

**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)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

x 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

01

01

2005

through

06

30

2005

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

Mr. Stephen W. Keene

Signature of Treasurer

Electronically Filed by Mr. Stephen W. Keene

Date

07

25

2005

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: ^M01 ^D01 ^Y2005 To: ^M06 ^D30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		72311.04
(b) Cash on Hand at Beginning of Reporting Period	72311.04	
(c) Total Receipts (from Line 19)	45599.28	45599.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	117910.32	117910.32
<hr/>		
7. Total Disbursements (from Line 31)	11569.00	11569.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	106341.32	106341.32
<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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: ^M01 ⁻01 ⁻2005 To: ^M06 ⁻30 ⁻2005

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)	25720.00	25720.00
(ii) Unitemized	19669.00	19669.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	45389.00	45389.00
(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)	45389.00	45389.00
12. Transfers From Affiliated/Other Party Committees	10.00	10.00
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	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.)	200.28	200.28
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))	45599.28	45599.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	45599.28	45599.28

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) 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.....	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.....	11430.00	11430.00
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.....	139.00	139.00
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))..	11569.00	11569.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	11569.00	11569.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	45389.00	45389.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45389.00	45389.00
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)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 32

(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. David Roger Allen, Jr.		Date of Receipt M / D / Y 03 / 21 / 2005
Mailing Address 404 Hatfield Court Suite B2		Transaction ID: SA11A1.9380
City Lumberton	State NC	Zip Code 28358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Allen Orthopedics, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. E. Jackson Allison, Jr.		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 330 Rugby Road		Transaction ID: SA11A1.9382
City Syracuse	State NY	Zip Code 13209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Syracuse VA Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gerte Deener Alsbaugh		Date of Receipt M / D / Y 08 / 27 / 2005
Mailing Address 3225 Blue Ridge Road Suite 1D1		Transaction ID: SA11A1.9816
City Raleigh	State NC	Zip Code 27612-6080
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Blue Ridge Dermatology As- sociates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <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 / 32

(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. Frank Victor Aluisio		Date of Receipt M / D / Y 06 / 29 / 2005
Mailing Address 1401 Benjamin Parkway		Transaction ID: SA11A1.9618
City Greensboro	State NC	Zip Code 27408-4518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Greensboro Orthopaedic Center, PA	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James Page Aplington		Date of Receipt M / D / Y 06 / 29 / 2005
Mailing Address PO Box 35008		Transaction ID: SA11A1.9620
City Greensboro	State NC	Zip Code 27438-8008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Greensboro Orthopaedic Center, PA	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ray Boster Amblestead		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 738 Newman Road		Transaction ID: SA11A1.9238
City New Bern	State NC	Zip Code 28562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carolina Orthopedic Associates	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
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 8 / 32

(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. Jerry L. Barron		Date of Receipt M / D / Y Y Y Y 04 / 11 / 2005	
Mailing Address 2826 Randolph Road		Transaction ID: SA11A1.9398	
City State Zip Code Charlotte NC 28211-1019	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Perry & Barron Orthopaedics & Sports M Receipt For: 2006 <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) B. Dr. Jeffrey Carlton Beane		Date of Receipt M / D / Y Y Y Y 06 / 29 / 2005	
Mailing Address 1401 Benjamin Parkway		Transaction ID: SA11A1.9622	
City State Zip Code Greensboro NC 27408-4518	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Greensboro Orthopaedic Center, PA Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. Dr. Paul Anthony Bednarz		Date of Receipt M / D / Y Y Y Y 06 / 29 / 2005	
Mailing Address 6181 Old Ironworks Road		Transaction ID: SA11A1.9628	
City State Zip Code Greensboro NC 27455-8298	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Greensboro Orthopaedic Center, PA Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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 9 / 32

