



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="20136.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="22212.27"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2933.13"/>	<input type="text" value="5009.22"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="25145.40"/>	<input type="text" value="25145.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="2000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="23145.40"/>	<input type="text" value="23145.40"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**North Carolina Medical Society Federal Political Education and Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2310.00	3260.00
(ii) Unitemized .....	600.00	1725.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2910.00	4985.00
(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) .....	2910.00	4985.00
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.).....	23.13	24.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2933.13	5009.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2933.13	5009.22

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	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.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	2000.00	2000.00
30. 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 Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2000.00	2000.00
32. 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

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2910.00	4985.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2910.00	4985.00
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 <b>A. Baggett, Hurshell 'Chip', , ,</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>13</td> <td></td> <td>2023</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		13		2023
M M M	/	D D D	/	Y Y Y Y Y Y								
07		13		2023								
Mailing Address PO Box 27167		<b>Transaction ID : SA11Al.17186</b>										
City Raleigh	State NC	Zip Code 27611										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00										
Name of Employer (for Individual) North Carolina Medical Society	Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	<input type="checkbox"/> General Contribution										

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Baggett, Hurshell 'Chip', , ,</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>16</td> <td></td> <td>2023</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		16		2023
M M M	/	D D D	/	Y Y Y Y Y Y								
08		16		2023								
Mailing Address PO Box 27167		<b>Transaction ID : SA11Al.17198</b>										
City Raleigh	State NC	Zip Code 27611										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00										
Name of Employer (for Individual) North Carolina Medical Society	Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	<input type="checkbox"/> General Contribution										

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Baggett, Hurshell 'Chip', , ,</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>13</td> <td></td> <td>2023</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		13		2023
M M M	/	D D D	/	Y Y Y Y Y Y								
09		13		2023								
Mailing Address PO Box 27167		<b>Transaction ID : SA11Al.17210</b>										
City Raleigh	State NC	Zip Code 27611										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00										
Name of Employer (for Individual) North Carolina Medical Society	Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	<input type="checkbox"/> General Contribution										

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**North Carolina Medical Society Federal Political Education and Action Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Baggett, Hurshell 'Chip', , ,

Mailing Address PO Box 27167

City Raleigh	State NC	Zip Code 27611
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) North Carolina Medical Society	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2023

**Transaction ID : SA11AI.17235**

Amount of Each Receipt this Period  
300.00

Memo Item  
General Contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Baggett, Hurshell 'Chip', , ,

Mailing Address PO Box 27167

City Raleigh	State NC	Zip Code 27611
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) North Carolina Medical Society	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2023

**Transaction ID : SA11AI.17251**

Amount of Each Receipt this Period  
300.00

Memo Item  
General Contribution

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Baggett, Hurshell 'Chip', , ,

Mailing Address PO Box 27167

City Raleigh	State NC	Zip Code 27611
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) North Carolina Medical Society	Occupation (for Individual) Senior Vice President
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2023

**Transaction ID : SA11AI.17263**

Amount of Each Receipt this Period  
300.00

Memo Item  
General Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**North Carolina Medical Society Federal Political Education and Action Committee**

**A. Highsmith, Pamela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167  
 City Raleigh State NC Zip Code 27611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) VP, Advancement & Donor Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 13 / 2023**  
**Transaction ID : SA11AI.17238**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 General Contribution

**B. Highsmith, Pamela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167  
 City Raleigh State NC Zip Code 27611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) VP, Advancement & Donor Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 10 / 2023**  
**Transaction ID : SA11AI.17254**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 General Contribution

**C. Highsmith, Pamela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167  
 City Raleigh State NC Zip Code 27611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) VP, Advancement & Donor Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **12 / 18 / 2023**  
**Transaction ID : SA11AI.17266**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 General Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**North Carolina Medical Society Federal Political Education and Action Committee**

**A. Newton, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2425 North Cente Street #308  
 City Hickory State NC Zip Code 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) VP, Member Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 13 / 2023**  
**Transaction ID : SA11Al.17191**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 General Contribution

**B. Newton, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2425 North Cente Street #308  
 City Hickory State NC Zip Code 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) VP, Member Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **08 / 16 / 2023**  
**Transaction ID : SA11Al.17203**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 General Contribution

**C. Newton, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2425 North Cente Street #308  
 City Hickory State NC Zip Code 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) VP, Member Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **09 / 13 / 2023**  
**Transaction ID : SA11Al.17216**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 General Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**North Carolina Medical Society Federal Political Education and Action Committee**

**A. Newton, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2425 North Cente Street #308  
 City Hickory State NC Zip Code 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) VP, Member Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 13 / 2023  
**Transaction ID : SA11AI.17240**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 General Contribution

**B. Newton, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2425 North Cente Street #308  
 City Hickory State NC Zip Code 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) VP, Member Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2023  
**Transaction ID : SA11AI.17256**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 General Contribution

**C. Newton, Ashley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2425 North Cente Street #308  
 City Hickory State NC Zip Code 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) VP, Member Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 18 / 2023  
**Transaction ID : SA11AI.17268**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 General Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**North Carolina Medical Society Federal Political Education and Action Committee**

**A. Rodriguez, Ashley, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 Sleepy Creek Drive  
 City Clayton State NC Zip Code 27520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 18 / 2023  
**Transaction ID : SA11Al.17276**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 General Contribution

**B. Scott, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167  
 City Raleigh State NC Zip Code 27611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) Deputy EVP, Operations and Administr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 18 / 2023  
**Transaction ID : SA11Al.17270**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 General Contribution

**C. Simmons, Evan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8509 Buscot Court  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) Director, Executive and Board Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 13 / 2023  
**Transaction ID : SA11Al.17244**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 General Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**North Carolina Medical Society Federal Political Education and Action Committee**

**A. Simmons, Evan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8509 Buscot Court  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) Director, Executive and Board Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2023  
**Transaction ID : SA11AI.17260**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 General Contribution

**B. Simmons, Evan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8509 Buscot Court  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) Director, Executive and Board Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2023  
**Transaction ID : SA11AI.17271**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 General Contribution

**C. Skipper, William, Alan, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167  
 City Raleigh State NC Zip Code 27611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) CAE, CMP Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2023  
**Transaction ID : SA11AI.17272**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 General Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2310.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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. Hudson, Richard, , Rep.,**

Mailing Address 824 S Millledge Ave  
Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement

Candidate Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB29.17250**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. Murphy, Greg, , ,**

Mailing Address PO Box 1131

City Greenville State NC Zip Code 27835

Purpose of Disbursement

Candidate Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB29.17234**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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Memo Item

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

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

2	0	0	0	0	0	0	0	0	0
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2	0	0	0	0	0	0	0	0	0
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