

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

North Carolina Medical Society Federal Political Education and Action Committee

ADDRESS (number and street)

PO Box 25834

222 N. Person Street

Check if different than previously reported. (ACC)

Raleigh

NC

27611

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00003152

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

X July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly 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

in the State of

(d) 30-Day Post -Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2004

through

06

30

2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Stephen W. Keene

Signature of Treasurer

Electronically Filed by Stephen W. Keene

Date

07

13

2004

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. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: ^M04 ^D01 ^Y2004 To: ^M06 ^D30 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^M ^D		70978.69
(b) Cash on Hand at Beginning of Reporting Period	90726.47	
(c) Total Receipts (from Line 19)	30367.10	61172.88
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	121093.57	132151.57
<hr/>		
7. Total Disbursements (from Line 31)	8072.00	19130.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	113021.57	113021.57
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	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**

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Page 3

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: ^M04 ⁻01 ⁻2004 To: ^M06 ⁻30 ⁻2004

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)	12960.00	
(ii) Unitemized	14322.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	27282.00	57993.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27282.00	57993.00
12. Transfers From Affiliated/Other Party Committees	2958.40	2958.40
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	126.70	221.48
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 Transfer (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))	30367.10	61172.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30367.10	61172.88

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	122.00	122.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	122.00	122.00
22. Transfers to Affiliated/Other Party Committees.....	7950.00	19000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	0.00	8.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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 ActMty (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))..	8072.00	19130.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	8072.00	19130.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	27282.00	57993.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27282.00	57993.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	122.00	122.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	122.00	122.00

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

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

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Celestine I. Amaefule		Date of Receipt M / D / Y 06 / 25 / 2004
Mailing Address 1104 Gracie Place		Transaction ID: SA11A1.7994
City Goldsboro	State NC	Zip Code 27534-2260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Celestine I. Amaefule, MD, PC	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Victoria Marie Aversa		Date of Receipt M / D / Y 04 / 19 / 2004
Mailing Address 830 5th Avenue West		Transaction ID: SA11A1.7694
City Hendersonville	State NC	Zip Code 28739
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hendersonville Ob-Gyn Ass- ociates	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen Waldo Blevernert		Date of Receipt M / D / Y 08 / 29 / 2004
Mailing Address 242 Old Concord Road		Transaction ID: SA11A1.8002
City Fletcher	State NC	Zip Code 28732
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Phoenix Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26

(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. Dr. Thomas Walter Brown, MD		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 1003 Kemp Road West		Transaction ID: SA11A1.8008
City Greensboro	State NC	Zip Code 27410-4517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wake Forest Baptist Medical Cc	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul Anthony Buongiorno		Date of Receipt M / D / Y 05 / 18 / 2004
Mailing Address 1402 South 17th Street		Transaction ID: SA11A1.7858
City Wilmington	State NC	Zip Code 28401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Paul A. Buongiorno, MD, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. George Hadley Galaway		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address 3515 Glenwood Avenue		Transaction ID: SA11A1.7938
City Raleigh	State NC	Zip Code 27612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Raleigh Orthopaedic Clinics, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26

(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. Dr. Emil James Celada		Date of Receipt M / D / Y 04 / 27 / 2004
Mailing Address 1771 Tate Boulevard SE Suite 101		Transaction ID: SA11A1.7708
City Hickory	State NC	Zip Code 28602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Unifour Surgical Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Peter George Chiles		Date of Receipt M / D / Y 05 / 25 / 2004
Mailing Address 200 Medical Park Drive Suite 320		Transaction ID: SA11A1.7863
City Concord	State NC	Zip Code 28025-2969
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carolina Head & Neck Specialists, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles Ian Cooperberg		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 4419 Ben Franklin Boulevard		Transaction ID: SA11A1.7943
City Durham	State NC	Zip Code 27704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Durham Nephrology Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26

