07/13/2011 11:29

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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines North Carolina Medical Society Federal Political Education and Action Committee PO Box 25834 ADDRESS (number and street) 222 N. Person Street Check if different than previously Raleigh NC 27611 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00003152 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2011 06 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Asst Treasurer Stephen W. Keene Type or Print Name of Treasurer Electronically Filed by Asst Treasurer Stephen W. Keene 07 13 2011 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

North Carolina Medical Society Federal Political Education and Action Committee

|     |  | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|-----|--|----------------------|--------------------------------|
| (a  | Cash on Hand January 1  2011   |                      | 16609.18                       |
| (b  | Cash on Hand at Begining of Reporting Period   | 16609.18             |                                |
| (с  | ) Total Receipts (from Line 19)  | 16853.87             | 16853.87                       |
| (d  | ) Subtotal (add lines 6(b) and   |                      |                                |
|     | 6(c) for Column A and Lines<br>6(a) and 6(c) for Column B)                           | 33463.05             | 33463.05                       |
| То  | tal Disbursements (from Line 31)   | 19002.00             | 19002.00                       |
| Re  | eporting Period  Jubtract Line 7 from Line 6(d))                                     | 14461.05             | 14461.05                       |
| the | ebts and Obligations owed TO e committee (Itemize all on hedule C and/or Schedule D) | 0.00                 |                                |
| the | ebts and Obligations owed BY committee (Itemize all on hedule C and/or Schedule D)   | 0.00                 |                                |

### 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) Page 3

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

м м 0 1 0 1 м°м 06 30 2 0 1 1 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 8590.00 8590.00 (i) Itemized (use Schedule A) ...... 8260.00 8260.00 (ii) Unitemized ..... (iii) TOTAL (add 16850.00 16850.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 16850.00 16850.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 3.87 3.87 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 16853.87 16853.87 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 16853.87 16853.87 (subtract Line 18(c) from Line 19) .....

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### DETAILED SUMMARY PAGE

of Disbursements

| FEC Form 3X (Rev. 02/2003)  | of Dispursements           | Page 4                            |  |
|---|----------------------------|-----------------------------------|--|
| II. DISBURSEMENTS   | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date |  |
| Operating Expenditures:     (a) Shared Federal/Non-Federal     Ashirity (from Sabadula III) |                            |                                   |  |
| 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                              |  |
| Transfers to Affiliated/Other Party Committees  | 0.00                       | 0.00                              |  |
| Contributions to Federal Candidates/Committeesand Other Political Committees                | 0.00                       | 0.00                              |  |
| Independent Expenditure (use Schedule E)  | 0.00                       | 0.00                              |  |
| . Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)     | 0.00                       | 0.00                              |  |
| . Loan Repayments Made  | 0.00                       | 0.00                              |  |
| Loans Made  | 0.00                       | 0.00                              |  |
| 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                              |  |
| . Other Disbursements   | 19000.00                   | 19000.00                          |  |
| . 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                              |  |
| . Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))        | 19002.00                   | 19002.00                          |  |
| . Total Federal Disbursements   |                            |                                   |  |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)                                   | 19002.00                   | 19002.00                          |  |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

|     | III. Net Contributions/Operating<br>Expenditures                        | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |  |
|-----|---|-------------------------------|-----------------------------------|--|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3)         | 16850.00                      | 16850.00                          |  |
| 34. | Total Contribution Refunds<br>(from Line 28(d))                         | 0.00                          | 0.00                              |  |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 16850.00                      | 16850.00                          |  |
| 6.  | 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                              |  |

FE6AN026

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 23 (check only one)  X 11a 11b 11c 12  13 14 15 16 |
|---|---|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  North Carolina Medical Society Federal   | e name and add                            | ress of any political committee t                                       | o solicit contributions from such committee.                                 |
| Full Name (Last, First, Middle Initial) Harry Ballard  Mailing Address 4603 Fairway Drive  City Trent Woods  FEC ID number of contributing federal political committee.  Name of Employer Surgical Hospitalists of New B  Receipt For: Primary General Other (specify)          | State NC C Occupation Physician Aggregate |   | Date of Receipt    M M M   |
| Full Name (Last, First, Middle Initial) Dr. Paul Anthony Buongiorno  Mailing Address 1402 S 17th Street  City Wilmington  FEC ID number of contributing federal political committee.  Name of Employer Paul A. Buongiorno, MD, PA  Receipt For: Primary General Other (specify) | State NC C Occupation Physician Aggregate |   | Date of Receipt  M M M / D D J / Y Y Y Y Y  O 1                              |
| Full Name (Last, First, Middle Initial) Craig Burkhart  Mailing Address 410 Market Street Ste 400  City Chapel Hill  FEC ID number of contributing federal political committee.  Name of Employer UNC Dermatology at Southe- rn Vi Receipt For: Primary General Other (specify) | State NC C Occupation Physician Aggregate |   | Date of Receipt    M   M   D   D   2 0 1 1                                   |
| SUBTOTAL of Receipts This Page (optional)   |   |   | 750.00   |

