEC ID number of contributing federal political committee. Name of Employer Salisbury Ear, Nose & Throat Clinic, PA Receipt For: Primary General Other (specify)	State NC C Occupatio Physicial Aggregate		Date of Receipt M M D D 2 0 1 0
s	UBTOTAL of Receipts This Page (optional)		I	1840.00
	OTAL This Period (last page this line number o	ınlv)		11440.00

	O (FEC FOIIII 3X	' Use sepa	arate schedule(s)		LIINE k only	NUMBE	H:		PA	GE 11	/ 16
	SBURSEMENTS	Detailed S	category of the Summary Page	2 2	1b 7	22 28a	23	3b	24 28c	X 29	
	ed from such Reports and poses, other than using t										
NAME OF COM											
Full Name (Last,	First, Middle Initial)					Trans	action	ID: S	B29.	13713	
Tom Apodaca							of Disb	urseme	ent	V	v
Mailing Address	1504 Fifth Avenue	, West				0 ^M 9		13	Ľ	20	10
City Hendersonville		State NC	Zip Code 28739			Amou	int of E	ach Dis	burse	ment th	is Perio
Purpose of Disbu		NO	20739							4000.	.00
NC Senate Distric											
Candidate Name				tegory ype	//						
Office Sought:	Senate President	Disbursement For: Primary Other (spe	General								
State:	District:										
Doug Berger	First, Middle Initial)							ID: S urseme	-	13715	
Mailing Address	PO Box 1101					0 ^M 9	M /	13	/ Y	ž 0	10
City Youngsville		State NC	Zip Code 27596			Amou	int of E	ach Dis	burse	ment th	is Perio
Purpose of Disbu										2000.	.00
Candidate Name				tegory ype	//						
Office Sought:	House C Senate President District:	Disbursement For: Primary Other (spe	General cify) ▼	<u> </u>							
Full Name (Last, Philip Berger	First, Middle Initial)							ID: S		13716	
Mailing Address	PO Box 1309					0 9	M /	13	/ Y	ž o	10
City Eden		State NC	Zip Code 27289			Amou	int of E	ach Dis	burse	ment th	is Perio
Purpose of Disbu						L.				4000.	.00
Candidate Name				tegory ype	//						
Office Sought:	Senate President	Disbursement For: Primary Other (spe	General cify) ▼								
State:	District:										
ı	oursements This Page (or								4	0000.	00

FE6AN026

5(HEDULE	3 (FEC Form 3X)	Use	separate	schedule(s)				NUMBE	₹:	F	AGE 12	2 / 16
ΙTΙ	EMIZED DI	SBURSEMENTS	for e	ach categ	ory of the mary Page		(check 211 27	Ĺ	one) 22 28a	23 28b	24 280	25 X 29	
		ed from such Reports and S					ny pers		r the pu	pose of s	oliciting	contribution	ons
	NAME OF COM	· · · · · · · · · · · · · · · · · · ·	e name and a	JUI 633 UI	arry political	COIIII	THILLEGE I	0 30110	on Corn	Dutions ii	OIII SUCI	COMMIN	
`		Medical Society Feder	al Political	Educatio	on and Act	ion C	Comm	ittee					
	Full Name (Last,	First, Middle Initial)							Trans	action ID	: SB29	9.13717	
	Daniel Clodfelt	ter							M	f Disburs	ement	Ý Ž 0	YYY
	Mailing Address	523 Clement Avenu	е						0 9		13	20	1 0
	City Charlotte		State NC		Code 204				Amou	nt of Eacl	n Disburs	ement thi	s Period
	Purpose of Disbu							7	L.			4000.	00
	Candidate Name						tegory/ ype						
	Office Sought:	House Dis Senate President	sbursement F Prima		General		71						
	State:	District:	Outlot	(эрсспу)	•								
	Full Name (Last, Fletcher Harts	First, Middle Initial)								action ID		9.13718	
	Meiling Address 400 O. J. J. D. N.								M		1 3	Ý ŽO	Y
	Mailing Address 129 Overbrook Drive, NE								0 9		13	20	1 0
	City Concord		State NC		Code 025				Amou	nt of Eacl	Disburs	ement thi	s Perio
	Purpose of Disbu							7	L.			4000.	00
	Candidate Name						tegory/ ype						
	Office Sought:	House Dis Senate President District:	sbursement F Prima Other		General ▼		<u>, , , , , , , , , , , , , , , , , , , </u>						
	Full Name (Last,	First, Middle Initial)							Trans	action ID	: SB29	9.13719	
	Ralph Hise									f Disburs		.,,	
	Mailing Address	PO Box 86							0 ^M 9	M / D	1 3 [/]	^Y ^Y 20	i o i
	City Spruce Pine		State NC		Code 777				Amou	nt of Eacl	n Disburs	ement thi	s Perio
	Purpose of Disbu							7	L.			4000.	00
	Candidate Name	<u> </u>					tegory/ ype	7					
	Office Sought:	House Dis Senate President	sbursement F Prima Other		General		715						
	State:	District:		, I · · J)	•								
_		'											
		oursements This Page (opt										12000.	\cap