(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. Dr. Kathleen Anne Doman		Date of Receipt M / D / Y 06 / 01 / 2004	
Mailing Address 928 Baxter Street		Transaction ID: SA11A1.7948	
City Charlotte	State NC	Zip Code 28204-2879	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Metrolina Nephrology Associates, PA Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Lawrence Andrew Eskew		Date of Receipt M / D / Y 05 / 13 / 2004	
Mailing Address 824 Quaker Lane Suite E-100		Transaction ID: SA11A1.7791	
City High Point	State NC	Zip Code 27262	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Piedmont Urological Associates	Occupation Physician Aggregate Year-to-Date ▼ 500.00		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Duane Douglas Fitch		Date of Receipt M / D / Y 06 / 02 / 2004	
Mailing Address 2402 Camden Street Suite 300		Transaction ID: SA11A1.7950	
City Wilson	State NC	Zip Code 27856	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wilson Digestive Diseases Center, PA Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(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. Dr. Edward Burton Gerhardt		Date of Receipt M / D / Y 06 / 24 / 2004
Mailing Address 2704 Henry Street		Transaction ID: SA11A1.8023
City Greensboro	State NC	Zip Code 27405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cardiovascular & Thoracic Surgeons of Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. M. Kamran Goudarzi		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 1721 New Hanover Medical Park Driv		Transaction ID: SA11A1.8025
City Wilmington	State NC	Zip Code 28403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer M. Kamran Goudarzi, MD, PA Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. Dr. Kimberly Marie Greenwald		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address PO Box 18623		Transaction ID: SA11A1.8029
City Raleigh	State NC	Zip Code 27619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Critical Health Systems of North Carol Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

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

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26

(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. Dr. Soledad Ceballos Griffin Mailing Address PD Box 4720 City State Zip Code Pinehurst NC 28374-4720 FEC ID number of contributing federal political committee. C Name of Employer Pinehurst Radiology Group, PA Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Date of Receipt M / D / Y Y Y Y 04 / 15 / 2004 Transaction ID: SA11A1.7644 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) B. Dr. James Lawrence Hamby Mailing Address 166 Furman Road City State Zip Code Boone NC 28607 FEC ID number of contributing federal political committee. C Name of Employer Boone Urology Center, PA Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Date of Receipt M / D / Y Y Y Y 06 / 23 / 2004 Transaction ID: SA11A1.8030 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) C. Dr. James R. Hardin Mailing Address 333 Richmond Road City State Zip Code Salisbury NC 28144 FEC ID number of contributing federal political committee. C Name of Employer Eye Associates of Rowan Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Date of Receipt M / D / Y Y Y Y 05 / 24 / 2004 Transaction ID: SA11A1.7873 Amount of Each Receipt this Period 250.00

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

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

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

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FOR LINE NUMBER: PAGE 12 / 26
(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

Full Name (Last, First, Middle Initial) A. Mrs. Andyth Lynn Hearn		Date of Receipt M / D / Y 06 / 10 / 2004
Mailing Address 240 21st Avenue Drive NW		Transaction ID: SA11A1.7953
City Hickory	State NC	Zip Code 28601-1864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer None	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Dr. Byron Jay Hoffman, Jr.		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address PO Box 659 421 North Holly Avenue		Transaction ID: SA11A1.7809
City Siler City	State NC	Zip Code 27344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Chatham Medical Special- ists, PA	Occupation Physician	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Donald George Joyce		Date of Receipt M / D / Y 06 / 08 / 2004
Mailing Address 1901 Clematis Drive		Transaction ID: SA11A1.7958
City Charlotte	State NC	Zip Code 28211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	710.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 26

(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. Dr. Michael Walker Kelly		Date of Receipt M / D / Y 06 / 02 / 2004	
Mailing Address 4201 Lake Boone Trail Suite 104		Transaction ID: SA11A1.7980	
City Raleigh	State NC	Zip Code 27607	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Kelly Eye Center, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Edward Norman LaMay		Date of Receipt M / D / Y 05 / 12 / 2004	
Mailing Address 303 Hoot Owl Lane		Transaction ID: SA11A1.7818	
City Chapel Hill	State NC	Zip Code 27514-2744	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Durham Emergency Physi- cians	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Jeffrey Dea Larson		Date of Receipt M / D / Y 06 / 25 / 2004	
Mailing Address 418B East US Highway B4 Suite 1		Transaction ID: SA11A1.B047	
City Murphy	State NC	Zip Code 28508	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Peachtree Internal Medi- cine Clinic, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 26

(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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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

Full Name (Last, First, Middle Initial) A. Dr. Eric J. Lavonas		Date of Receipt M / D / Y 05 / 18 / 2004
Mailing Address 507 Moncure Drive		Transaction ID: SA11A1.7883
City Charlotte	State NC	Zip Code 28209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carolinas Medical Center	Occupation Physician	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Gordon Buck Legend		Date of Receipt M / D / Y 04 / 02 / 2004
Mailing Address 300D New Bern Avenue		Transaction ID: SA11A1.7859
City Raleigh	State NC	Zip Code 27610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Raleigh Pathology Laboratory Associate	Occupation Physician	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert Preston Lertz		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 5817 High Point Road		Transaction ID: SA11A1.7982
City Greensboro	State NC	Zip Code 27407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sedgefield Pediatrics	Occupation Physician	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 26

