

**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)
- 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

2004

through

03

31

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

04

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**

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 ^Y2004 To: ^M03 ^D31 ^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	70978.69	
(c) Total Receipts (from Line 19)	30805.78	30805.78
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	101784.47	101784.47
7. Total Disbursements (from Line 31)	11058.00	11058.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	90726.47	90726.47
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 ^D01 ^Y2004 To: ^M03 ^D31 ^Y2004

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)	10500.00	
(ii) Unitemized	20211.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	30711.00	30711.00
(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)	30711.00	30711.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	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.)	94.78	94.78
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))	30805.78	30805.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30805.78	30805.78

DETAILED SUMMARY PAGE

of Disbursements

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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.....	11050.00	11050.00
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.....	8.00	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))..	11058.00	11058.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11058.00	11058.00

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)	30711.00	30711.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30711.00	30711.00
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 / 22

(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. Edwin Leroy Baker, III		Date of Receipt M / D / Y 01 / 05 / 2004
Mailing Address 205 Londonderry Drive		Transaction ID: SA11A1.7060
City Lumberton	State NC	Zip Code 28358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Women's Life Center/Lumberton	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) B. Dr. Edwin Leroy Baker, III		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 205 Londonderry Drive		Transaction ID: SA11A1.7061
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 Women's Life Center/Lumberton	Occupation Physician	Aggregate Year-to-Date ▼ 750.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Alle Caroline Bard		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 1041 Noel Lane Suite 105		Transaction ID: SA11A1.7210
City Rocky Mount	State NC	Zip Code 27801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eastern North Carolina Medical Group.	Occupation Physician Assistant	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)	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 7 / 22

(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 / 08 / 2004
Mailing Address 3400 Executive Drive Suite 201		Transaction ID: SA11A1.7055
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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Praecha Bhatiwahok		Date of Receipt M / D / Y 01 / 30 / 2004
Mailing Address 191D Stanton Road		Transaction ID: SA11A1.7187
City Kinston	State NC	Zip Code 28501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Praecha Bhatiwahok, 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. Veta Joyce Bland		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address 1317 North Elm Street Suite 7		Transaction ID: SA11A1.7484
City Greensboro	State NC	Zip Code 27401-1023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bland Clinic	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 8 / 22

(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. Peter Frederick Blomgren		Date of Receipt M / D / Y Y Y Y 02 / 13 / 2004	
Mailing Address 317 West Wendover Avenue		Transaction ID: SA11A1.7214	
City Greensboro	State NC	Zip Code 27408-8401	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Greensboro Family Practice 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. Jerec Lee Bowman		Date of Receipt M / D / Y Y Y Y 02 / 12 / 2004	
Mailing Address 1041 Noell lane Suite 105		Transaction ID: SA11A1.7216	
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 Eastern North Carolina Medical Group. 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. Michael S. Bryant		Date of Receipt M / D / Y Y Y Y 01 / 20 / 2004	
Mailing Address 700 Tighman Drive Suite 710		Transaction ID: SA11A1.7080	
City Dunn	State NC	Zip Code 28334	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: 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22

(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. Daniel L. Clarke-Pearson		Date of Receipt M / D / Y 03 / 25 / 2004
Mailing Address Duke Cancer Center Box 3079		Transaction ID: SA11A1.7588
City Durham	State NC	Zip Code 27710-3079
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Duke University Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 270.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark Moscoe Coulter		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 2544 Court Drive Suite G		Transaction ID: SA11A1.7056
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 Gastonia 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) C. Dr. Daniel Lind Crocker		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 1041 Noell Lane Suite 105		Transaction ID: SA11A1.7232
City Rocky Mount	State NC	Zip Code 27804-0867
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eastern North Carolina Medical Group	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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 22

(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. Patrick Matthew Curlee		Date of Receipt M / D / Y 03 / 15 / 2004
Mailing Address 1717 Shipyard Boulevard Suite 350		Transaction ID: SA11A1.7478
City Wilmington	State NC	Zip Code 28403-8019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carolina Spine Center	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. Leo Warren Davidson		Date of Receipt M / D / Y 02 / 03 / 2004
Mailing Address 1841 Quiet Cove		Transaction ID: SA11A1.7236
City Fayetteville	State NC	Zip Code 28304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Village 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) C. Dr. Edward Benedict Emrini		Date of Receipt M / D / Y 02 / 03 / 2004
Mailing Address 4303 Ludgate Street		Transaction ID: SA11A1.7238
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 Edward B. Emrini, MD, 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 11 / 22

