PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
North Carolina Medica	al Society Federal Po	olitical Education and Act	tion Committee
ADDRESS (number and street)	PO Box 25834		
Check if different than previously reported. (ACC)	Raleigh		NC 27611
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00003152		IS THIS REPORT X (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (C) July 15 Quarterly Report (C) October 15 Quarterly Report (C) X January 31 Year-End Report (Non-electic Year Only) (MY) Termination Report (TER)	Report Due On: Ma Ap (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:	b 20 (M2)	(Non-Election Year Only)
5. Covering Period 07		through 12	31 2023
I certify that I have examined the Type or Print Name of Treasure	Haves Rehecca	of my knowledge and belief it is to	rue, correct and complete.
Signature of Treasurer Haye	es, Rebecca, , ,		Date 01 30 / 2024
NOTE: Submission of false, erron	eous, or incomplete information	on may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

2023 12 31 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 20136.18 January 1. 2023 (b) Cash on Hand at 22212.27 Beginning of Reporting Period..... 2933.13 5009.22 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 25145.40 25145.40 6(a) and 6(c) for Column B)..... 2000.00 2000.00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 23145.40 23145.40 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

01 07 2023 31 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 2310.00 3260.00 (i) Itemized (use Schedule A)..... 600.00 1725.00 (ii) Unitemized (iii) TOTAL (add 4985.00 2910.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 4985.00 2910.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 24.22 (Dividends, Interest, etc.)..... 23.13 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 5009.22 12, 13, 14, 15, 16, 17, and 18(c))....... 2933.13 20. Total Federal Receipts 2933.13 5009.22 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	1000 1110 1 01100	Galeridai Teal-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	4 4	4 4 4		
Expenditures	0.00	0.00		
(c) Total Operating Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	0.00	0.00		
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	4 4 4			
and Other Political Committees	0.00	0.00		
. Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		0.00		
(32 0.3.0. § 30116(d)) (use Schedule F)	0.00	0.00		
	45 45 45	4 4 4		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To:	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	45. 45.			
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
(444 200 20(4), (5), 44 (5),	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	2000.00	2000.00		
Federal Election Activity (52 U.S.C. § 30101	(20))			
(a) Allocated Federal Election Activity	· //			
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2000.00	2000.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	2000.00	2000.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2910.00	4985.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2910.00	4985.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:					PAGE		6	OF	13
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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Baggett, Hurshell 'Chip', , , Date of Receipt Mailing Address PO Box 27167 2023 13 City Zip Code State Transaction ID: SA11AI.17186 NC Raleigh 27611 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) North Carolina Medical Society Senior Vice President **General Contribution** Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Baggett, Hurshell 'Chip', , , Date of Receipt Mailing Address PO Box 27167 08 16 2023 Zip Code City State Transaction ID: SA11AI.17198 Raleigh NC 27611 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Senior Vice President North Carolina Medical Society **General Contribution** Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Baggett, Hurshell 'Chip', , , Date of Receipt Mailing Address PO Box 27167 2023 13 City Zip Code State Transaction ID : SA11AI.17210 NC Raleigh 27611 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) North Carolina Medical Society Senior Vice President General Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:				PAGE		7	OF		13	
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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 of Individual (Last, First, Middle Initial) or Full Organization Name Baggett, Hurshell 'Chip', , , Date of Receipt Mailing Address PO Box 27167 2023 13 City Zip Code State Transaction ID: SA11AI.17235 NC Raleigh 27611 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) North Carolina Medical Society Senior Vice President **General Contribution** Receipt For: Aggregate Year-to-Date ▼ Primary General 2100.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Baggett, Hurshell 'Chip', , , Date of Receipt Mailing Address PO Box 27167 11 10 2023 Zip Code City State Transaction ID: SA11AI.17251 Raleigh NC 27611 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Senior Vice President North Carolina Medical Society **General Contribution** Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Baggett, Hurshell 'Chip', , , Date of Receipt Mailing Address PO Box 27167 2023 18 City Zip Code State Transaction ID : SA11AI.17263 NC Raleigh 27611 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) North Carolina Medical Society Senior Vice President General Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2700.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:				PAGE		8	OF	13
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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Highsmith, Pamela, , , Date of Receipt Mailing Address PO Box 27167 2023 13 City Zip Code State Transaction ID: SA11AI.17238 NC Raleigh 27611 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) North Carolina Medical Society VP, Advancement & Donor Relations General Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Highsmith, Pamela, , , Date of Receipt Mailing Address PO Box 27167 11 10 2023 City State Zip Code Transaction ID: SA11AI.17254 Raleigh NC 27611 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP, Advancement & Donor Relations North Carolina Medical Society **General Contribution** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Highsmith, Pamela, , , Date of Receipt Mailing Address PO Box 27167 2023 18 City Zip Code State Transaction ID : SA11AI.17266 NC Raleigh 27611 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) North Carolina Medical Society VP, Advancement & Donor Relations General Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FC	R LINE	PAGE		9	OF	13		
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	13	14		15		16		17

Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Newton, Ashley, , , Date of Receipt Mailing Address 2425 North Cente Street #308 2023 13 City Zip Code State Transaction ID: SA11AI.17191 NC Hickory 28601 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) North Carolina Medical Society VP, Member Services **General Contribution** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Newton, Ashley, , , Date of Receipt Mailing Address 2425 North Cente Street #308 08 16 2023 City State Zip Code Transaction ID: SA11AI.17203 Hickory NC 28601 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP, Member Services North Carolina Medical Society **General Contribution** Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Newton, Ashley, , , Date of Receipt Mailing Address 2425 North Cente Street #308 2023 13 City State Zip Code Transaction ID: SA11AI.17216 NC Hickory 28601 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) North Carolina Medical Society VP, Member Services General Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13

for each category of the 12 Detailed Summary Page 14 13 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 of Individual (Last, First, Middle Initial) or Full Organization Name Newton, Ashley, , , Date of Receipt Mailing Address 2425 North Cente Street #308 2023 13 City Zip Code State Transaction ID: SA11AI.17240 NC Hickory 28601 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) North Carolina Medical Society VP, Member Services **General Contribution** Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Newton, Ashley, , , Date of Receipt Mailing Address 2425 North Cente Street #308 11 10 2023 City State Zip Code Transaction ID: SA11AI.17256 Hickory NC 28601 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP, Member Services North Carolina Medical Society **General Contribution** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Newton, Ashley, , , Date of Receipt Mailing Address 2425 North Cente Street #308 2023 18 City Zip Code State Transaction ID : SA11AI.17268 NC Hickory 28601 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) North Carolina Medical Society VP, Member Services General Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

FOR LINE NUMBER:				PAGE	_ 1	11	OF	13	
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for each category of the Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Rodriguez, Ashley, H.,, Date of Receipt Mailing Address 62 Sleepy Creek Drive 2023 18 City Zip Code State Transaction ID: SA11AI.17276 NC Clayton 27520 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) North Carolina Medical Society Chief Legal Officer **General Contribution** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Scott, Shawn, , , Date of Receipt Mailing Address PO Box 27167 12 18 2023 City State Zip Code Transaction ID: SA11AI.17270 Raleigh NC 27611 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Deputy EVP, Operations and Administr North Carolina Medical Society **General Contribution** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Simmons, Evan, , , Date of Receipt Mailing Address 8509 Buscot Court 2023 13 City State Zip Code Transaction ID : SA11AI.17244 NC Raleigh 27615 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) North Carolina Medical Society Director, Executive and Board Services General Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 65.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:				PAGE	· '	12 OF	13		
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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name Simmons, Evan, , , Date of Receipt Mailing Address 8509 Buscot Court 2023 10 City Zip Code State Transaction ID: SA11AI.17260 Raleigh NC 27615 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) North Carolina Medical Society Director, Executive and Board Services General Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Simmons, Evan, , , Date of Receipt Mailing Address 8509 Buscot Court 12 18 2023 City State Zip Code Transaction ID : SA11AI.17271 Raleigh NC 27615 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) North Carolina Medical Society Director, Executive and Board Services **General Contribution** Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Skipper, William, Alan, , Date of Receipt Mailing Address PO Box 27167 2023 18 City Zip Code State Transaction ID : SA11AI.17272 NC Raleigh 27611 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CAE, CMP Vice President North Carolina Medical Society General Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... 2310.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		t - (-)	FOR LINE NUMBER: PAGE 13					
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		Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b				
Any information copied from such Reports and Statem	L nents may n	not he sold or used						
or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
North Carolina Medical Society Fed	ion and A	ction Committee						
Full Name (Last, First, Middle Initial)								
^{A.} Hudson, Richard, , Rep.,		Date of Disbursement						
Mailing Address 824 S Milledge Ave		08 22 2023						
Ste 101				2020				
,	State	Zip Code		FEC Identification Number				
7 111.01.10	GA	30605						
Purpose of Disbursement				[C]				
Candidate Contribution Candidate Name				Transaction ID : SB29.17250				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursem	nent For:		Туре	1000.00				
	Primary	General		7 7 7				
President	Other (spec	eify) ▼		Memo Item				
State: District:				I mone non				
Full Name (Last, First, Middle Initial)								
^{3.} Murphy, Greg, , ,				Date of Disbursement				
Mailing Address PO Box 1131				08 22 2023				
Mailing Address PO Box 1131				00 22 2023				
,	State	Zip Code		FEC Identification Number				
Greenville Purpose of Disbursement	NC	27835						
Candidate Contribution				Transaction ID : SB29.17234				
Candidate Name		I	Cata nami/					
			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursem	nent For:	I	71	1000.00				
Senate	Primary	General						
	Other (spec	ify)		Memo Item				
State: District:				<u> </u>				
Full Name (Last, First, Middle Initial)				Date of Disbursement				
J.								
Mailing Address				M = M / D = D / Y = Y = Y				
City	State	Zip Code		FEC Identification Number				
Purpose of Disbursement								
r dipose of Biobardoment				C				
Candidate Name	Amount of Each Disbursement this Period							
			Category/ Type					
Office Sought: House Disbursem								
	Primary Other (spec	General						
		Memo Item						
State: District:								
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TOTAL This Period (last page this line number only).				2000.00				