

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 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00003152 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 11 / 06 / 2012 in the State of NC

5. Covering Period 10 / 01 / 2012 through 11 / 26 / 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 Asst Treasurer Stephen W. Keene [Electronically Filed] Date 11 / 28 / 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.

**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"/>	<input type="text" value="33516.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19068.45"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14125.12"/>	<input type="text" value="48928.42"/>
(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="33193.57"/>	<input type="text" value="82444.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24000.00"/>	<input type="text" value="73251.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9193.57"/>	<input type="text" value="9193.57"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	5220.00	20760.00
(ii) Unitemized	8905.00	24157.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14125.00	44917.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14125.00	48917.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	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.).....	0.12	9.42
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))..... ▶	14125.12	48928.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14125.12	48928.42

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	1.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1.00
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	24000.00	73250.00
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)) ..	24000.00	73251.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24000.00	73251.00

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)	14125.00	48917.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14125.00	48917.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	1.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	2.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	-1.00

**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 16
	<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	

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 Wrightsville Beach State NC Zip Code 28480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Port City Neurosurgery & Spine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1090.00

Date of Receipt 11 / 09 / 2012
Transaction ID : SA11AI.14884
 Amount of Each Receipt this Period 90.00
 Voluntary member contribution

B. Dr. Laura Devereux Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 3010 Anderson Drive
 City Raleigh State NC Zip Code 27609-7796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raleigh Ear, Nose & Throat Head and Ne Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2012
Transaction ID : SA11AI.14754
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

C. Sandra Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 LePhillip Court, NE
 City Concord State NC Zip Code 28025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cabarrus Eye Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 08 / 2012
Transaction ID : SA11AI.14756
 Amount of Each Receipt this Period 100.00
 Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	440.00
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 7 OF 16
<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. Craig Burkhart
Full Name (Last, First, Middle Initial)

Mailing Address 410 Market Street
Ste 400

City Chapel Hill State NC Zip Code 27516

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

Name of Employer UNC Dermatology at Southern Vi Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 30 / 2012
Transaction ID : SA11AI.14825

Amount of Each Receipt this Period
250.00

Voluntary member contribution

B. Margaret K Burkhead
Full Name (Last, First, Middle Initial)

Mailing Address 4414 Lake Boone Trail
Suite 502

City Raleigh State NC Zip Code 27607

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

Name of Employer Raleigh Family Practice Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 31 / 2012
Transaction ID : SA11AI.14826

Amount of Each Receipt this Period
250.00

Voluntary member contribution

C. C. Marston Crawford
Full Name (Last, First, Middle Initial)

Mailing Address 703 Newman Road

City New Bern State NC Zip Code 28562

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

Name of Employer Coastal Children's Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 17 / 2012
Transaction ID : SA11AI.14834

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 16
	<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. Walter Douglas Harrison
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7200
 City Rocky Mount State NC Zip Code 27804-0200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boice-Willis Clinic, PA Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 29 / 2012**
Transaction ID : SA11AI.14842
 Amount of Each Receipt this Period **500.00**
 Voluntary member contribution

B. Mr. Stephen W. Keene
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Kettlebridge Drive
 City Cary State NC Zip Code 27511-6346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Carolina Medical Society Occupation Deputy Executive Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **270.00**

Date of Receipt **10 / 04 / 2012**
Transaction ID : SA11AI.14770
 Amount of Each Receipt this Period **90.00**
 Voluntary member contribution

C. 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 **340.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.14907
 Amount of Each Receipt this Period **90.00**
 Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....	680.00
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 16
<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. William A McClelland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1107 Reynolds Street
 City Monroe State NC Zip Code 28112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cornerstone Ear, Nose & Throat Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 04 / 2012**
Transaction ID : SA11AI.14776
 Amount of Each Receipt this Period **500.00**
 Voluntary member contribution

B. Dr. Kai Miao
 Full Name (Last, First, Middle Initial)
 Mailing Address 808 Llewellyn Drive
 City Trent Woods State NC Zip Code 28562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina East Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 08 / 2012**
Transaction ID : SA11AI.14891
 Amount of Each Receipt this Period **250.00**
 Voluntary member contribution

C. Dr. David Ferguson Moore Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 624 Quaker Lane Ste 208-C
 City High Point State NC Zip Code 27262-3832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer High Point Ear, Nose & Throat Associat Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : SA11AI.14781
 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 10 OF 16
	<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. Lenin J Peters
Full Name (Last, First, Middle Initial)
Mailing Address 507 N Lindsay Street
City High Point State NC Zip Code 27262
FEC ID number of contributing federal political committee. **C**
Name of Employer Bethany Medical Center Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 05 / 2012**
Transaction ID : SA11AI.14896
Amount of Each Receipt this Period **500.00**
Voluntary member contribution