(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. David Anthony Esposito		Date of Receipt M / D / Y Y Y Y 01 / 16 / 2004	
Mailing Address 1717 Shipyard Boulevard Suite 350		Transaction ID: SA11A1.7142	
City Wilmington	State NC	Zip Code 28403-8019	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Carolina Sports Medicine	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. Eric Brian Feinberg		Date of Receipt M / D / Y Y Y Y 03 / 24 / 2004	
Mailing Address 268D Aberdeen Boulevard Suite A		Transaction ID: SA11A1.7594	
City Gastonia	State NC	Zip Code 28054	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Gaston Women's HealthCare 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. James Ellis Garrett		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2004	
Mailing Address 105 Sea Bury Court		Transaction ID: SA11A1.7492	
City Emerald Isle	State NC	Zip Code 28564	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orslew Medical Center	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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 22

(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. Mr. Joseph Emmett Giddings, III		Date of Receipt M / D / Y 02 / 12 / 2004	
Mailing Address 1041 Noell lane Suite 105		Transaction ID: SA11A1.7243	
City State Zip Code Rocky Mount NC 27804	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern North Carolina Medical Group, Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Assistant Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Frank Russell Graybeal, Jr.		Date of Receipt M / D / Y 03 / 15 / 2004	
Mailing Address 101 SW Cary Parkway Suite 4D		Transaction ID: SA11A1.7495	
City State Zip Code Cary NC 27511	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cary Diagnostic Radiology, 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) C. Dr. Chris Warren Guest		Date of Receipt M / D / Y 02 / 03 / 2004	
Mailing Address 102 Pomona Drive		Transaction ID: SA11A1.7249	
City State Zip Code Greensboro NC 27407	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Urgent Medical & Family Care, 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**

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FOR LINE NUMBER: PAGE 13 / 22

(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. Susan Jean Hines		Date of Receipt M / D / Y 03 / 03 / 2004
Mailing Address 4125 Arden Street		Transaction ID: SA11A1.7509
City Clemmons	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 Piedmont Hematology/Oncology 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. John Christian Huffman		Date of Receipt M / D / Y 02 / 12 / 2004
Mailing Address 1041 Noell lane Suite 105		Transaction ID: SA11A1.7260
City Rocky Mount	State NC	Zip Code 27804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eastern North Carolina Medical Group 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. Robert Samuel Humble		Date of Receipt M / D / Y 03 / 16 / 2004
Mailing Address 309 Sharon Amity Road Suite 102		Transaction ID: SA11A1.7809
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 Owens Orthopaedic 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)	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 / 22

(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. Mr. Charles D. Hunter		Date of Receipt M / D / Y Y Y Y 02 / 12 / 2004	
Mailing Address 1041 Noell Lane Suite 105		Transaction ID: SA11A1.7262	
City State Zip Code Rocky Mount NC 27804	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern North Carolina Medical Group Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Assistant Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Douglas Brett Hurley		Date of Receipt M / D / Y Y Y Y 02 / 03 / 2004	
Mailing Address 835 Fleming Street		Transaction ID: SA11A1.7264	
City State Zip Code Hendersonville NC 28791	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Carolina Surgeons, 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) C. Dr. Robert Boyd Jones		Date of Receipt M / D / Y Y Y Y 01 / 28 / 2004	
Mailing Address 2311 Delaney Road		Transaction ID: SA11A1.7180	
City State Zip Code Wilmington NC 28403	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wilmington Ear, Nose & Throat 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 15 / 22

(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. Ismo Mikael Kasanen		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 189B Tate Boulevard SE Suite 2101		Transaction ID: SA11A1.7267
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 Piedmont Nephrology and Hypertension A	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. Eric Jon Koslow		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address 100 Westwood Avenue		Transaction ID: SA11A1.7522
City High Point	State NC	Zip Code 27262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Asthma and Allergy Center of North Car	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. Wolfgang Erich Lehmann		Date of Receipt M / D / Y 01 / 13 / 2004
Mailing Address 2803 Davis Avenue		Transaction ID: SA11A1.7128
City Statesville	State NC	Zip Code 28625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kidney Care, 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 16 / 22

