

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 Federal Political Education and Action Committee

ADDRESS (number and street) PO Box 25834
222 N. Person Street
 Check if different than previously reported. (ACC)
Raleigh NC 27611

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

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

5. Covering Period 01 01 2011 through 06 30 2011

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 Asst Treasurer Stephen W. Keene

Signature of Treasurer Electronically Filed by Asst Treasurer Stephen W. Keene Date 07 13 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		16609.18
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	16609.18									
(c) Total Receipts (from Line 19)	16853.87	16853.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33463.05	33463.05								
7. Total Disbursements (from Line 31)	19002.00	19002.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14461.05	14461.05								
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**

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	8590.00	8590.00
(ii) Unitemized	8260.00	8260.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16850.00	16850.00
(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)	16850.00	16850.00
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.)	3.87	3.87
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 Transfer (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))	16853.87	16853.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16853.87	16853.87

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2.00	2.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2.00	2.00
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 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	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.....	19000.00	19000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	19002.00	19002.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19002.00	19002.00

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	16850.00	16850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16850.00	16850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2.00	2.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2.00	2.00

**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 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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.	Full Name (Last, First, Middle Initial) Harry Ballard		Date of Receipt
	Mailing Address 4603 Fairway Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 29 / 2011
	City	State	Zip Code
	Trent Woods	NC	28562
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14035
Name of Employer Surgical Hospitalists of New B		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Voluntary member contribution

B.	Full Name (Last, First, Middle Initial) Dr. Paul Anthony Buongiorno		Date of Receipt
	Mailing Address 1402 S 17th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 01 / 03 / 2011
	City	State	Zip Code
	Wilmington	NC	28401-6436
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13944
Name of Employer Paul A. Buongiorno, MD, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Voluntary member contribution

C.	Full Name (Last, First, Middle Initial) Craig Burkhart		Date of Receipt
	Mailing Address 410 Market Street Ste 400		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 01 / 2011
	City	State	Zip Code
	Chapel Hill	NC	27516
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14136
Name of Employer UNC Dermatology at Southern Vi		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 340.00
			Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 7 / 23
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Bryan Carducci		Date of Receipt MM / DD / YYYY 01 / 03 / 2011		
	Mailing Address 5129 Carter Street		Transaction ID: SA11AI.13946		
	City Raleigh	State NC	Zip Code 27612	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Voluntary member contribution		
	Name of Employer Alamance Regional Medical Center	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Ted F. Cash		Date of Receipt MM / DD / YYYY 01 / 04 / 2011		
	Mailing Address 2616 Oak Grove Road		Transaction ID: SA11AI.13947		
	City Shelby	State NC	Zip Code 28150	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Voluntary member contribution		
	Name of Employer Upper Cleveland Medical Center	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Anthony Joseph Christiano, Jr.		Date of Receipt MM / DD / YYYY 01 / 03 / 2011		
	Mailing Address 850 WH Smith Boulevard		Transaction ID: SA11AI.13948		
	City Greenville	State NC	Zip Code 27834	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Voluntary member contribution		
	Name of Employer Coastal Carolina Cardiology, PA	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL 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 / 23
	<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.	Full Name (Last, First, Middle Initial) Dr. Tara L. Chronister		Date of Receipt
	Mailing Address 920 Church Street N		<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Concord	NC	28025
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13998
Name of Employer Northeast Anesthesia & Pain Specialist		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

B.	Full Name (Last, First, Middle Initial) Adam N Clark		Date of Receipt
	Mailing Address 850 WH Smith Boulevard		<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Charlotte	NC	27834
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13949
Name of Employer Coastal Carolina Cardiology		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

C.	Full Name (Last, First, Middle Initial) Dr. Richard Denton Crane		Date of Receipt
	Mailing Address 16 Medical Center Drive		<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Supply	NC	28462
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14015
Name of Employer Atlantic Internal Medicine		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 23
	<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.	Full Name (Last, First, Middle Initial) Reza E Ershadi		Date of Receipt
	Mailing Address 850 WH Smith Boulevard		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 3 / 2 0 1 1
	City	State	Zip Code
	Greenville	NC	27834
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13950
Name of Employer Coastal Carolina Cardiology		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Voluntary member contribution