Transaction ID: SB29.13720 State Zip Code Tarboro NC 27886 Zib	SCHEDULE B (FEC Form 3X)	Use separate schedule(s	1 -	NUMBER: PAGE 13 / 16
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 II) North Carolina Medical Society Federal Political Education and Action Committee Full Name (Last, First, Middle Initial) Clark Jenkins Mailing Address PO Box 310 City State Zip Code Tarboro NC 27886 Purpose of Disbursement NC Senate District: Full Name (Last, First, Middle Initial) Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Dr. Eric LeMoine Manisfield Mailing Address 2135 Valleygate Drive City State Zip Code NC 28304 Purpose of Disbursement NC Senate District 21 Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) District: Full Name (Last, First, Middle Initial) City State Zip Code Fayetteville NC 28304 Purpose of Disbursement NC Senate District 21 Candidate Name Office Sought: House Senate Primary General Primary Gen	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 23 24 25 2
NAME OF COMMITTEE (In Full) North Carolina Medical Society Federal Political Education and Action Committee Full Name (Last, First, Middle Initial) Clark Jenkins Mailing Address PO Box 310 City Tarboro NC 27886 Purpose of Disbursement NC Senate District: Full Name (Last, First, Middle Initial) Clother (specify) Office Sought: Full Name (Last, First, Middle Initial) Dr. Eric LeMoine Mansfield Mailing Address 2135 Valleygate Drive City Fayetteville NC 28304 Purpose of Disbursement NC Senate District: Full Name (Last, First, Middle Initial) Dr. Eric LeMoine Mansfield Mailing Address 2135 Valleygate Drive City Fayetteville NC 28304 Purpose of Disbursement NC Senate District: Full Name (Last, First, Middle Initial) Louis Pate Mailing Address PO Box 945 City Mt. Olive NC 28365 Purpose of Disbursement NC Senate District: Full Name (Last, First, Middle Initial) Louis Pate Mailing Address PO Box 945 City Mt. Olive NC 28365 Purpose of Disbursement NC Senate District: Disbursement For: Primary General Other (specify) ▼ Transaction ID: SB29.13722 Date of Disbursement this Per Amount of Each Disbursement this Per Transaction ID: SB29.13722 Date of Disbursement this Per Amount of Each Disbursement this Per Transaction ID: SB29.13722 Date of Disbursement this Per Amount of Each Disbursement this Per Transaction ID: SB29.13722 Date of Disbursement this Per Amount of Each Disbursement this Per Transaction ID: SB29.13722 Date of Disbursement this Per Disbursement Transaction ID: SB29.13722 Date of Disbursement this Per Disburse				
Clark Jenkins Mailing Address PO Box 310 City State Zip Code NC 27886 Purpose of Disbursement NC Senate District: Full Name (Last, First, Middle Initial) Dr. Eric LeMoine Mansfield Mailing Address 2135 Valleygate Drive City State: Disbursement NC 28304 Purpose of Disbursement For: Primary General Other (specify) ▼ City State: District: City State: Disbursement For: Primary General Other (specify) ▼ City State: Disbursement For: Category/ Type Office Sought: NC 28304 Purpose of Disbursement For: Primary General Other (specify) ▼ City State: District: Type Office Sought: House Primary General Other (specify) ▼ City Senate Primary General Other (specify) ▼ City Senate Primary General Other (specify) ▼ City State: District: Transaction ID: SB29.13722 Date of Disbursement For: Primary General Other (specify) ▼ City State: District: Transaction ID: SB29.13722 Date of Disbursement Tor: Category/ Type Office Sought: House Primary General Other (specify) ▼ City State: District: Transaction ID: SB29.13722 Date of Disbursement Tor: Category/ Type Office Sought: House Primary General Other (specify) ▼ City State: District: Category/ Type Office Sought: House Primary General Other (specify) ▼ City Senate District S Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Other (specify) ▼ Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Other (specify) ▼	NAME OF COMMITTEE (In Full)			
City				
Tarboro NC 27886 Purpose of Disbursement NC Senate District 3 Candidate Name Office Sought: House Senate President Primary General Disbursement For: Senate District: Full Name (Last, First, Middle Initial) Dr. Eric LeMoine Mansfield Mailing Address 2135 Valleygate Drive City State Zip Code NC 28304 Purpose of Disbursement NC Senate District: Full Name (Last, First, Middle Initial) Dr. Eric LeMoine Mansfield Mailing Address 2135 Valleygate Drive City State Zip Code NC 28304 Purpose of Disbursement For: Senate Primary General Other (specify) ▼ Transaction ID: SB29.13721 Date of Disbursement this Per Amount of Each Disbursement this Per Primary General Other (specify) ▼ Transaction ID: SB29.13722 Date of Disbursement Tor: District: Full Name (Last, First, Middle Initial) Louis Pate Mailing Address PO Box 945 City State Zip Code Mt. Olive NC 28365 Purpose of Disbursement NC 28365 Purpose of Disbursement Tor: Senate District 5 Candidate Name Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: District: Disbursement For: Senate Primary General Other (specify) ▼ State: District: District: Disbursement For: Senate Primary General Other (specify) ▼ Other (specify) ▼	Mailing Address PO Box 310			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
NC Senate District 3 Candidate Name Office Sought:				Amount of Each Disbursement this Period
Office Sought: House Senate President District: Full Name (Last, First, Middle Initial) Dr. Eric LeMoine Mansfield Mailing Address 2135 Valleygate Drive City State Zip Code NC 28304 Purpose of Disbursement NC Senate District 21 Candidate Name Mailing Address PO Box 945 City State Zip Code NC 28365 Purpose of Disbursement For: Senate President District: Mailing Address PO Box 945 City State Zip Code NC 28365 Purpose of Disbursement For: Senate Primary General Other (specify) ▼ Transaction ID: SB29.13721 Amount of Each Disbursement this Per Category/ Type Transaction ID: SB29.13722 Date of Disbursement this Per Category/ Type Transaction ID: SB29.13722 Date of Disbursement this Per Category/ Type Amount of Each Disbursement this Per Disbursement For: Senate Primary General District: City Nc Za365 Purpose of Disbursement Mailing Address PO Box 945 City Nc Za365 Purpose of Disbursement Category/ Type Office Sought: House Nc Za365 Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: District: District: Primary General Other (specify) ▼	NC Senate District 3			2000.00