(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. Howard Mandell		Date of Receipt M / D / Y 03 / 23 / 2004	
Mailing Address 10820 Park Road Suite 230		Transaction ID: SA11A1.7613	
City State Zip Code Charlotte NC 28210-2660	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Metrolina Neurological 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. Norman Michael Meyer		Date of Receipt M / D / Y 01 / 16 / 2004	
Mailing Address PO Box 29066		Transaction ID: SA11A1.7146	
City State Zip Code Greensboro NC 27429	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Norman N. Meyer, MD, PC 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. James Carden McCabe		Date of Receipt M / D / Y 03 / 23 / 2004	
Mailing Address 1302 Medical Center Drive		Transaction ID: SA11A1.7615	
City State Zip Code Wilmington NC 28401	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Southeastern Nephrology Associates, PL 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 17 / 22

(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. William McNulty		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004	
Mailing Address 1515 Doctor's Circle		Transaction ID: SA11A1.7335	
City State Zip Code Wilmington NC 28401-7498	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hanover Medical Special- ts, 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. Douglas Frank Messina		Date of Receipt M / D / Y Y Y Y 01 / 18 / 2004	
Mailing Address 1717 Shipyard Boulevard Suite 350		Transaction ID: SA11A1.7147	
City State Zip Code Wilmington NC 28403-8019	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Carolina Sports Medicine 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. Rafael Mariano Moreschi		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004	
Mailing Address 105-A Kilmayne Drive		Transaction ID: SA11A1.7537	
City State Zip Code Cary NC 27511	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rafael M. Moreschi, 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 18 / 22

(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 William Puschirsky		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 824 Quaker Lane Suite C-103		Transaction ID: SA11A1.7298
City High Point	State NC	Zip Code 27262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medical Center Urology, 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. John Francis Reilly, Jr.		Date of Receipt M / D / Y 02 / 03 / 2004
Mailing Address 103 Regal Pine Court		Transaction ID: SA11A1.7300
City Cary	State NC	Zip Code 27511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carolina Radiation Oncolo- gy	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. Carlos Alejandro Stella		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 2544 Court Drive Suite G		Transaction ID: SA11A1.7058
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 Gastonia Surgical Associa- tes, 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 10 / 22

(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. William Alfred Walker		Date of Receipt M / D / Y 01 / 28 / 2004	
Mailing Address 2015 Randolph Road Suite 201		Transaction ID: SA11A1.7182	
City Charlotte	State NC	Zip Code 28207	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Colon & Rectal Surgery Assoc 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. Armistead Lendon Welford, IV		Date of Receipt M / D / Y 01 / 08 / 2004	
Mailing Address 1315 Timberlane Drive		Transaction ID: SA11A1.7054	
City High Point	State NC	Zip Code 27265-9593	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Carolina Cardiology Cons. 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)	▶	500.00
TOTAL This Period (last page this line number only)	▶	10500.00

**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)

PAGE 20 / 22

<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: SB22.7330 Date of Disbursement 02 / 12 / 2004	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 2700.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement transfer to affiliated pac-1/1/04-1/31/0	Candidate Name	Category/ Type
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: SB22.7331 Date of Disbursement 02 / 25 / 2004	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 2550.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement transfer to affiliated pac 2/1/04-2/15/0	Candidate Name	Category/ Type
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: SB22.7575 Date of Disbursement 03 / 11 / 2004	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 2150.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement transfer 2/16/04-2/29/04	Candidate Name	Category/ Type
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶ **7400.00**

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 21 / 22

<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-3/1/04-3/15/04

Candidate Name _____

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/Type

Transaction ID: SB22.7577
Date of Disbursement
03 / 24 / 2004

Amount of Each Disbursement this Period
2300.00

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
Transfer 3/16/04-3/31/04

Candidate Name _____

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/Type

Transaction ID: SB22.7638
Date of Disbursement
03 / 31 / 2004

Amount of Each Disbursement this Period
1350.00

SUBTOTAL of Disbursements This Page (optional)	▶	3650.00
TOTAL This Period (last page this line number only)	▶	11050.00

**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)

PAGE 22 / 22

<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. NC Department of Revenue

Transaction ID: SB29.7576
Date of Disbursement

Mailing Address PO Box 25000

03 / 15 / 2004

City Raleigh State NC Zip Code 27640

Amount of Each Disbursement this Period

Purpose of Disbursement
2003 Income Tax

8.00

Candidate Name

Category/
Type

Office Sought: House
Senate
President

Disbursement For:
Primary General
Other (specify) ▼

State: District

SUBTOTAL of Disbursements This Page (optional) ▶

8.00

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

8.00