B.	Full Name (Last, First, Middle Initial) Dr. Gary U. Fontana		Date of Receipt
	Mailing Address 850 WH Smith Boulevard		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 3 / 2 0 1 1
	City	State	Zip Code
	Greenville	NC	27834
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13951
Name of Employer Coastal Carolina Cardiology, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Voluntary member contribution

C.	Full Name (Last, First, Middle Initial) Dr. James Bryan Hall		Date of Receipt
	Mailing Address 1025 Morehead Medical Drive, 6th F		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 7 / 2 0 1 1
	City	State	Zip Code
	Charlotte	NC	28204
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14017
Name of Employer Blumental Cancer Center-G-YN On		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 340.00
			Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Dr. James Bryan Hall

Mailing Address 1025 Morehead Medical Drive, 6th F

City State Zip Code
Charlotte NC 28204

FEC ID number of contributing federal political committee. **C**

Name of Employer: Blumental Cancer Center-G-YN On
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt: 03 / 30 / 2011
Transaction ID: SA11AI.14055
Amount of Each Receipt this Period: 90.00
Voluntary member contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Richard Dax Hawkins

Mailing Address 1729 New Hanover Medical Park

City State Zip Code
Wilmington NC 28403-5345

FEC ID number of contributing federal political committee. **C**

Name of Employer: Eye Associates of Wilmington, PA
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 03 / 30 / 2011
Transaction ID: SA11AI.14126
Amount of Each Receipt this Period: 250.00
Voluntary member contribution

C.

Full Name (Last, First, Middle Initial)
Michael Heafner

Mailing Address 225 Baldwin Avenue

City State Zip Code
Charlotte NC 28204

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolina Neurosurgery & Spine
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 03 / 24 / 2011
Transaction ID: SA11AI.14057
Amount of Each Receipt this Period: 250.00
Voluntary member contribution

SUBTOTAL of Receipts This Page (optional) ► **590.00**

TOTAL 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: PAGE 11 / 23
(check only one)

<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.

Full Name (Last, First, Middle Initial) Michael Huggins		Date of Receipt MM / DD / YYYY 03 / 22 / 2011
Mailing Address 3490 Duck Pond Drive, NE		Transaction ID: SA11AI.14058
City Conover	State NC	Zip Code 28613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wilkes Regional Surgical Speci	Occupation Physician	Wilkes Regional Surgical Specialists
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Charles B. Jones		Date of Receipt MM / DD / YYYY 01 / 03 / 2011
Mailing Address 850 WH Smith Boulevard		Transaction ID: SA11AI.13953
City Greenville	State NC	Zip Code 27834
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Coastal Carolina Cardiolo- gy	Occupation Physician	Voluntary member contribu- tion
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Joseph William Kittinger, III		Date of Receipt MM / DD / YYYY 04 / 21 / 2011
Mailing Address 5115 Oleander Drive		Transaction ID: SA11AI.14110
City Wilmington	State NC	Zip Code 28403-7018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wilmington Gastroenterolo- gy Associates	Occupation Physician	Voluntary member contribu- tion
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL 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 / 23
	<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.	Full Name (Last, First, Middle Initial) David J. Koenig		Date of Receipt
	Mailing Address PO Box 139		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Supply	NC	28462
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14026
Name of Employer Brunswick Community Hospital		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

B.	Full Name (Last, First, Middle Initial) James R. Lowe		Date of Receipt
	Mailing Address 4917 S. Croatan Hwy Suite 1-C		<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Nags Head	NC	27595
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14007
Name of Employer Atlantic Surgery		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

C.	Full Name (Last, First, Middle Initial) Dr. Ezra Lee McConnell, III		Date of Receipt
	Mailing Address 557 Sandhurst Drive		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Fayetteville	NC	28304-4433
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14090
Name of Employer Carolina Kidney Care		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 13 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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.	Full Name (Last, First, Middle Initial) David D Miner		Date of Receipt
	Mailing Address 2029 Valleygate Drive, Ste 101		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 4 / 2 0 1 1
	City	State	Zip Code
	Fayetteville	NC	28304
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13957
Name of Employer Fayetteville Woman's Care, PA		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Voluntary member contribution