|                    | EDULE A (FEC Form 3X) IIZED RECEIPTS  |   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 23 (check only one)  X 11a 11b 11c 12  13 14 15 16 1              |
|--------------------|---|---|---|---|
| or for c           | ormation copied from such Reports and commercial purposes, other than using the ME OF COMMITTEE (In Full) | Statements ma<br>le name and ad                       | y not be sold or used by any persodress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \                  | rth Carolina Medical Society Feder  | ral Political E                                       | ducation and Action Commi   | ttee  |
| Dr. l              | Name (Last, First, Middle Initial) Bryan Carducci ling Address 5129 Carter Street                         |   |   | Date of Receipt   |
|                    |   |   |   | 01 03 2011  |
| City<br>Ral        | leigh   | State<br>NC   | Zip Code<br>27612   | Transaction ID: SA11AI.13946  Amount of Each Receipt this Period                            |
|                    | C ID number of contributing eral political committee.   | С   |   | 250.00  |
| Nan<br>Alar<br>Cer | ne of Employer<br>mance Regional Medical<br>nter  | Occupation Physicia                                   |   | Voluntary member contribution   |
|                    | eipt For: Primary General Other (specify) ▼   | Aggregate   | e Year-to-Date ▼<br>250.00  |   |
|                    | Name (Last, First, Middle Initial)<br>F. Cash   |   |   | Date of Receipt   |
| Mail               | ling Address 2616 Oak Grove Roa   | $ \begin{array}{cccccccccccccccccccccccccccccccccccc$ |   |   |
| City               |   | State   | Zip Code  | Transaction ID: SA11Al.13947  |
| FEC                | elby  CID number of contributing eral political committee.  | NC C  | 28150   | Amount of Each Receipt this Period 250.00   |
| Nan<br>Upp<br>Cer  | ne of Employer<br>oer Cleveland Medical<br>nter   | Occupation Physicia                                   |   | Voluntary member contribution   |
| Rec                | ceipt For: Primary General Other (specify) ♥  | Aggregate   | e Year-to-Date ▼<br>250.00  |   |
|                    | Name (Last, First, Middle Initial)<br>Anthony Joseph Christiano, Jr.                                      |   |   | Date of Receipt   |
| Mail               | ling Address 850 WH Smith Boule   | vard  |   | 0 1 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City               |   | State   | Zip Code  | Transaction ID: SA11Al.13948  |
| FEC                | eenville C ID number of contributing eral political committee.  | C   | 27834   | Amount of Each Receipt this Period 250.00   |
| Nan<br>Coa<br>gy,  | ne of Employer<br>astal Carolina Cardiolo-<br>PA  | Occupation Physicia                                   |   | Voluntary member contribution   |
|                    | ceipt For: Primary General Other (specify) ▼  | Aggregate   | e Year-to-Date ▼<br>250.00  |   |
| SURT               | OTAL of Receipts This Page (optional) .   | 1   |   | 750.00  |

| CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                            | FOR LINE NUMBER: PAGE 8 / 23 (check only one)  X 11a 11b 11c 12 15 16 |
|---|--|---|
| nny information copied from such Reports and<br>r for commercial purposes, other than using to<br>NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any per<br>the name and address of any political committee |   |
| ,   | eral Political Education and Action Comm   | nittee  |
| Full Name (Last, First, Middle Initial) Dr. Tara L. Chronister  |  | Date of Receipt   |
| Mailing Address 920 Church Street N   |  | 01 18 2011  |
| City<br>Concord   | State Zip Code<br>NC 28025   | Transaction ID: SA11AI.13998  Amount of Each Receipt this Period      |
| FEC ID number of contributing federal political committee.  | C  | 250.00  |
| Name of Employer Northeast Anesthesia & Pa- in Specialist Receipt For:  Primary General Other (specify) ▼                     | Occupation Physician  Aggregate Year-to-Date   250.00  | Voluntary member contribution   |
| Full Name (Last, First, Middle Initial) Adam N Clark Mailing Address 850 WH Smith Bould                                       | evard  | Date of Receipt   |
| City  | State Zip Code   | 01 03 2011  |
| Charlotte   | NC 27834   | Transaction ID: SA11AI.13949  Amount of Each Receipt this Period      |
| FEC ID number of contributing federal political committee.  | C  | 250.00  |
| Name of Employer<br>Coastal Carolina Cardiolo-<br>gy  | Occupation Physician   | Voluntary member contribution   |
| Receipt For:  Primary  General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00  |   |
| Full Name (Last, First, Middle Initial) Dr. Richard Denton Crane  | I  | Date of Receipt   |
| Mailing Address 16 Medical Center D   | rive   | 02 11 2011  |
| City  | State Zip Code   | Transaction ID: SA11AI.14015  |
| Supply  FEC ID number of contributing federal political committee.  | NC 28462   | Amount of Each Receipt this Period 500.00                             |
| Name of Employer<br>Atlantic Internal Medicine  | Occupation Physician   | Voluntary member contribution   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 500.00  |   |
| SUBTOTAL of Receipts This Page (optional)   | •  | 1000.00   |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 9 / 23 (check only one)  X 11a 11b 11c 12 13 14 15 16                 |
|----|---|---|--|---|
| Ar | ny information copied from such Reports and for commercial purposes, other than using the | Statements may<br>ne name and add                 | not be sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)  North Carolina Medical Society Feder                         | ral Political E                                   | ducation and Action Commi  | ttee  |
|    | Full Name (Last, First, Middle Initial)<br>Reza E Ershadi                                 |   |  | Date of Receipt   |
|    | Mailing Address 850 WH Smith Boule  | vard  |  | 01 03 2011  |
|    | City  | State   | Zip Code   | Transaction ID: SA11AI.13950  |
|    | Greenville  | NC  | 27834  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                | C   |  | 250.00  |
|    | Name of Employer<br>Coastal Carolina Cardiolo-  | Occupation<br>Physician                           |  | Voluntary member contribution   |
|    | gy<br>Receipt For:  | <del>, ' ' '                               </del> | Year-to-Date ▼   |   |
|    | Primary General Other (specify) ▼   | 0 0   | 250.00   |   |
|    | Full Name (Last, First, Middle Initial)<br>Dr. Gary U. Fontana                            |   |  | Date of Receipt   |
|    | Mailing Address 850 WH Smith Boule  | 01 03 7 9 9 1                                     |  |   |
|    | City  | State   | Zip Code   | Transaction ID: SA11AI.13951  |
|    | Greenville  | NC  | 27834  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                | C   |  | 250.00  |
|    | Name of Employer<br>Coastal Carolina Cardiolo-<br>gy, PA                                  | Occupation<br>Physician                           |  | Voluntary member contribution   |
|    | Receipt For:  | Aggregate   | Year-to-Date ▼   |   |
|    | Primary General Other (specify) ▼   | 0 0   | 250.00   |   |
|    | Full Name (Last, First, Middle Initial) Dr. James Bryan Hall                              |   |  | Date of Receipt   |
|    | Mailing Address 1025 Morehead Medi  | cal Drive, 6th                                    | F  | 0 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City  | State   | Zip Code   | Transaction ID: SA11AI.14017  |
|    | Charlotte   | NC  | 28204  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                | C   |  | 250.00  |
|    | Name of Employer<br>Blumental Cancer Center-G-<br>YN On                                   | Occupation<br>Physician                           | 1  | Voluntary member contribution   |
|    | Receipt For:  | Aggregate   | Year-to-Date ▼   | _   |
|    | Primary General Other (specify) ▼   | 0 0   | 340.00   | ]   |
|    |   | 1   |  | 750.00  |

