

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

North Carolina Medical Society Federal Political Education and Action Committee

ADDRESS (number and street) PO Box 25834 222 N. Person Street Raleigh NC 27611

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00003152 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

5. Covering Period 01 / 01 / 2012 through 03 / 31 / 2012

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 Asst Treasurer Stephen W. Keene

Signature of Treasurer Assst Treasurer Stephen W. Keene [Electronically Filed] Date 04 / 12 / 2012

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. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="33516.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33516.15"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20156.36"/>	<input type="text" value="20156.36"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="53672.51"/>	<input type="text" value="53672.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35250.00"/>	<input type="text" value="35250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18422.51"/>	<input type="text" value="18422.51"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: / / To: / /

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).....	9400.00	9400.00
(ii) Unitemized	6750.00	6750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16150.00	16150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	4000.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20150.00	20150.00
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).....	2.00	2.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4.36	4.36
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 Transfers (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))..... ▶	20156.36	20156.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20156.36	20156.36

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) Allocated 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.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	35250.00	35250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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 Activity (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)) ..	35250.00	35250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35250.00	35250.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	20150.00	20150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20150.00	20150.00
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).....	2.00	2.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	-2.00	-2.00

**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 6 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dr. George Anthony Alsina
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Bahama Drive
 City State Zip Code
 Wrightsville Beach NC 28480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Port City Neurosurgery & Spine Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2012
Transaction ID : SA11AI.14534
 Amount of Each Receipt this Period
 1000.00
 Voluntary member contribution

B. Sandra Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 LePhillip Court, NE
 City State Zip Code
 Concord NC 28025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cabarrus Eye Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2012
Transaction ID : SA11AI.14539
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

c. Craig Burkhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 Market Street
 Ste 400
 City State Zip Code
 Chapel Hill NC 27516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNC Dermatology at Southern Vi Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : SA11AI.14426
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 23
(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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NAME OF COMMITTEE (In Full)
North Carolina Medical Society Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial)
A. Jeffrey Byrnett

Mailing Address 1041 Kirkpatrick Road, Ste 150

City Burlington	State NC	Zip Code 27215
--------------------	-------------	-------------------

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

Name of Employer Alamance Surgical Associates	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2012

Transaction ID : SA11AI.14431

Amount of Each Receipt this Period
250.00

Voluntary member contribution

Full Name (Last, First, Middle Initial)
B. Dr. Anthony Joseph Christiano Jr.

Mailing Address 850 WH Smith Boulevard

City Greenville	State NC	Zip Code 27834
--------------------	-------------	-------------------

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

Name of Employer Vidant Cardiology, PA	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : SA11AI.14473

Amount of Each Receipt this Period
250.00

Voluntary member contribution

Full Name (Last, First, Middle Initial)
C. Adam N Clark

Mailing Address 850 WH Smith Boulevard

City Charlotte	State NC	Zip Code 27834
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FEC ID number of contributing federal political committee. **C**

Name of Employer Vidant Cardiology	Occupation Physician
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : SA11AI.14474

Amount of Each Receipt this Period
250.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**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 8 OF 23
<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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NAME OF COMMITTEE (In Full)
North Carolina Medical Society Federal Political Education and Action Committee

A. Reza E Ershadi
Full Name (Last, First, Middle Initial)

Mailing Address 850 WH Smith Boulevard

City Greenville State NC Zip Code 27834

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

Name of Employer Coastal Carolina Cardiology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : SA11AI.14353

Amount of Each Receipt this Period
 250.00

Voluntary member contribution

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

Mailing Address 1120 Medical Center Drive

City Wilmington State NC Zip Code 28401

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

Name of Employer Coastal Carolina Eye Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2012
Transaction ID : SA11AI.14452

Amount of Each Receipt this Period
 250.00

Voluntary member contribution

c. Dr. Gary U. Fontana
Full Name (Last, First, Middle Initial)