(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. Dr. Alexander Jung-Hwan Lim		Date of Receipt M / D / Y 05 / 17 / 2004
Mailing Address 401 Ferndale Boulevard PO Box 2324		Transaction ID: SA11A1.7885
City High Point	State NC	Zip Code 27261-2324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carolina Anesthesiology, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Clinton Edward Massey		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address 825 Country Day Road		Transaction ID: SA11A1.7964
City Goldsboro	State NC	Zip Code 27530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Goldsboro Neurological Su- rgery	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ezra Lee McConnell, III		Date of Receipt M / D / Y 06 / 22 / 2004
Mailing Address 557 Sandhurst Drive		Transaction ID: SA11A1.8048
City Fayetteville	State NC	Zip Code 28304-4433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Fayetteville Nephrology Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 26
(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

Full Name (Last, First, Middle Initial) A. Dr. Clinton Louis Meyer		Date of Receipt M / D / Y 06 / 20 / 2004
Mailing Address 1922 Tradd Court		Transaction ID: SA11A1.8050
City Wilmington	State NC	Zip Code 28401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wilmington Gastroenterology Associates	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Chilton Newell		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address 194 Doctors Drive		Transaction ID: SA11A1.7974
City Boone	State NC	Zip Code 28607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Boone Orthopaedic Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Donald Awn Nisbett		Date of Receipt M / D / Y 06 / 22 / 2004
Mailing Address 616 Atkinson Street		Transaction ID: SA11A1.8054
City Laurinburg	State NC	Zip Code 28352
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Donald A. Nisbett, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 26
(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

Full Name (Last, First, Middle Initial) A. Dr. Abayomi Wilkins Osunkoya		Date of Receipt M / D / Y Y Y Y 04 / 10 / 2004
Mailing Address 25 Office Park Drive		Transaction ID: SA11A1.7751
City	State	Zip Code
Jacksonville	NC	28546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer East Carolina Medical Associates	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul Edwin Parker		Date of Receipt M / D / Y Y Y Y 04 / 22 / 2004
Mailing Address 700 Sunlight Ridge Court		Transaction ID: SA11A1.7756
City	State	Zip Code
Hendersonville	NC	28792-8240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Piedmont Hendersonville Anesth	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Hiren R. Patel		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2004
Mailing Address 3009 North Elm Street PO Box 3479		Transaction ID: SA11A1.7901
City	State	Zip Code
Lumberton	NC	28358-5479
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hiren R. Patel, MD, PC	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 26
(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

Full Name (Last, First, Middle Initial) A. Dr. <u>Stuart Watkins</u> Point		Date of Receipt M / D / Y 06 / 07 / 2004
Mailing Address 2212 Delaney Avenue		Transaction ID: SA11A1.7975
City	State	Zip Code
Wilmington	NC	28403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Delaney Radiologists, PA	Occupation Physician	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. <u>Stewart Michael Polshy</u>		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 156 Centre Church Road Suite 305		Transaction ID: SA11A1.7759
City	State	Zip Code
Moorestville	NC	28117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lake Norman Urology, PLLC	Occupation Physician	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. <u>Shiva Kumer Rao</u>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 40 Anna Louise Lane		Transaction ID: SA11A1.7980
City	State	Zip Code
Roanoke Rapids	NC	27870
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Shiva K. Rao, MD, PC	Occupation Physician	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(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. Dr. Kathleen Marie Rice		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004	
Mailing Address 1700 Three Meadows Road		Transaction ID: SA11A1.7912	
City Greensboro	State NC	Zip Code 27455	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Western Rockingham Family Med Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Harold Ross Roberts		Date of Receipt M / D / Y Y Y Y 06 / 23 / 2004	
Mailing Address 932 Mary Ellen Jones Building Campus Box 7035		Transaction ID: SA11A1.8057	
City Chapel Hill	State NC	Zip Code 27599-7035	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of North Carolina Hospitals Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Lee Ann Roberts		Date of Receipt M / D / Y Y Y Y 06 / 10 / 2004	
Mailing Address 581B Creedmoor Road Suite 208		Transaction ID: SA11A1.7982	
City Raleigh	State NC	Zip Code 27612	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lee Ann Roberts, MD, PA Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 26

