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FEC

# REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For Other Than An Au	thorized Committee		Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typ over the lines.	e 12FE4M5	
North Carolina Medica	al Society Federal Po	olitical Education and	Action Commit	tee
ADDRESS (number and street)	PO Box 25834			
Check if different than previously reported. (ACC)	222 N. Person Street Raleigh		NC L	27611
2. FEC IDENTIFICATION N	<b>UMBER</b> ▼C	ITY 🛦	STATE ▲	ZIP CODE ▲
C C00003152		IS THIS REPORT X NEW (N)	OR AM	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20 ar 20 (M3) Jun 20		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Ap	or 20 (M4) Jul 20 (	(M7) Oct 2	Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (0	′ (c) 12-Day	Primary (12P)	General (	12G) Runoff (12R)
X July 15 Quarterly Report (0	PRE-Election Report for the:	Convention (12C)	Special (1	12S)
Quarterly Report (0	23)	M = M / D = D	/ Y • Y • Y • Y	in the
Year-End Report (	YE) Elect	ion on		State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	OR) Special (30S)
Termination Report (TER)		ion on	/ Y = Y = Y	in the State of
5. Covering Period 04	M / D D / Y Y Y Y Y Y 4 4 01 2016		M M / D D / 06 30	2016
I certify that I have examined the		_	is true, correct and	complete.
Type of Fillit Name of Treasure	er Stephen W Keene, Asst T	reasurer		
Signature of Treasurer Steph	hen W Keene, Asst Treasurer	[Electronically Filed]	Date 07	07 / 2016
NOTE: Submission of false, erron	neous, or incomplete informati	on may subject the person sig	ning this Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

## 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

2016 06 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 39596.32 January 1, 2016 (b) Cash on Hand at 12387.39 Beginning of Reporting Period..... 3830.64 4621.71 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 44218.03 16218.03 6(a) and 6(c) for Column B)..... 0.00 28000.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 16218.03 16218.03 (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) .....

X

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. 06/2004)

Write or Type Committee Name

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
ontributions (other than loans) From:					
) Individuals/Persons Other					
Than Political Committees					
(i) Itemized (use Schedule A)	500.00	750.00			
(ii) Unitemized	3330.00	3870.00			
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	3830.00	4620.00			
		0.00			
,	0.00	0.00			
(such as PACs)	0.00	0.00			
) Total Contributions (add Lines					
11(a)(iii), (b), and (c)) (Carry	2000.00	4630.00			
Totals to Line 33, page 5)	3830.00	4620.00			
	0.00	0.00			
arry Committees	0.00	0.00			
Loans Received	0.00	0.00			
	0.00	0.00			
	0.00	0.00			
· · · · · · · · · · · · · · · · · · ·	0.00	0.00			
	0.00	0.00			
	0.00	0.00			
	0.00	0.00			
·	0.64	1.71			
. ,	0.04	1171			
	0.00	0.00			
	7				
) Levin Funds (from Schedule H5)	0.00	0.00			
, 25 / 4.100 (1.01.1 05.1104410 1.10)					
) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
	) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Tanana Tour to Buto
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	3.00
0.00	0.00
0.00	
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	28000.00
200	
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	28000.00
0.00	28000.00
	Total This Period  0.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	3830.00	4620.00			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3830.00	4620.00			
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			
3. 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

FOR LINE NUMBER:					PAGE		6	OF 6				
	(check only one)											
	[	X	11a		11b		11c		12			
			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 (Last, First, Middle Initial) Dr. Brian Mingtao Go Date of Receipt Mailing Address 1037 Stradshire Drive 25 2016 City Zip Code State Transaction ID: SA11AI.16095 NC Raleigh 27614 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Voluntary member contribution Raleigh Cardiology Associates, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew S Lamb Date of Receipt Mailing Address 2507 Ashley Place 05 16 2016 City State Zip Code Transaction ID: SA11AI.16099 Burlington NC 27215 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Cone Health Voluntary member contribution Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

SUBTOTAL of Receipts This Page (optional).....

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

500.00

500.00