(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. Gregory M. Berics		Date of Receipt M / D / Y 01 / 10 / 2005
Mailing Address 3400 Executive Drive Suite 201		Transaction ID: SA11A1.9190
City Raleigh	State NC	Zip Code 27609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gregory M. Berics, MD. PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stephen M. Blitt		Date of Receipt M / D / Y 01 / 24 / 2005
Mailing Address 255 Chestnut Flats Lane		Transaction ID: SA11A1.9299
City Waynesville	State NC	Zip Code 28786
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pilot Creek Anesthesia Service	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Peter Frederick Blomgren		Date of Receipt M / D / Y 02 / 07 / 2005
Mailing Address 317 West Wendover Avenue		Transaction ID: SA11A1.9240
City Greensboro	State NC	Zip Code 27408-6401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Greensboro Family Practice Associates	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
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 10 / 32
(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. George Moore Brinson		Date of Receipt M / D / Y 03 / 21 / 2005
Mailing Address 2311 Delaney Avenue		Transaction ID: SA11A1.9395
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 Ear, Nose & Throat Associat	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael S. Bryant		Date of Receipt M / D / Y 02 / 02 / 2005
Mailing Address 700 Tilghman Drive Suite 710		Transaction ID: SA11A1.8242
City Dunn	State NC	Zip Code 28324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Village Surgical Associat- es, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Antonio Miguél Carbonel		Date of Receipt M / D / Y 01 / 24 / 2005
Mailing Address 215 North 35th Street		Transaction ID: SA11A1.8245
City Morehead City	State NC	Zip Code 28557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Crystal Coast Plastic Sur- gery	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 32

(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. James Anthony Classen		Date of Receipt M / D / Y Y Y Y 01 / 24 / 2005	
Mailing Address PD Box 64367		Transaction ID: SA11A1.9248	
City Fayetteville	State NC	Zip Code 28306	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Village Surgical Associates, PA Receipt For: 2006 <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. Max William Cohen		Date of Receipt M / D / Y Y Y Y 06 / 29 / 2005	
Mailing Address 3 Laurel Cove		Transaction ID: SA11A1.8634	
City Greensboro	State NC	Zip Code 27455-2495	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Greensboro Orthopaedic Center, PA Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. Dr. Robert Andrew Collins		Date of Receipt M / D / Y Y Y Y 06 / 29 / 2005	
Mailing Address PD Box 38008		Transaction ID: SA11A1.8636	
City Greensboro	State NC	Zip Code 27438-8008	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Greensboro Orthopaedic Center, PA Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 / 32
(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. Filiberto Colon-Rodriguez, II		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address PD Box 89		Transaction ID: SA11A1.9401
City Lake Junaluska	State NC	Zip Code 28745
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mountain Medical Associates	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jennie Robertson Crews		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 289 Cox Road		Transaction ID: SA11A1.9543
City Washington	State NC	Zip Code 27889-8291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Comprehensive Cancer Care	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. O'Neil Francis O'Quiz		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address Department of Neurology Campus Box 7025		Transaction ID: SA11A1.9546
City Chapel Hill	State NC	Zip Code 27569-7025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of North Carolina School of	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <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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FOR LINE NUMBER: PAGE 13 / 32
(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. Hazem El-Droubi		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 111 Mallard Lane		Transaction ID: SA11A1.9317
City Rockingham	State NC	Zip Code 28379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Richmond Urology Clinic	Occupation Physician	
Receipt For: 2006 <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. Robert Brian Fazio		Date of Receipt M / D / Y 01 / 11 / 2005
Mailing Address 171B East 4th Street Suite 5D1		Transaction ID: SA11A1.9198
City Charlotte	State NC	Zip Code 28204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid Carolina Cardiology	Occupation Physician	
Receipt For: 2006 <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. Eric Brian Feinberg		Date of Receipt M / D / Y 02 / 16 / 2005
Mailing Address 283D Aberdeen Boulevard Suite A		Transaction ID: SA11A1.8321
City Gastonia	State NC	Zip Code 28054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gaston Women's HealthCare, PA	Occupation Physician	
Receipt For: 2006 <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)
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Detailed Summary Page

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(check only one)
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 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. Duane Douglas Fitch		Date of Receipt M / D / Y 01 / 10 / 2005
Mailing Address 2402 Camden Street Suite 300		Transaction ID: SA11A1.9199
City Wilson	State NC	Zip Code 27805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wilson Digestive Diseases Center, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Matthew Kent Flynn		Date of Receipt M / D / Y 06 / 27 / 2005
Mailing Address 5603 Dursaleigh Road Ste 111		Transaction ID: SA11A1.8646
City Raleigh	State NC	Zip Code 27612-2688
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Family Dermatology	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James Ellis Garrett		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 105 Sea Bury Court		Transaction ID: SA11A1.8254
City Emerald Isle	State NC	Zip Code 28564
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Onslow Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <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