B.	Full Name (Last, First, Middle Initial) Dr. Jayesh Kanchanlal Patel		Date of Receipt
	Mailing Address 850 WH Smith Boulevard		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 0 3 / 2 0 1 1
	City	State	Zip Code
	Greenville	NC	27834
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13959
Name of Employer Coastal Carolina Cardiology, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Voluntary member contribution

C.	Full Name (Last, First, Middle Initial) Dr. Thai Tien Phan		Date of Receipt
	Mailing Address 1134 Melrose Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 6 / 2 0 1 1
	City	State	Zip Code
	Winston Salem	NC	27103
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14128
Name of Employer Ashleybrook Clinic, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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 14 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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.	Full Name (Last, First, Middle Initial) Susan Sanders	Date of Receipt MM / DD / YYYY 01 / 04 / 2011
	Mailing Address 335 Penny Lane	Transaction ID: SA11AI.13962
	City State Zip Code Concord NC 28025	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
Name of Employer Dermatology Group of the Carol	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Jerry Allen Simpson	Date of Receipt MM / DD / YYYY 01 / 03 / 2011
	Mailing Address 850 WH Smith Boulevard	Transaction ID: SA11AI.13964
	City State Zip Code Greenville NC 27834	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
Name of Employer Coastal Carolina Cardiology, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Patrick Joseph Simpson	Date of Receipt MM / DD / YYYY 04 / 25 / 2011
	Mailing Address 205 Page Road	Transaction ID: SA11AI.14104
	City State Zip Code Pinehurst NC 28374-8749	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
Name of Employer Pinehurst Medical Clinic, Inc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL 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: PAGE 15 / 23
(check only one)

<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.

Full Name (Last, First, Middle Initial) Dr. Brian Edward Smith		Date of Receipt MM / DD / YYYY 04 / 04 / 2011
Mailing Address 8 Medical Park Drive		Transaction ID: SA11AI.14097
City Asheville	State NC	Zip Code 28803-2493
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Asheville Eye Associates, PLLC	Occupation Physician	Voluntary member contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Michael Kevin Smith		Date of Receipt MM / DD / YYYY 01 / 03 / 2011
Mailing Address 850 WH Smith Boulevard		Transaction ID: SA11AI.13966
City Greenville	State NC	Zip Code 27834-3761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Coastal Carolina Cardiology, PA	Occupation Physician	Voluntary member contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Martin Wade Stallings		Date of Receipt MM / DD / YYYY 03 / 22 / 2011
Mailing Address 108 Edgemont Drive		Transaction ID: SA11AI.14068
City Kings Mountain	State NC	Zip Code 28086-2702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kings Mountain Pediatrics	Occupation Physician	Voluntary member contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL 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 16 / 23
	<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.	Full Name (Last, First, Middle Initial) Dr. William Alfred Walker		Date of Receipt
	Mailing Address 2015 Randolph Road Suite 201		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Charlotte	NC	28207-1200
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14108
Name of Employer Charlotte Colon & Rectal Surgery Assoc		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

B.	Full Name (Last, First, Middle Initial) Dr. Edward Ted W. Westover		Date of Receipt
	Mailing Address 9820 Debnam Road		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Zebulon	NC	27597-7613
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14105
Name of Employer Halifax Emergency Group, PLLC		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

C.	Full Name (Last, First, Middle Initial) Dr. Edward Ted W. Westover		Date of Receipt
	Mailing Address 9820 Debnam Road		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Zebulon	NC	27597-7613
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14106
Name of Employer Halifax Emergency Group, PLLC		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="750.00"/>	Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="8590.00"/>

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"/> 24	<input type="checkbox"/> 25	<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