| ITEM                | EDULE A (FEC Form 3X) IZED RECEIPTS  rmation conied from such Benorts and S                            | tatements ma                   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 23 (check only one)  X 11a 11b 11c 12 13 14 15 16 1  on for the purpose of soliciting contributions |
|---------------------|--|--------------------------------|---|--|
| or for co           | immercial purposes, other than using the IE OF COMMITTEE (In Full) the Carolina Medical Society Federa | name and ad                    | dress of any political committee to                                     | o solicit contributions from such committee.   |
| Dr. J               | Name (Last, First, Middle Initial)<br>ames Bryan Hall<br>ng Address 1025 Morehead Medica               | al Drive. 6th                  | F   | Date of Receipt  |
| City                | rlotte   | State<br>NC                    | Zip Code<br>28204   | Transaction ID: SA11AI.14055  Amount of Each Receipt this Period   |
| FEC                 | ID number of contributing ral political committee.   | C                              |   | 90.00  |
| <u>YN (</u>         | e of Employer nental Cancer Center-G- Dn eipt For: Primary General Other (specify)                     | Occupation Physicial Aggregate |   | Voluntary member contribution  |
| Dr. R               | Name (Last, First, Middle Initial)<br>ichard Dax Hawkins<br>ng Address 1729 New Hanover Me             | edical Park                    |   | Date of Receipt  0 3 3 0 2 0 1 1   |
| City                |  | State                          | Zip Code  | Transaction ID: SA11AI.14126   |
| FEC                 | mington  ID number of contributing ral political committee.  | C                              | 28403-5345  | Amount of Each Receipt this Period  250.00   |
| ton,                | e of Employer Associates of Wilming- PA sipt For: Primary General Other (specify)                      | Occupation Physicial Aggregate |   | Voluntary member contribution  |
| Mich                | Name (Last, First, Middle Initial) ael Heafner ng Address 225 Baldwin Avenue                           |                                |   | Date of Receipt  |
| City                |  | State                          | Zip Code  | 0 3 2 4 2 0 1 1<br>Transaction ID: SA11AI.14057  |
| -                   | rlotte   | NC                             | 28204   | Amount of Each Receipt this Period   |
|                     | ID number of contributing al political committee.  | C                              |   | 250.00   |
| Card<br><u>Spin</u> |  | Occupatio<br>Physicia          | n   | Voluntary member contribution  |
| nece                | eipt For: Primary General Other (specify) ♥  | Aggregate                      | e Year-to-Date ▼<br>250.00  |  |
| SURTO               | DTAL of Receipts This Page (optional)  |                                |   | 590.00   |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   |                         | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 23 (check only one)    X              |
|---|-------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  North Carolina Medical Society Feder | e name and add          | lress of any political committee to                                     | o solicit contributions from such committee.                     |
| Full Name (Last, First, Middle Initial)   |                         |   |  |
| Michael Huggins   | - NIT                   |   | Date of Receipt  |
|   | e, NE                   |   | 03 22 2011   |
| City<br>Conover   | State<br>NC             | Zip Code<br>28613   | Transaction ID: SA11AI.14058  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C                       | 20010   | 250.00   |
| Name of Employer<br>Wilkes Regional Surgical<br>Speci   | Occupation<br>Physician |   | Wilkes Regional Surgical Specialists                             |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate               | Year-to-Date ▼ 250.00   |  |
| Full Name (Last, First, Middle Initial)<br>Charles B. Jones   | <u> </u>                |   | Date of Receipt  |
| Mailing Address 850 WH Smith Boule  | vard                    |   | 01 03 2011   |
| City  | State                   | Zip Code  | Transaction ID: SA11AI.13953                                     |
| Greenville  FEC ID number of contributing federal political committee.  | C                       | 27834   | Amount of Each Receipt this Period 250.00                        |
| Name of Employer<br>Coastal Carolina Cardiolo-<br>gy  | Occupation<br>Physician |   | Voluntary member contribution                                    |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate               | Year-to-Date ▼ 250.00   |  |
| Full Name (Last, First, Middle Initial) Dr. Joseph William Kittinger, III   |                         |   | Date of Receipt  |
| Mailing Address 5115 Oleander Drive   |                         |   | 0 4 2 1 2 0 1 1  |
| City<br>Wilmington  | State<br>NC             | Zip Code<br>28403-7018  | Transaction ID: SA11AI.14110                                     |
| FEC ID number of contributing federal political committee.  | C                       | 20403-7010  | Amount of Each Receipt this Period 250.00                        |
| Name of Employer<br>Wilmington Gastroenterolo-<br>gy Associates   | Occupation Physician    | 1   | Voluntary member contribution                                    |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate               | Year-to-Date ▼ 250.00   |  |
| SUBTOTAL of Receipts This Page (optional) .   | 1                       |   | 750.00   |