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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. Ronald Anthony Gioffre		Date of Receipt M / D / Y 06 / 29 / 2005
Mailing Address 1401 Benjamin Parkway PO Box 38008		Transaction ID: SA11A1.9649
City Greensboro	State NC	Zip Code 27438-8008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Greensboro Orthopaedic Center, PA	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John J. Gould		Date of Receipt M / D / Y 01 / 11 / 2005
Mailing Address 3332 Bridges Street Suite #3		Transaction ID: SA11A1.9203
City Morehead City	State NC	Zip Code 28557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Heart Center of Eastern Carolina	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William Mansfield Grang, III		Date of Receipt M / D / Y 06 / 29 / 2005
Mailing Address 1401 Benjamin Parkway PO Box 38008		Transaction ID: SA11A1.9651
City Greensboro	State NC	Zip Code 27438-8008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Greensboro Orthopaedic Center	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2250.00
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

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(check only one)
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 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. Michael Halpert		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address PD Box 3426		Transaction ID: SA11A1.9421
City Wilson	State NC	Zip Code 27805-3426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Michael Halpert, MD, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Leo Robert Hansen, Jr.		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address Department of Pathology Brady Building 7S10		Transaction ID: SA11A1.9423
City Greenville	State NC	Zip Code 27658-4354
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brady School of Medicine/ ECU	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mitchell Dale Hardison		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 3900 Browning Place Suite 1D1		Transaction ID: SA11A1.9258
City Raleigh	State NC	Zip Code 27609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Boylan Medical Associates	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <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
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(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. Walter Douglas Harrison		Date of Receipt M / D / Y Y Y Y 03 / 20 / 2005	
Mailing Address PD Box 7200		Transaction ID: SA11A1.9425	
City Rocky Mount	State NC	Zip Code 27804	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bolce-Willis Clinic, PA	Occupation Physician		
Receipt For: 2006 <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. Robert Haywood Hases		Date of Receipt M / D / Y Y Y Y 01 / 04 / 2005	
Mailing Address Doctors Drive Building K		Transaction ID: SA11A1.9209	
City Kinston	State NC	Zip Code 28501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kinston Head and Neck Physi- cians & Sur	Occupation Physician		
Receipt For: 2006 <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. Randall Dwan Johnson		Date of Receipt M / D / Y Y Y Y 03 / 10 / 2005	
Mailing Address 14 Medical Park Drive		Transaction ID: SA11A1.8335	
City Asheville	State NC	Zip Code 28803	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Regional Surgical Associa- tes, PA	Occupation Physician		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00		

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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(check only one)
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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. Paul H. Juengel, III		Date of Receipt M / D / Y Y Y Y 02 / 14 / 2005
Mailing Address 1208 Vaughn Road		Transaction ID: SA11A1.9268
City	State	Zip Code
Burlington	NC	27217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alerance Ear, Nose & Throat, LLP	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Howard Mandell		Date of Receipt M / D / Y Y Y Y 04 / 28 / 2005
Mailing Address 10620 Park Road Suite 230		Transaction ID: SA11A1.8506
City	State	Zip Code
Charlotte	NC	28210-8472
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Metrolina Neurological Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Chapman T. McQueen		Date of Receipt M / D / Y Y Y Y 02 / 14 / 2005
Mailing Address 1208 Vaughn Road		Transaction ID: SA11A1.8277
City	State	Zip Code
Burlington	NC	27215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alerance Ear, Nose & Throat, LLP	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <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

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(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. Rudolph Ivey Mintz, Jr.		Date of Receipt M / D / Y 01 / 04 / 2005	
Mailing Address 1205 Sweetbriar Circle		Transaction ID: SA11A1.9218	
City Kinston	State NC	Zip Code 28501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Rudolph I. Mintz, Jr., MD, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Kimberly Anne Morgan		Date of Receipt M / D / Y 01 / 20 / 2005	
Mailing Address 4419 Ben Franklin Boulevard		Transaction ID: SA11A1.9280	
City Durham	State NC	Zip Code 27704	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Durham Nephrology Associa- tes, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. James Edward Nitta		Date of Receipt M / D / Y 08 / 29 / 2005	
Mailing Address PO Box 38008		Transaction ID: SA11A1.8881	
City Greensboro	State NC	Zip Code 27438-8008	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Greensboro Orthopaedic Ce- nter, PA	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

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)
or each category of the
Detailed Summary Page