Senate President State: District: Full Name (Last, First, Middle Initial) Dr. Eric LeMoine Mansfield Mailing Address 2135 Valleygate Drive City State Zip Code NC 28304 Purpose of Disbursement NC Senate District 21 Candidate Name District: Full Name (Last, First, Middle Initial) Dr. Eric LeMoine Mansfield Mailing Address PO Box 945 City State Zip Code NC 28304 President District: Full Name (Last, First, Middle Initial) Louis Pate City State Zip Code NC 28365 Purpose of Disbursement NC 28365 City State Zip Code NC 28365 City State Zip Code NC 28365 City State Zip Code NC 28365 Cardidate Name Disbursement For: Category/ Type Office Sought: House Primary General Other (specify) ▼ State Zip Code NC 28365 Category/ Type Office Sought: House Primary General Other (specify) ▼ State Disbursement NC Senate District 5 Candidate Name Disbursement For: Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District:		oment Cov		
Full Name (Last, First, Middle Initial) Dr. Eric LeMoine Mansfield Mailing Address 2135 Valleygate Drive City State Zip Code Purpose of Disbursement NC Senate District 21 Candidate Name Office Sought: House Senate Primary General District: Full Name (Last, First, Middle Initial) Louis Pate Mailing Address PO Box 945 City State Zip Code Mit. Olive NC 28365 Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: SB29,13721 Amount of Each Disbursement this Per Amount of Each Disbursement this Per Transaction ID: SB29,13722 Date of Disbursement this Per Amount of Each Disbursement Office Sught: Transaction ID: SB29,13722 Date of Disbursement	Senate President	Primary General		
Mailing Address 2135 Valleygate Drive City State Zip Code NC Amount of Each Disbursement this Per NC Senate District 21 Category/ Type Amount of Each Disbursement this Per Candidate Name Category/ Type Category/ Type Office Sought: House Primary General Other (specify) Transaction ID: SB29.13722 Date of Disbursement State: District: District: Mailing Address PO Box 945 Transaction ID: SB29.13722 Date of Disbursement City State Zip Code NC 28365 Amount of Each Disbursement this Per City Mt. Olive NC 28365 Amount of Each Disbursement this Per Purpose of Disbursement NC Senate District 5 Category/ Type Office Sought: House Senate Primary General Other (specify) Type Office Sought: President Other (specify) Type	Full Name (Last, First, Middle Initial)			
Fayetteville Purpose of Disbursement NC Senate District 21 Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Louis Pate Mailing Address PO Box 945 City State Zip Code Mt. Olive NC 28365 Purpose of Disbursement NC Senate District 5 Candidate Name Office Sought: House NC 28365 Purpose of Disbursement NC Senate District 5 Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: District: Primary General Other (specify) ▼ State: District: Primary General Other (specify) ▼ State: District: Primary General Other (specify) ▼				
NC Senate District 21 Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Louis Pate Mailing Address PO Box 945 City State Zip Code Mt. Olive NC 28365 Purpose of Disbursement NC Senate District 5 Candidate Name Disbursement For: General Other (specify) ▼ Amount of Each Disbursement this Per Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Other (specify) ▼ State: District: Other (specify) ▼				Amount of Each Disbursement this Period
Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Louis Pate Mailing Address PO Box 945 City State Zip Code Mt. Olive NC 28365 Purpose of Disbursement NC Senate District 5 Candidate Name Office Sought: House Senate Primary General Disbursement For: Senate Primary General Other (specify) Type Office Sought: Disbursement For: Senate Primary General Other (specify) Type State: District:	NC Senate District 21			4000.00
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Louis Pate Mailing Address PO Box 945 City Mt. Olive NC 28365 Purpose of Disbursement NC Senate District 5 Candidate Name Office Sought: House Primary General Other (specify) ▼ State: District: State Zip Code NC 28365 Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District:				
Louis Pate Mailing Address PO Box 945 City State Zip Code Mt. Olive NC 28365 Purpose of Disbursement NC Senate District 5 Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District:	Senate President	Primary General		
Mailing Address PO Box 945 City State Zip Code Mt. Olive NC 28365 Purpose of Disbursement NC Senate District 5 Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District:				Date of Disbursement
Mt. Olive NC 28365 Purpose of Disbursement NC Senate District 5 Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District:	Mailing Address PO Box 945			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 3 \\ 0 & 1 & 3 \end{bmatrix}$ $\begin{bmatrix} 1 & 2 & 2 & 1 & 0 \\ 0 & 2 & 0 & 1 & 0 \end{bmatrix}$
NC Senate District 5 Candidate Name Category/ Type Office Sought: House Senate Primary General President President State: District:				Amount of Each Disbursement this Perio
Office Sought: House Senate Primary General Other (specify) State: District:	NC Senate District 5		Category	2000.00
Senate Primary General President Other (specify) ▼ State: District:		ement For:		
	Senate President	Primary General		
SUBTOTAL of Disbursements This Page (optional)	<u> </u>			8000.00