(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. Dr. Donald Wayne Russel		Date of Receipt M / D / Y 04 / 01 / 2004
Mailing Address 390 South French Broad Avenue		Transaction ID: SA11A1.7642
City Asheville	State NC	Zip Code 28801-4394
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mountain Allergy & Asthma Associates, Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Ronald Paul Schwarz		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 3521 Haworth Drive		Transaction ID: SA11A1.7614
City Raleigh	State NC	Zip Code 27609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Raleigh Medical Group, PA Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Charles Samuel Tera		Date of Receipt M / D / Y 04 / 01 / 2004
Mailing Address 2821 Maplewood Avenue		Transaction ID: SA11A1.7643
City Winston-Salem	State NC	Zip Code 27103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hawthorne Eye Associates, PA Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 26
(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. Dr. Richard Stephen Zeri		Date of Receipt M / D / Y 06 / 02 / 2004	
Mailing Address 800 Medical Drive		Transaction ID: SA11A1.7987	
City Greenville	State NC	Zip Code 27858	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Plastic Surgery Center	Occupation Physician		
Receipt For: 2004 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	12960.00

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

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

FOR LINE NUMBER: PAGE 22 / 26

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. American Medical Political Action Committee		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address 1101 Vermont Avenue, NW		Transaction ID: SA12.7891
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2918.40
Name of Employer	Occupation	Rebate
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2918.40	

Full Name (Last, First, Middle Initial) B. American Medical Political Action Committee		Date of Receipt M / D / Y 05 / 11 / 2004
Mailing Address 1101 Vermont Avenue, NW		Transaction ID: SA12.7777
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer	Occupation	contribution from Christopher Osbahr
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2828.40	

Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 1101 Vermont Avenue, NW		Transaction ID: SA12.7850
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer	Occupation	Voluntary contributions
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2958.40	

SUBTOTAL of Receipts This Page (optional)	▶	2958.40
TOTAL This Period (last page this line number only)	▶	2958.40

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

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

FOR LINE NUMBER: PAGE 23 / 26

(check only one)

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

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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. Wachovia Bank		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address PD Box 563966		Transaction ID: SA17.7989
City Raleigh	State NC	Zip Code 28262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 51.25
Name of Employer	Occupation	Interest earned in June
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 221.48	

SUBTOTAL of Receipts This Page (optional)	▶	51.25
TOTAL This Period (last page this line number only)	▶	51.25

**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)

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<input type="checkbox"/> 21b	<input checked="" 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 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. American Medical Political Action Committee		Transaction ID: SB22.7692 Date of Disbursement 04 / 17 / 2004	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 950.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement 4/1/04-4/16/04	Category/ Type	
Candidate Name	Disbursement For: Primary General Other (specify) ▼		
Office Sought: House Senate President	State: District		

Full Name (Last, First, Middle Initial) B. American Medical Political Action Committee		Transaction ID: SB22.7776 Date of Disbursement 05 / 11 / 2004	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 1150.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement Vol member contribs 4/16/04-4/30/04	Category/ Type	
Candidate Name	Disbursement For: Primary General Other (specify) ▼		
Office Sought: House Senate President	State: District		

Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee		Transaction ID: SB22.7853 Date of Disbursement 05 / 17 / 2004	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 100.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement Bowman, Wilson	Category/ Type	
Candidate Name	Disbursement For: Primary General Other (specify) ▼		
Office Sought: House Senate President	State: District		

SUBTOTAL of Disbursements This Page (optional) ► **2200.00**

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)

PAGE 25 / 26

<input type="checkbox"/> 21b	<input checked="" 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 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. American Medical Political Action Committee

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Voluntary contributions 5/1/04-5/15/04

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.7854
Date of Disbursement
05 / 24 / 2004

Amount of Each Disbursement this Period
1350.00

Full Name (Last, First, Middle Initial)
B. American Medical Political Action Committee

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Voluntary member contribs 5/16-5/31

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.7926
Date of Disbursement
06 / 11 / 2004

Amount of Each Disbursement this Period
1350.00

Full Name (Last, First, Middle Initial)
C. American Medical Political Action Committee

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
contribs for 6/1/04-6/15/04

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.7988
Date of Disbursement
06 / 24 / 2004

Amount of Each Disbursement this Period
1300.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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)

PAGE 26 / 26

<input type="checkbox"/> 21b	<input checked="" 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 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. American Medical Political Action Committee

Transaction ID: SB22.8085

Date of Disbursement

06 / 30 / 2004

Mailing Address 1101 Vermont Avenue, NW

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20005

1750.00

Purpose of Disbursement
Transfer B/HB/04-6/30/04

Candidate Name

Category/
Type

Office Sought: House
Senate
President

Disbursement For:
Primary General
Other (specify) ▼

State: District

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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

7950.00