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(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. Steven Roland Norris		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 1401 Benjamin Parkway		Transaction ID: SA11A1.9663
City Greensboro	State NC	Zip Code 27408-4518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Greensboro Orthopaedic Center, PA	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Matthew David Olin		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 1401 Benjamin Parkway		Transaction ID: SA11A1.9668
City Greensboro	State NC	Zip Code 27408-4518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Greensboro Orthopaedic Center, PA	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul Edwin Parker		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 700 Sunlight Ridge Court		Transaction ID: SA11A1.9590
City Hendersonville	State NC	Zip Code 28752-6240
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

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

Full Name (Last, First, Middle Initial) A. Dr. Hiren R. Patel		Date of Receipt M / D / Y Y Y Y 01 / 04 / 2005
Mailing Address 3009 North Elm Street PO Box 3479		Transaction ID: SA11A1.9220
City Lumberton	State NC	Zip Code 28359-3479
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	
Receipt For: 2006 <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. Hiren R. Patel		Date of Receipt M / D / Y Y Y Y 04 / 19 / 2005
Mailing Address 3009 North Elm Street PO Box 3479		Transaction ID: SA11A1.9510
City Lumberton	State NC	Zip Code 28359-3479
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Hiren R. Patel, MD, PC	Occupation Physician	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Kevin Michael Patrick		Date of Receipt M / D / Y Y Y Y 04 / 12 / 2005
Mailing Address 134 Brandon Road		Transaction ID: SA11A1.8454
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 Piedmont Hendersonville Anesth	Occupation Physician	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	550.00
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

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(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. Warren Josef Pendegast		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 220 Horizon Drive Suite 218		Transaction ID: SA11A1.9455
City Raleigh	State NC	Zip Code 27615-4822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Carolina Physicians Health Progr	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Prabhakar D. Pendra		Date of Receipt M / D / Y 01 / 10 / 2005
Mailing Address 1002 North Church Street Suite 301		Transaction ID: SA11A1.8221
City Greensboro	State NC	Zip Code 27401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Piedmont Surgeons For Children	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard D. Ramos		Date of Receipt M / D / Y 08 / 29 / 2005
Mailing Address 1401 Benjamin Parkway		Transaction ID: SA11A1.8875
City Greensboro	State NC	Zip Code 27408-4518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Greensboro Orthopaedic Center, PA	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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

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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 Bemano Reiling		Date of Receipt M / D / Y 02 / 23 / 2005
Mailing Address 200 Hawthorne Lane		Transaction ID: SA11A1.9361
City Charlotte	State NC	Zip Code 28233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Presbyterian Cancer Center	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Virgil Odell Roberson, III		Date of Receipt M / D / Y 02 / 14 / 2005
Mailing Address 280 Ivey Lane		Transaction ID: SA11A1.9289
City Wilkesboro	State NC	Zip Code 28697-7431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
Name of Employer Wilkes Anesthesia	Occupation Physician	Aggregate Year-to-Date ▼ 220.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Todd Allen Rogers		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address PO Box 15386		Transaction ID: SA11A1.9513
City Durham	State NC	Zip Code 27704-0386
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Durham Emergency Physi- cians, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	720.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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FOR LINE NUMBER: PAGE 24 / 32
(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. Sanjay Shah		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 3682 Glenbarry Circle		Transaction ID: SA11A1.9599
City Fayetteville	State NC	Zip Code 28314-2604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sandhills Nephrology & Internal Medici	Occupation Physician	
Receipt For: 2006 <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. Lance Thayer Sisco		Date of Receipt M / D / Y 01 / 06 / 2005
Mailing Address 1088 Mountain Valley Drive		Transaction ID: SA11A1.9230
City Asheboro	State NC	Zip Code 27205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopedic Surgery Center	Occupation Physician	
Receipt For: 2006 <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. Herbert Allan Strunk, Jr.		Date of Receipt M / D / Y 08 / 27 / 2005
Mailing Address PO Box 1502		Transaction ID: SA11A1.8685
City Pinehurst	State NC	Zip Code 28370-1502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pinehurst Cardiology Consultants, PLLC	Occupation Physician	
Receipt For: 2006 <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