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

<p>A. Full Name (Last, First, Middle Initial) Wayne Goodwin</p> <p>Mailing Address PO Box 27841</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement Contribution-NC Insurance Commissioner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13992</p> <p>Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mark Hollo</p> <p>Mailing Address 432 Westwood Lane</p> <p>City Taylorsville State NC Zip Code 28681</p> <p>Purpose of Disbursement Contribution-NC House</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13967</p> <p>Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Julia Howard</p> <p>Mailing Address 203 Magnolia Avenue</p> <p>City Mocksville State NC Zip Code 27028</p> <p>Purpose of Disbursement Contribution-NC House</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13968</p> <p>Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**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 18 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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

<p>A. Full Name (Last, First, Middle Initial) Brent Jackson</p> <p>Mailing Address 2905 Ernest Williams Road</p> <p>City Autryville State NC Zip Code 28818</p> <p>Purpose of Disbursement Contribution-NC Senate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13995 Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Linda Johnson</p> <p>Mailing Address 1205 Berkshire Dr.</p> <p>City Kannapolis State NC Zip Code 28081</p> <p>Purpose of Disbursement Contribution-NC House</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13971 Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Dr. Daniel Michael Lewis</p> <p>Mailing Address 4311 Woodglen Lane</p> <p>City Charlotte State NC Zip Code 28226-7250</p> <p>Purpose of Disbursement Contribution-NC House</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13972 Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

**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 19 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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

<p>A. Full Name (Last, First, Middle Initial) Daniel McComas</p> <p>Mailing Address 1717 Softwind Way</p> <p>City Wilmington State NC Zip Code 28403</p> <p>Purpose of Disbursement Contribution-NC House</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13973 Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Marian McLawhorn</p> <p>Mailing Address 7018 Church Street</p> <p>City Grifton State NC Zip Code 28530</p> <p>Purpose of Disbursement Contribution-NC House</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13974 Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Moore</p> <p>Mailing Address 305 East King St.</p> <p>City Kings Mountain State NC Zip Code 28086</p> <p>Purpose of Disbursement 28086</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13977 Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**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 20 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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

<p>A. Full Name (Last, First, Middle Initial) North Carolina House Democratic Committee</p> <p>Mailing Address 220 Hillsborough Street</p> <p>City Raleigh State NC Zip Code 27603</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13988</p> <p>Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) North Carolina House Republican Committee</p> <p>Mailing Address PO Box 27107</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13989</p> <p>Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Earline Parmon</p> <p>Mailing Address 3873 Barkwood Drive</p> <p>City Winston-Salem State NC Zip Code 27105</p> <p>Purpose of Disbursement Contribution-NC House</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13978</p> <p>Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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 21 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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

<p>A. Full Name (Last, First, Middle Initial) Ruth Samuelson</p> <p>Mailing Address 1143 Andover Road</p> <p>City Charlotte State NC Zip Code 28211</p> <p>Purpose of Disbursement Contribution-NC House</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13980 Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mitchell Setzer</p> <p>Mailing Address 1013 Murray's Mill Road</p> <p>City Catawba State NC Zip Code 28609</p> <p>Purpose of Disbursement Contribution-NC House</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13981 Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>C. Full Name (Last, First, Middle Initial) Paul Stam</p> <p>Mailing Address 714 Hunter Street</p> <p>City Apex State NC Zip Code 27502</p> <p>Purpose of Disbursement Contribution-NC House</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13982 Date of Disbursement 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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

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"/> 24	<input type="checkbox"/> 25	<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

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

A.	Full Name (Last, First, Middle Initial) Fred Steen Mailing Address 317 Daybrook Drive City Landis State NC Zip Code 28088 Purpose of Disbursement Contribution-NC House Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.13983 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 1	Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) Thom Tillis Mailing Address 17209 Green Dolphin Lane City Cornelius State NC Zip Code 28031 Purpose of Disbursement Contribution-NC House Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.13984 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 1	Amount of Each Disbursement this Period 4000.00
C.	Full Name (Last, First, Middle Initial) William Wainwright Mailing Address PO box 33 City Havelock State NC Zip Code 28532 Purpose of Disbursement Contribution-NC House Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.13985 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	5250.00
TOTAL This Period (last page this line number only) ▶	

**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 23 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)

North Carolina Medical Society Federal Political Education and Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Wray

Mailing Address PO Box 904

City State Zip Code
Gaston NC 27832

Purpose of Disbursement
Contribution-NC House

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.13986

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)