|          | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   |                                  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 23 (check only one)    X   11a                                   |
|----------|--|----------------------------------|---|---|
| 4        | ny information copied from such Reports and a r for commercial purposes, other than using th | Statements may<br>e name and add | y not be sold or used by any persidress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|          | NAME OF COMMITTEE (In Full)  North Carolina Medical Society Feder                            | al Political E                   | ducation and Action Commi   | ttee  |
| <u>_</u> | Full Name (Last, First, Middle Initial)<br>David J. Koenig                                   |                                  |   | Date of Receipt   |
|          | Mailing Address PO Box 139   |                                  |   | 02 17 2011  |
|          | City<br>Supply   | State<br>NC                      | Zip Code<br>28462   | Transaction ID: SA11AI.14026  Amount of Each Receipt this Period                            |
|          | FEC ID number of contributing federal political committee.                                   | C                                | 20102   | 250.00  |
|          | Name of Employer Brunswick Community Hospital Receipt For: Primary General Other (specify)   | Occupation Physician Aggregate   |   | Voluntary member contribution   |
| _        | Full Name (Last, First, Middle Initial) James R. Lowe  |                                  |   | Date of Receipt   |
|          | Mailing Address 4917 S. Croatan Hwy Suite 1-C  |                                  |   | M M / D D / Y Y Y Y Y Y Y Y Y 2 0 1 1   |
|          | City   | State                            | Zip Code  | Transaction ID: SA11AI.14007  |
|          | Nags Head  FEC ID number of contributing federal political committee.                        | C                                | 27595   | Amount of Each Receipt this Period 250.00   |
|          | Name of Employer<br>Atlantic Surgery   | Occupatio<br>Physicia            |   | Voluntary member contribution   |
|          | Receipt For:  Primary General  Other (specify)   | Aggregate                        | e Year-to-Date ▼<br>250.00  |   |
| _        | Full Name (Last, First, Middle Initial) Dr. Ezra Lee McConnell, III                          |                                  |   | Date of Receipt   |
|          | Mailing Address 557 Sandhurst Drive  |                                  |   | 04 15 2011  |
|          | City   | State                            | Zip Code  | Transaction ID: SA11AI.14090  |
|          | Fayetteville  FEC ID number of contributing federal political committee.                     | C                                | 28304-4433  | Amount of Each Receipt this Period 250.00   |
|          | Name of Employer<br>Carolina Kidney Care   | Occupatio<br>Physicia            |   | Voluntary member contribution   |
|          | Receipt For:  Primary General  Other (specify) ▼   | <del></del>                      | e Year-to-Date ▼ 250.00   |   |
|          | SUBTOTAL of Receipts This Page (optional) .  | 1                                |   | 750.00  |