Mailing Address 850 WH Smith Boulevard

City Greenville State NC Zip Code 27834

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

Name of Employer Vidant Cardiology, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2012
Transaction ID : SA11AI.14476

Amount of Each Receipt this Period
 250.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**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 9 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Brian Mingtao Go
Full Name (Last, First, Middle Initial)

Mailing Address 1037 Stradshire Drive

City Raleigh State NC Zip Code 27614

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

Name of Employer Raleigh Cardiology Associates, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2012
Transaction ID : SA11AI.14478

Amount of Each Receipt this Period 250.00

Voluntary member contribution

B. Dr. James Bryan Hall
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Morehead Medical Drive, 6th F

City Charlotte State NC Zip Code 28204

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

Name of Employer Blumental Cancer Center-GYN On Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2012
Transaction ID : SA11AI.14404

Amount of Each Receipt this Period 250.00

Voluntary member contribution

C. Dr. Derrick Gerard Hickey
Full Name (Last, First, Middle Initial)

Mailing Address 6101 Old Branch Road

City Wilmington State NC Zip Code 28409

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

Name of Employer Port City Orthopaedics Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2012
Transaction ID : SA11AI.14479

Amount of Each Receipt this Period 250.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

**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 10 OF 23
<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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NAME OF COMMITTEE (In Full)
North Carolina Medical Society Federal Political Education and Action Committee

A. Dr. Michael George Hitchcock
 Full Name (Last, First, Middle Initial)
 Mailing Address 3195 Maplewood Ave
 Ste 102
 City Winston-Salem State NC Zip Code 27103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cutaneous Pathology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2012
Transaction ID : SA11AI.14542
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

B. Charles B. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 WH Smith Boulevard
 City Greenville State NC Zip Code 27834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Carolina Cardiology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 11 / 2012
Transaction ID : SA11AI.14354
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

C. Dr. Kevin James Kerlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2802 McLamb Place
 City Goldsboro State NC Zip Code 27534-1600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne Radiation Oncology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2012
Transaction ID : SA11AI.14481
 Amount of Each Receipt this Period
 500.00
 Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**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 11 OF 23
<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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NAME OF COMMITTEE (In Full)
North Carolina Medical Society Federal Political Education and Action Committee

A. Shaukat Khan
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Crouse Lane

City Burlington State NC Zip Code 27215

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

Name of Employer Alliance Medical Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2012
Transaction ID : SA11AI.14410

Amount of Each Receipt this Period
 500.00

Voluntary member contribution

B. David J. Koenig
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 139

City Supply State NC Zip Code 28462

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

Name of Employer Brunswick Community Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2012
Transaction ID : SA11AI.14459

Amount of Each Receipt this Period
 250.00

Voluntary member contribution

C. Dr. David Edwin Manthey
Full Name (Last, First, Middle Initial)

Mailing Address Medical Center Boulevard

City Winston-Salem State NC Zip Code 27157-0001

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

Name of Employer Wake Forest University Physicians Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2012
Transaction ID : SA11AI.14395

Amount of Each Receipt this Period
 250.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**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 12 OF 23
<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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NAME OF COMMITTEE (In Full)
North Carolina Medical Society Federal Political Education and Action Committee

A. Sean Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 1417 Alexander Lane

City Trent Woods State NC Zip Code 28562

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

Name of Employer Dermatology Associates of Coas Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2012
Transaction ID : SA11AI.14484

Amount of Each Receipt this Period 250.00

Voluntary member contribution

B. William J Noell
Full Name (Last, First, Middle Initial)

Mailing Address 949 Fairview Road

City Sylva State NC Zip Code 28779

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

Name of Employer Mountain Medical & Surgical Gr Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 09 / 2012
Transaction ID : SA11AI.14380

Amount of Each Receipt this Period 400.00

Voluntary member contribution

c. Jay R Parikh
Full Name (Last, First, Middle Initial)

Mailing Address 721 Tilghman Drive Suite 100

City Dunn State NC Zip Code 28344

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

Name of Employer Orthopaedic Solutions & Sports Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2012
Transaction ID : SA11AI.14415