B. John A. A. Seldomridge
Full Name (Last, First, Middle Initial)
Mailing Address 31 Office Park Drive
City Jacksonville State NC Zip Code 28546
FEC ID number of contributing federal political committee. **C**
Name of Employer Eastern Carolina Orthopaedic C Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 08 / 2012**
Transaction ID : SA11AI.14790
Amount of Each Receipt this Period **500.00**
Voluntary member contribution

C. Dr. Patrick Joseph Simpson
Full Name (Last, First, Middle Initial)
Mailing Address 205 Page Road
City Pinehurst State NC Zip Code 28374-8749
FEC ID number of contributing federal political committee. **C**
Name of Employer Pinehurst Medical Clinic, Inc. Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 19 / 2012**
Transaction ID : SA11AI.14898
Amount of Each Receipt this Period **250.00**
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 11 OF 16
	<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"/>	<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. Kevin Martin Spangler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3155 Maplewood Avenue
 City Winston Salem State NC Zip Code 27103-3900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Forsyth Radiological Associates, PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 05 / 2012**
Transaction ID : SA11AI.14793
 Amount of Each Receipt this Period **250.00**
 Voluntary member contribution

B. Phillip Talbert
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Blue Spruce Drive
 City Shelby State NC Zip Code 28152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Center of Shelby, Occupation Physician Assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 29 / 2012**
Transaction ID : SA11AI.14867
 Amount of Each Receipt this Period **250.00**
 Voluntary member contribution

C. Dr. Grace Emerson Terrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 624 Quaker Lane Ste 200E
 City High Point State NC Zip Code 27262-3800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cornerstone Healthcare Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 31 / 2012**
Transaction ID : SA11AI.14869
 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 12 OF 16
	<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. Dr. John Joseph Walker		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2012 Transaction ID : SA11AI.14873
Mailing Address 1701 Westchester Avenue Ste 850		Amount of Each Receipt this Period 250.00
City High Point	State NC	Zip Code 27262-3832
FEC ID number of contributing federal political committee. C		Voluntary membership contributions
Name of Employer Cornerstone Healthcare	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Samuel H. Zimmern		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012 Transaction ID : SA11AI.14881
Mailing Address 1001 Blythe Boulevard Ste 300		Amount of Each Receipt this Period 100.00
City Charlotte	State NC	Zip Code 28203-5863
FEC ID number of contributing federal political committee. C		Voluntary member contribution
Name of Employer The Sanger Clinic, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M M / D D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	5220.00

**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. Janet Cowell

Mailing Address 230 Grand Avenue

City Raleigh State NC Zip Code 27606

Purpose of Disbursement
2012 General Election NC Treasurer

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2012

Transaction ID : SB29.14809

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Wayne Goodwin

Mailing Address PO Box 27841

City Raleigh State NC Zip Code 27611

Purpose of Disbursement
2012 General Election -NC Insurance Commissioner

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : SB29.14814

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Susi Hamilton

Mailing Address P.O. BOX 637

City Wilmington State NC Zip Code 28402

Purpose of Disbursement
2012 General Election NC House

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2012

Transaction ID : SB29.14807

Amount of Each Disbursement this Period

4000.00

Category/
Type

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

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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. Mark Hollo

Mailing Address 432 Westwood Lane

City State Zip Code
Taylorsville NC 28681

Purpose of Disbursement
2012 General Election NC House

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.14812

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Brent Jackson

Mailing Address 2905 Ernest Williams Road

City State Zip Code
Autryville NC 28818

Purpose of Disbursement
2012 General Election - NC Senate

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.14818

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Tim Moffitt

Mailing Address 3182 Sweeten Creek Road

City State Zip Code
Asheville NC 28803

Purpose of Disbursement
2012 General Election NC House

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.14813

Amount of Each Disbursement this Period

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

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

**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. Tim Moore

Mailing Address 305 East King St.

City Kings Mountain State NC Zip Code 28086

Purpose of Disbursement
2012 General Election 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
10 / 16 / 2012

Transaction ID : SB29.14811

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Louis Pate

Mailing Address PO Box 945

City Mt. Olive State NC Zip Code 28365

Purpose of Disbursement
2012 General Election NC Senate

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : SB29.14817

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill Rabon

Mailing Address 404 Brunswick Street

City Southport State NC Zip Code 28461

Purpose of Disbursement
2012 General Election-NC Senate

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : SB29.14819

Amount of Each Disbursement this Period

1000.00

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

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. Paul Stam

Mailing Address 714 Hunter Street

City Apex State NC Zip Code 27502

Purpose of Disbursement
NC General Election 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
10 / 16 / 2012

Transaction ID : SB29.14810

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Stan White

Mailing Address Drawer 1447

City Nags Head State NC Zip Code 27959

Purpose of Disbursement
2012 General Election NC Senate

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2012

Transaction ID : SB29.14815

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Michael Wray

Mailing Address PO Box 904

City Gaston State NC Zip Code 27832

Purpose of Disbursement
2012 General Election-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
10 / 01 / 2012

Transaction ID : SB29.14806

Amount of Each Disbursement this Period

4000.00

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

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

8000.00

24000.00