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(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. Kevin Mark Supple		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 1401 Benjamin Parkway		Transaction ID: SA11A1.9696
City Greensboro	State NC	Zip Code 27408-4518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Greensboro Orthopaedic Center, PA	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William Wayne Vaughn, Jr.		Date of Receipt M / D / Y 02 / 14 / 2005
Mailing Address 1208 Vaughn Road		Transaction ID: SA11A1.8296
City Burlington	State NC	Zip Code 27215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alamanca Ear, Nose & Throat, LLP	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Vincent Eugene Voel		Date of Receipt M / D / Y 08 / 27 / 2005
Mailing Address 2820 E 7th Street		Transaction ID: SA11A1.8691
City Charlotte	State NC	Zip Code 28204-4314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Voel Center Cosmetic & Laser Plastic S	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

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(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. Philip Mabon Wilford		Date of Receipt M / D / Y 06 / 03 / 2005
Mailing Address 108 Cedarwood Creek Court		Transaction ID: SA11A1.9694
City Winston-Salem	State NC	Zip Code 27104-5027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wake Forest University School of Medicine Receipt For: 2006 <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. Roland Manfred Zahn		Date of Receipt M / D / Y 06 / 27 / 2005
Mailing Address 828 Fleming Street		Transaction ID: SA11A1.9699
City Hendersonville	State NC	Zip Code 28791-3540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Piedmont Hendersonville Anesthesia Con Receipt For: 2006 <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. Carol J. Ziel		Date of Receipt M / D / Y 01 / 27 / 2005
Mailing Address 2025 Frontis Plaza Boulevard Suite 100		Transaction ID: SA11A1.8300
City Winston-Salem	State NC	Zip Code 27103-5883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Duke Eye Center of Winston-Salem McKlin Receipt For: 2006 <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)	25720.00

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

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

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(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 06 / 30 / 2005
Mailing Address 1101 Vermont Avenue, NW		Transaction ID: SA12.9702
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 transfer
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

SUBTOTAL of Receipts This Page (optional)	▶	10.00
TOTAL This Period (last page this line number only)	▶	10.00

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

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

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(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 / 2005
Mailing Address PD Box 563966		Transaction ID: SA17.9701
City Raleigh	State NC	Zip Code 28262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.84
Name of Employer	Occupation	Interest earned in June
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.28	

SUBTOTAL of Receipts This Page (optional)	▶	36.84
TOTAL This Period (last page this line number only)	▶	36.84

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

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

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(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

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
contributions 1/1/05-1/15/05

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.9237
Date of Disbursement
02 / 01 / 2005

Amount of Each Disbursement this Period
1500.00

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
Contributions 1/16/05-2/15/05

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.9302
Date of Disbursement
02 / 25 / 2005

Amount of Each Disbursement this Period
1400.00

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
Transfer 2/16/05-3/15/05

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.9377
Date of Disbursement
03 / 21 / 2005

Amount of Each Disbursement this Period
1700.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4600.00**

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)

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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: SB22.9815 Date of Disbursement 04 / 06 / 2005	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 30.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement transfer of voluntary contributions	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. American Medical Political Action Committee		Transaction ID: SB22.9479 Date of Disbursement 04 / 26 / 2005	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 1700.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement Contribution transfer 3/15/05-4/15/05	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee		Transaction ID: SB22.9521 Date of Disbursement 05 / 11 / 2005	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 650.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement contributions 4/18/05-4/30/05	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ► **2380.00**

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

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(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

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer 5/1/05-5/31/05

Candidate Name _____

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type _____

Transaction ID: SB22.9609
Date of Disbursement
06 / 10 / 2005

Amount of Each Disbursement this Period
2200.00

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
Contributions 6/1/05-6/30/05

Candidate Name _____

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type _____

Transaction ID: SB22.9700
Date of Disbursement
06 / 30 / 2005

Amount of Each Disbursement this Period
2250.00

SUBTOTAL of Disbursements This Page (optional)	▶	4450.00
TOTAL This Period (last page this line number only)	▶	11430.00

**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)

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<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. Internal Revenue Service

Mailing Address N/A

City Odgen State UT Zip Code 84201

Purpose of Disbursement
2004 Income Tax

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB29.9375
Date of Disbursement
03 / 07 / 2005

Amount of Each Disbursement this Period
110.00

Full Name (Last, First, Middle Initial)
B. NC Department of Revenue

Mailing Address PO Box 25000

City Raleigh State NC Zip Code 27640

Purpose of Disbursement
2004 Income Tax

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB29.9376
Date of Disbursement
03 / 07 / 2005

Amount of Each Disbursement this Period
29.00

SUBTOTAL of Disbursements This Page (optional)	▶	139.00
TOTAL This Period (last page this line number only)	▶	139.00