Amount of Each Receipt this Period 250.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 23
(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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NAME OF COMMITTEE (In Full)
North Carolina Medical Society Federal Political Education and Action Committee

A. Dr. Jayesh Kanchanlal Patel
Full Name (Last, First, Middle Initial)
Mailing Address 850 WH Smith Boulevard
City Greenville State NC Zip Code 27834
FEC ID number of contributing federal political committee. C
Name of Employer Coastal Carolina Cardiology, PA Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 03 / 2012
Transaction ID : SA11AI.14355
Amount of Each Receipt this Period 250.00
Voluntary member contribution

B. Dr. Paul C. Perlik
Full Name (Last, First, Middle Initial)
Mailing Address 1915 Randolph Road
City Charlotte State NC Zip Code 28207-1101
FEC ID number of contributing federal political committee. C
Name of Employer OrthoCarolina Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 05 / 2012
Transaction ID : SA11AI.14485
Amount of Each Receipt this Period 500.00
Voluntary member contribution

C. Dr. Timothy John Reeder
Full Name (Last, First, Middle Initial)
Mailing Address Emergency Medicine PCMH
3ED-346 600 Moye Boulevard
City Greenville State NC Zip Code 27858-4354
FEC ID number of contributing federal political committee. C
Name of Employer Brody School of Medicine at ECU Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 03 / 2012
Transaction ID : SA11AI.14444
Amount of Each Receipt this Period 500.00
Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... 1250.00
TOTAL This Period (last page this line number only).....

**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 14 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Louise Cree Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1918 Randolph Road
 Suite 300
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Presbyterian Women's Care Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 27 / 2012**
Transaction ID : SA11AI.14470
 Amount of Each Receipt this Period **250.00**
 Voluntary member contribution

B. Dr. Jerry Allen Simpson
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 WH Smith Boulevard
 City Greenville State NC Zip Code 27834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vidant Cardiology, PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2012**
Transaction ID : SA11AI.14489
 Amount of Each Receipt this Period **250.00**
 Voluntary member contribution

C. Dr. Brian Edward Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Medical Park Drive
 City Asheville State NC Zip Code 28803-2493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Asheville Eye Associates, PLLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 17 / 2012**
Transaction ID : SA11AI.14421
 Amount of Each Receipt this Period **250.00**
 Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**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 15 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Michael Kevin Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 WH Smith Boulevard
 City Greenville State NC Zip Code 27834-3761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Carolina Cardiology, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2012
Transaction ID : SA11AI.14422
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

B. Dr. Joshua Ian Vogel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1802 South 17th Street
 City Wilmington State NC Zip Code 28401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilmington Health Associates, PLLC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2012
Transaction ID : SA11AI.14547
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

C. Dr. Charles Edward Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 Butternut Lane
 City Clayton State NC Zip Code 27520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Horizon Family Medicine, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 06 / 2012
Transaction ID : SA11AI.14447
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	9400.00

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

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

FOR LINE NUMBER: PAGE 16 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
TRIANGLE ORTHOPAEDIC ASSOCIATES PA POLITICAL ACTION COMMITTEE INC

Mailing Address 120 WILLIAM PENN PLAZA

City State Zip Code
 DURHAM NC 27704

FEC ID number of contributing federal political committee. **C** C00418582

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2012

Transaction ID : SA11C.14530

Amount of Each Receipt this Period
 4000.00

Contribution

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
 M M / D D / Y Y Y Y Y Y

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	4000.00

**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)

<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 Medical Society Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial)

A. Marcus Brandon

Mailing Address 200 OAK ST 3

City High Point State NC Zip Code 27260

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	2

Transaction ID : SB29.14493

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Harold Brubaker

Mailing Address 215 Back Creek Church Road

City Asheboro State NC Zip Code 27205

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	2

Transaction ID : SB29.14494

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Jeff Collins

Mailing Address 1109 CULPEPPER DR

City Rocky Mount State NC Zip Code 27803

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	2

Transaction ID : SB29.14497

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

5	0	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 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 Medical Society Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial)