	B (FEC Form 3	Use sep	arate schedule(s)		NUMBER: PAGE 14/16
TEMIZED I	DISBURSEMENT	S for each	category of the Summary Page	(check onl	y one) 22 23 24 25 2 28a 28b 28c x 29
				d by any person	for the purpose of soliciting contributions
	· · · · · · · · · · · · · · · · · · ·	the name and addre	ess of any political	committee to so	olicit contributions from such committee
\	MMITTEE (In Full) na Medical Society Fe	deral Political Edu	ucation and Act	tion Committe	е
Full Name (La	st, First, Middle Initial)				Transaction ID: SB29.13723
Dr. William	Robert Purcell				Date of Disbursement
Mailing Addres	ss 1301 Dunbar Dri	ve			09 13 / 2010
City Laurinburg		State NC	Zip Code 28352		Amount of Each Disbursement this Period
Purpose of Dis					4000.00
Candidate Na	ne			Category/ Type	
Office Sought	House Senate President	Disbursement For: Primary Other (sp	General ecify) ▼	,	
State:	District:		•		
Full Name (La Bob Rucho	st, First, Middle Initial)				Transaction ID: SB29.13724 Date of Disbursement
					M M / D D / Y Y Y
Mailing Addres	ss 305 Trafalgar Pla	ace			0 9 1 3 2 0 1 0
City Matthews		State NC	Zip Code 28105		Amount of Each Disbursement this Perio
Purpose of Dis			20.00		4000.00
Candidate Na				Category/ Type	
Office Sought State:	: House Senate President District:	Disbursement For: Primary Other (sp	General ecify) ▼	71	
	st, First, Middle Initial)				Transaction ID: SB29.13725 Date of Disbursement
Mailing Addres	ss 132 Lochwood V	Vest Drive			09 13 / 2010
City Cary		State NC	Zip Code 27511		Amount of Each Disbursement this Perio
Purpose of Dis					2000.00
Candidate Na				Category/ Type	
	: House	Disbursement For:	General	71.2	
Office Sought	Senate President	Other (sp	ecify) 🔻		
Office Sought State:	<u></u>	Other (sp	ecify) 🔻		
_	President	Other (sp	ecify) \blacktriangledown		10000.00

