

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEB 1994  
JAN 31 2 39 PM '94

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) North Carolina Medical Society Federal Political Education and Action Committee		2. FEC IDENTIFICATION NUMBER C-00003152
ADDRESS (number and street) P.O. Box 25834 222 N. Person Street	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE and ZIP CODE Raleigh, NC 27611		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) Prior to 1/1/94		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?     YES     NO

5  
3  
1  
3  
3  
7  
8  
3  
4  
9

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	7/1/93 through 12/31/93		
6. (a) Cash on Hand January 1, 19			\$ 6,144.40
(b) Cash on Hand at Beginning of Reporting Period		\$ 7,632.61	
(c) Total Receipts (from Line 19)		\$ 13,918.11	\$ 22,277.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 21,550.72	\$ 28,421.72
7. Total Disbursements (from Line 30)		\$ 11,300.00	\$ 18,171.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 10,250.72	\$ 10,250.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	For further information contact: Federal Election Commission 889 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	

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 Ann L. Hale, Assistant Treasurer	Date 1/25/94
Signature of Treasurer <i>Ann L. Hale</i>	

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 7/1/91)

NAME OF COMMITTEE North Carolina Medical Society Federal Political Education and Action Committee		REPORT COVERING PERIOD FROM 7/1/93 TO 12/31/93	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		-0-	-0-
i. Itemized (use Schedule A)		13,831.00	21,857.00
ii. Unitemized		13,831.00	21,857.00
iii. Total (add i and ii) >		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		13,831.00	21,857.00
d. Total Contributions (add a, b and c) >		-0-	250.00
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		87.11	170.32
17. Other Federal Receipts (Dividends, Interest, etc.)		-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity		13,918.11	22,277.32
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		13,918.11	22,277.32
20. Total Federal Receipts (subtract line 18 from line 19) >			
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		-0-	-0-
i. Federal Share		-0-	-0-
ii. Non-Federal Share		-0-	221.00
b. Other Federal Operating Expenditures		-0-	221.00
c. Total Operating Expenditures (add a, i, ii, and b) >		11,200.00	17,850.00
22. Transfers to Affiliated/Other Party Committees		100.00	100.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		-0-	-0-
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds (add a, b and c) >		-0-***	-0-***
29. Other Disbursements		11,300.00	18,171.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		11,300.00	18,171.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		13,831.00	21,857.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		13,831.00	21,857.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		-0-	221.00
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >		-0-	221.00

\*\*\*See attached

0  
0  
3  
3  
7  
8  
3  
3  
4  
2

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE      OF       
FOR LINE NUMBER 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

0 4 3 3 7 8 3 1 3 7

A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
First Union National Bank PO Box 3008 Raleigh, NC 27602		Interest	7/30/93	\$14.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 97.45	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
First Union National Bank P.O. Box 3008 Raleigh, NC 27602		Interest	8/30/93	\$15.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 112.68	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
First Union National Bank P.O. Box 3008 Raleigh, NC 27602		Interest	9/30/93	\$13.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 126.36	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
First Union National Bank P.O. Box 3008 Raleigh, NC 27602		Interest	10/29/93	\$12.87
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 139.23	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
First Union National Bank P.O. Box 3008 Raleigh, NC 27602		Interest	11/30/93	\$14.74
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 153.97	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
First Union National Bank P.O. Box 3008 Raleigh, NC 27602		Interest	12/31/93	\$16.35
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 170.32	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
SUBTOTAL of Receipts This Page (optional)				
TOTAL This Period (last page this line number only)				\$87.11

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

2  
3  
4  
5  
6  
7  
8  
9  
0  
1  
2  
3  
4  
5  
6  
7  
8  
9  
0

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Medical Political Action Committee 1101 Vermont Ave., NW Washington, D.C. 20005	Voluntary Membership Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/93	\$2,650.00
B. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee 1101 Vermont Ave., NW Washington, D.C. 20005	Voluntary Membership Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/93	\$3,000.00
C. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee 1101 Vermont Ave., NW Washington, D.C. 20005	Voluntary Membership Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/93	\$3,500.00
D. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee 1101 Vermont Ave., NW Washington, D.C. 20005	Voluntary Membership Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/8	5 50.00
E. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee 1101 Vermont Ave., NW Washington, D.C. 20005	Voluntary Membership Contributions Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/93	\$2,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	\$11,200.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

3  
4  
5  
6  
7  
8  
9  
0  
1  
2  
3  
4  
5  
6  
7  
8  
9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eva Clayton for Congress c/o NC Democratic Party PO Box 12196 Raleigh, NC 27605	Tickets for 9/27/93 Reception Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/93	\$100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	\$100.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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

24038783190

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charles McLawhorn for NC House Rt. 1, Box 222 Winterville, NC 28590	Lost check -- 9/28/92 General Election Contr. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/93	-\$300.00
Charles McLawhorn for NC House Route 1, Box 222 Winterville, NC 28590	Reissue of Lost Check from 9/28/92 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/93	\$300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

\$000.00

**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>1-27-94</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>SB.</i> PREPARER	<i>2-1-94</i> DATE PREPARED

2 4 J 3 6 7 8 3 1 9 1