A. James Crawford

Mailing Address 509 College Street

City Oxford State NC Zip Code 27565

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2012

Transaction ID : SB29.14498

Amount of Each Disbursement this Period

2,000.00

B. Leo Daughtry

Mailing Address 5 Lakeview Place

City Smithfield State NC Zip Code 27577

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2012

Transaction ID : SB29.14499

Amount of Each Disbursement this Period

1,000.00

C. Danny Davis

Mailing Address PO BOX 196

City Waynesville State NC Zip Code 28786

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2012

Transaction ID : SB29.14502

Amount of Each Disbursement this Period

2,000.00

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

5,000.00

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

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**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 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 Medical Society Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial)

A. Jerry Dockham

Mailing Address 849 Old Camp Road

City Denton State NC Zip Code 27239

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2012

Transaction ID : SB29.14503

Amount of Each Disbursement this Period

3,750.00

Full Name (Last, First, Middle Initial)

B. James Fulghum

Mailing Address 400 Keisler Drive

City Cary State NC Zip Code 27518

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2012

Transaction ID : SB29.14507

Amount of Each Disbursement this Period

4,000.00

Full Name (Last, First, Middle Initial)

C. Mitch Gillespie

Mailing Address 185 CROSS CREEK NORTH RIDGE DR

City Marion State NC Zip Code 28752

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2012

Transaction ID : SB29.14506

Amount of Each Disbursement this Period

1,000.00

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

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

8,750.00

8,750.00

**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)

<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 Medical Society Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial)

A. Ken Goodman

Mailing Address 832 WILLIAMSBURG DRIVE

City Rockingham State NC Zip Code 28379

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2012

Transaction ID : SB29.14510

Amount of Each Disbursement this Period

3,000.00

B. Dr. Peter Tanner Hurley

Mailing Address 214 18th Street SE

City Hickory State NC Zip Code 28602-1363

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2012

Transaction ID : SB29.14511

Amount of Each Disbursement this Period

1,000.00

C. Jonathan Jordan

Mailing Address PO BOX 744

City Jefferson State NC Zip Code 28640

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2012

Transaction ID : SB29.14515

Amount of Each Disbursement this Period

1,000.00

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

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

5,000.00

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**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 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 Medical Society Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial)

A. Marvin Lucas

Mailing Address 3318 Hedgemoor Circle

City Spring Lake State NC Zip Code 28390

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2012

Transaction ID : SB29.14516

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Chuck McGrady

Mailing Address PO BOX 723

City Hendersonville State NC Zip Code 28793

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2012

Transaction ID : SB29.14519

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Tim Moore

Mailing Address 305 East King St.

City Kings Mountain State NC Zip Code 28086

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2012

Transaction ID : SB29.14520

Amount of Each Disbursement this Period

2500.00

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

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

5500.00

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**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 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 Medical Society Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Stam

Mailing Address 714 Hunter Street

City Apex State NC Zip Code 27502

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2012

Transaction ID : SB29.14521

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Edgar Starnes

Mailing Address 6715 Lakeview Terrace

City Hickory State NC Zip Code 28601

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2012

Transaction ID : SB29.14522

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Joe Tolson

Mailing Address 105 EDGEWOOD DR

City Pinetops State NC Zip Code 27864

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2012

Transaction ID : SB29.14528

Amount of Each Disbursement this Period

1000.00

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

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)

<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 Medical Society Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial)

A. John Torbett

Mailing Address 210 BLUE RIDGE DRIVE

City State Zip Code
Stanley NC 28164

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
03 / 23 / 2012

Transaction ID : SB29.14526

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Roger West

Mailing Address 211 Gayle-Lea Road

City State Zip Code
Marble NC 28905

Purpose of Disbursement
Primary contribution-NC House

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
03 / 23 / 2012

Transaction ID : SB29.14527

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

3000.00

35250.00