		O (FEC FOIIII	, l		arate schedule(s)				NUMBE y one)	ın.			AGE	15 / 1	ь
		SBURSEMEN		Detailed	category of the Summary Page		2 2	1b 7	22 28a		23 28b	24 28		25 29	
or for co	ommercial pui ME OF COMI	ed from such Reports rposes, other than usi MITTEE (In Full)	ing the name a	and addre	ess of any politica	l comr	nittee	to so	licit cont						
/ Nor	rth Carolina	Medical Society F	-ederal Politi	ical Edu	ication and Ac	tion (Jomr	nitte	e 						
Tho	Name (Last, om Tillis ling Address	First, Middle Initial)	Valubia I ana						Date	sactio of Dis	burse	SB2 ment		27 0 1 0	Y
		17209 Green E	оприни цане								-				
City Cor	rnelius		Sta No	ate C	Zip Code 28031				Amou	unt of	Each	Disbur			-
NC	pose of Disbu House Distric									•			40	00.00	-
Can	ndidate Name						tegory ype	y /							
	ce Sought:	House Senate President	1	ent For: Primary Other (spe	General ecify) ▼										
Stat		District: First, Middle Initial)													
		am Underhill							Date	of Dis	burse				
Mail	ling Address	3910 Country (Club Road						o [™] 9	M /	^D 1	3 /	ž	0 Ĭ 0	Y
City Nev	, w Bern		Sta N	ate C	Zip Code 28562				Amou	unt of	Each	Disbur	semen	t this P	eric
	pose of Disbu House Distric								L.				20	00.00	
Can	ndidate Name						tegory	y /							
Offic	ce Sought:	House Senate President District:		ent For: Primary Other (spe	General ecify) ▼										
Full		First, Middle Initial)	1							sactio of Dis		SB2	9.137	26	
Mail	ling Address	612 W. Friendl	y Avenue						0 ^M 9	M /	^D 1	3 /	Ý Ž	0 Í 0	Y
City Gre	, eensboro		Sta N	ate C	Zip Code 27401				Amou	unt of	Each	Disbur			-
	pose of Disbu Senate Distri							\neg	L.	_			20	00.00	_
Can	ndidate Name						tegory	y /							
Offic	ce Sought:	House Senate President		ent For: Primary Other (spe	General ecify) ▼										
		District:													
Stat	te:	Diotriot.	<u> </u>												

В.

District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) North Carolina Medical Society Federal Po	litical Education and Action	n Committee	
Full Name (Last, First, Middle Initial) William Wainwright			Transaction ID: SB29.13729 Date of Disbursement
Mailing Address PO box 33			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{bmatrix} M & 1 & 3 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City Havelock	State Zip Code NC 28532		Amount of Each Disbursement this Period
Purpose of Disbursement NC House District 12	Γ		4000.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Michael Wray			Transaction ID: SB29.13730 Date of Disbursement
Mailing Address PO Box 904			09 / 13 / 2010
City Gaston	State Zip Code NC 27832		Amount of Each Disbursement this Period
Purpose of Disbursement NC House District 27			4000.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	•	8000.00
TOTAL This Period (last page this line number only)	•	56000.00

State: