

**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 POLITICAL EDUCATION AND ACTION COMMITTEE

ADDRESS (number and street) **Check if different than previously reported. (ACC)**
 P.O. BOX 25654
 222 N. Person Street
 Raleigh NC 27611

2. **FEC IDENTIFICATION NUMBER** C00003152
 3. **IS THIS REPORT** X **NEW (N) OR AMENDED (A)**

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
X October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on			in the State of

5. Covering Period 07 01 2002 through 09 30 2002

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 Assistant Treasurer Stephen W. Keene
 Signature of Treasurer Electronically Filed by Assistant Treasurer Stephen W. Keene Date 10 14 2002

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Report Covering the Period: From: ^h0^h ^D0¹ ^v200² To: ^h0⁹ ^D3⁰ ^v200²

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 200 ²		19630.90
(b) Cash on Hand at Beginning of Reporting Period	26453.74	
(c) Total Receipts (from Line 19)	14389.06	49830.90
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40842.80	69461.80
7. Total Disbursements (from Line 30)	7510.00	36129.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33332.80	33332.80
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 (Revised 1/2001)

Page 3

Write or Type Committee Name

NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Report Covering the Period: From: ^h07 ^d01 ^v2002 To: ^h09 ^d30 ^v2002

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)	1450.00	
(ii) Unitemized	12870.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14320.00	49597.00
(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 32, page 4)	14320.00	49597.00
12. Transfers From Affiliated/Other Party Committees	0.00	10.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	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.)	69.06	223.90
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	14389.06	49830.90
20. Total Federal Receipts (subtract Line 18 from Line 19)	14389.06	49830.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

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..... (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures..... (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
22. Transfers to Affiliated/Other Party Committees.....	7510.00	36800.00
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..... (b) Political Party Committees..... (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
29. Other Disbursements.....	0.00	-471.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	7510.00	36129.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	7510.00	36129.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	14320.00	49597.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	14320.00	49597.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	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: (check only one)		PAGE 5 / 8	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 POLITICAL EDUCATION AND ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Anderson, Mark Edward MD

Mailing Address
721 Green Valley Road Suite 201
Greensboro NC 27408

Date of Receipt
09 / 19 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Green Valley OB-GYN & Infertility
Occupation: Physician

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Transaction ID: SA11A1.8159

B. Full Name (Last, First, Middle Initial)
Clarke-Pearson, Daniel L., MD

Mailing Address
Box 3079, DUMC
Durham NC 27710

Date of Receipt
08 / 22 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer: Duke Cancer Center
Occupation: Physician

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Transaction ID: SA11A1.7972

C. Full Name (Last, First, Middle Initial)
Smith, Cameron Langley, MD

Mailing Address
1705 West 6th Street
Greenville NC 27834

Date of Receipt
08 / 23 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Eastern Dermatology & Pathology, PA
Occupation: Physician

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Transaction ID: SA11A1.8117

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 8	
	<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 POLITICAL EDUCATION AND ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Whitark, Joseph David, MD

Mailing Address
 2714 Westbrooke Drive

City State Zip Code
 Kinston NC 28501

Date of Receipt
 N M / D E / Y Y Y Y
 08 / 21 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
 500.00

Name of Employer Occupation
 Thoracic & Vascular Assocs of Kinston Physician

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General 500.00
 Other (specify) ▼

Transaction ID: SA11A1.8144

B. Full Name (Last, First, Middle Initial)
 Woodburn, Donald Wayne, MD

Mailing Address
 3386 US 1 Highway

City State Zip Code
 Franklinton NC 27525-8403

Date of Receipt
 N M / D E / Y Y Y Y
 07 / 23 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
 250.00

Name of Employer Occupation
 Franklinton Medical Practice Physician

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General 250.00
 Other (specify) ▼

Transaction ID: SA11A1.8148

C.

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	1450.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 8	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. First Union National Bank

Mailing Address
 PO Box 300B
 City: Raleigh State: NC Zip Code: 27611

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2002

Amount of Each Receipt this Period
 20.84

FEC ID number of contributing federal political committee.

Name of Employer: Occupation: Interest earned in August

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 201.59

Transaction ID: SA17.8153

Full Name (Last, First, Middle Initial)
B. First Union National Bank

Mailing Address
 PO Box 300B
 City: Raleigh State: NC Zip Code: 27611

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2002

Amount of Each Receipt this Period
 22.31

FEC ID number of contributing federal political committee.

Name of Employer: Occupation: Interest earned in September

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 223.90

Transaction ID: SA17.8250

C.

SUBTOTAL of Receipts This Page (optional)	▶	43.15
TOTAL This Period (last page this line number only)	▶	43.15

**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 6 / 8

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. American Medical Political Action Committee			Date of Disbursement 08 / 23 / 2002		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 4980.00		
Purpose of Disbursement Transfer voluntary member contributions			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB22.8154		
State: District:					

Full Name (Last, First, Middle Initial) B. American Medical Political Action Committee			Date of Disbursement 08 / 28 / 2002		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Transfer voluntary contribution			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB22.8156		
State: District:					

Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee			Date of Disbursement 09 / 30 / 2002		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement Voluntary membership contributions			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB22.8249		
State: District:					

SUBTOTAL of Disbursements This Page (optional)	7510.00
TOTAL This Period (last page this line number only)	7510.00