|         | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 23 (check only one)  X 11a 11b 11c 12  13 14 15 16 |
|---------|---|---|---|---|
| A<br>oi | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may<br>e name and add            | not be sold or used by any persess of any political committee to              | on for the purpose of soliciting contributions                                |
|         | North Carolina Medical Society Federa   | al Political Ed                             | ucation and Action Commi  | ttee  |
|         | Full Name (Last, First, Middle Initial)<br>David D Miner  |   |   | Date of Receipt   |
|         | Mailing Address 2029 Valleygate Drive   | , Ste 101                                   |   | 01 04 2011  |
|         | City  | State                                       | Zip Code  | Transaction ID: SA11AI.13957  |
|         | <u>Fayetteville</u>   | NC  | 28304   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   |   | 250.00  |
|         | Name of Employer<br>Fayetteville Woman's Care,<br>PA  | Occupation physician                        |   | Voluntary member contribution   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate `                                 | Year-to-Date ▼<br>250.00  |   |
|         | Full Name (Last, First, Middle Initial)<br>Dr. Jayesh Kanchanlal Patel  |   |   | Date of Receipt   |
|         | Mailing Address 850 WH Smith Boulev   | M M / D D / Y Y Y Y Y Y D D D D D D D D D D |   |   |
|         | City  | State                                       | Zip Code  | Transaction ID: SA11AI.13959  |
|         | Greenville  | NC  | 27834   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   |   | 250.00  |
|         | Name of Employer<br>Coastal Carolina Cardiolo-<br>gv. PA  | Occupation Physician                        |   | Voluntary member contribution   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate `                                 | Year-to-Date ▼<br>250.00  |   |
| _       | Full Name (Last, First, Middle Initial) Dr. Thai Tien Phan  |   |   | Date of Receipt   |
|         | Mailing Address 1134 Melrose Street   |   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                   |
|         | City  | State                                       | Zip Code  | Transaction ID: SA11AI.14128  |
|         | Winston Salem   | NC  | 27103   | Amount of Each Receipt this Period  |
|         | FEC ID number of contributing federal political committee.  | C   |   | 250.00  |
|         | Name of Employer<br>Ashleybrook Clinic, PA  | Occupation Physician                        |   | Voluntary member contribution   |
|         | Receipt For:  Primary General  Other (specify) ▼  | Aggregate '                                 | Year-to-Date ▼<br>250.00  |   |
|         | SUBTOTAL of Receipts This Page (optional)   | 1   |   | 750.00  |

|             | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |   | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14 / 23 (check only one)    X   |
|-------------|--|---|---|---|
| Any<br>or f | r information copied from such Reports and sor commercial purposes, other than using the | Statements may<br>e name and add                  | y not be sold or used by any persodress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|             | NAME OF COMMITTEE (In Full)<br>North Carolina Medical Society Feder                      | al Political E                                    | ducation and Action Commi   | ttee  |
|             | Full Name (Last, First, Middle Initial)<br>Susan Sanders                                 |   |   | Date of Receipt   |
|             | Mailing Address 335 Penny Lane   |   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|             | City   | State   | Zip Code  | Transaction ID: SA11AI.13962  |
|             | Concord  | NC  | 28025   | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.                               | C   |   | 250.00  |
|             | Name of Employer<br>Dermatology Group of the   | Occupatio<br>Physicia                             |   | Voluntary member contribution   |
|             | Carol Receipt For:   | <del>, '                                   </del> | e Year-to-Date ▼  |   |
|             | Primary General Other (specify) ▼  |   | 250.00  |   |
|             | Full Name (Last, First, Middle Initial)<br>Dr. Jerry Allen Simpson                       |   |   | Date of Receipt   |
|             | Mailing Address 850 WH Smith Boulev  | 01 03 7 9 9 1                                     |   |   |
|             | City   | State   | Zip Code  | Transaction ID: SA11AI.13964  |
|             | Greenville   | NC  | 27834   | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.                               |   |   | 250.00  |
|             | Name of Employer<br>Coastal Carolina Cardiolo-<br>gy. PA                                 | Occupatio<br>Physicia                             |   | Voluntary member contribution   |
|             | Receipt For:   | <del>, ' ' '                               </del> | e Year-to-Date ▼  |   |
|             | Primary General Other (specify) ▼  |   | 250.00  |   |
|             | Full Name (Last, First, Middle Initial) Dr. Patrick Joseph Simpson                       |   |   | Date of Receipt   |
|             | Mailing Address 205 Page Road  |   |   | 0 4 2 5 2 0 1 1   |
|             | City   | State   | Zip Code  | Transaction ID: SA11AI.14104  |
|             | Pinehurst  | NC  | 28374-8749  | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.                               | C   |   | 250.00  |
|             | Name of Employer<br>Pinehurst Medical Clinic,<br>Inc.                                    | Occupatio<br>Physicia                             |   | Voluntary member contribution   |
|             | Receipt For:   | <del>, ' ' '                               </del> | e Year-to-Date ▼  |   |
|             | Primary General Other (specify) ▼  | 0 0   | 410.00  |   |
|             |  |   |   | 750.00  |
| SU          | JBTOTAL of Receipts This Page (optional) .   |   | <b>)</b>  | 730.00  |
| т           | OTAL This Period (last page this line number   | r only)   |   |   |

|           | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                    | FOR LINE NUMBER: PAGE 15 / 23 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|-----------|---|--|--|
| Ai        | ny information copied from such Reports and for commercial purposes, other than using the | Statements may not be sold or used by any pene name and address of any political committee | erson for the purpose of soliciting contributions                            |
|           | NAME OF COMMITTEE (In Full)  North Carolina Medical Society Feder                         | eral Political Education and Action Com  | mittee   |
| <u>/_</u> | Full Name (Last, First, Middle Initial) Dr. Brian Edward Smith                            |  | Date of Receipt  |
|           | Mailing Address 8 Medical Park Drive  |  | 0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                  |
|           | City  | State Zip Code   | Transaction ID: SA11AI.14097   |
|           | Asheville   | NC 28803-2493  | Amount of Each Receipt this Period   |
|           | FEC ID number of contributing federal political committee.                                | C  | 250.00   |
|           | Name of Employer<br>Asheville Eye Associates,<br>PLLC                                     | Occupation Physician   | Voluntary member contribution  |
|           | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 250.00  |  |
| _         | Full Name (Last, First, Middle Initial)<br>Dr. Michael Kevin Smith                        |  | Date of Receipt  |
|           | Mailing Address 850 WH Smith Boule  | evard  | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$                       |
|           | City  | State Zip Code   | Transaction ID: SA11AI.13966   |
|           | Greenville  | NC 27834-3761  | Amount of Each Receipt this Period   |
|           | FEC ID number of contributing federal political committee.                                | C  | 250.00   |
|           | Name of Employer<br>Coastal Carolina Cardiolo-<br>gy, PA                                  | Occupation Physician   | Voluntary member contribution  |
|           | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 250.00  |  |
| _         | Full Name (Last, First, Middle Initial) Dr. Martin Wade Stallings                         |  | Date of Receipt  |
|           | Mailing Address 108 Edgemont Drive  |  | 0 3 2 2 2 0 1 1  |
|           | City  | State Zip Code   | Transaction ID: SA11AI.14068   |
|           | Kings Mountain  | NC 28086-2702  | Amount of Each Receipt this Period   |
|           | FEC ID number of contributing federal political committee.                                | C  | 250.00   |
|           | Name of Employer<br>Kings Mountain Pediatrics   | Occupation Physician   | Voluntary member contributions   |
|           | Receipt For:  | Aggregate Year-to-Date ▼   |  |
|           | Primary General Other (specify) ▼   | 250.00   |  |
|           | UBTOTAL of Receipts This Page (optional)  |  | 750.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 16 / 23 (check only one)  X 11a 11b 11c 12  13 14 15 16 11 |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  North Carolina Medical Society Feder   | Statements may not be sold or used by any per<br>e name and address of any political committee<br>ral Political Education and Action Comm | to solicit contributions from such committee.                                    |
| Full Name (Last, First, Middle Initial) Dr. William Alfred Walker  Mailing Address 2015 Randolph Road Suite 201  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Charlotte Colon & Rectal Surgery Assoc Receipt For: Primary General Other (specify) | State Zip Code NC 28207-1200  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00   | Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y         |
| Full Name (Last, First, Middle Initial) Dr. Edward Ted W. Westover  Mailing Address 9820 Debnam Road  City Zebulon  FEC ID number of contributing federal political committee.  Name of Employer Halifax Emergency Group, PLLC  Receipt For: Primary General Other (specify)                      | State Zip Code NC 27597-7613  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00   | Date of Receipt    M   M   D   D   C   C   C   C   C                             |
| Full Name (Last, First, Middle Initial) Dr. Edward Ted W. Westover  Mailing Address 9820 Debnam Road  City Zebulon  FEC ID number of contributing federal political committee.  Name of Employer Halifax Emergency Group, PLLC  Receipt For: Primary General Other (specify)                      | State Zip Code NC 27597-7613  C  Occupation Physician  Aggregate Year-to-Date  750.00   | Date of Receipt  O 4   |
| SUBTOTAL of Receipts This Page (optional)   | -   | 1000.00  |
| TOTAL This Period (last page this line numbe  | er only)  | 8590.00  |

| ITEMATER DISPURSEMENTS |  | Use separate schedule(                            | S)   (chack or    | E NUMBER: PAGE 17/23_nly one)  |  |  |  |  |
|------------------------|--|---|-------------------|--|--|--|--|--|
| ΙΤ                     | EMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | i 📥               | 22 23 24 25 28c X 29   |  |  |  |  |
|                        | y Information copied from such Reports and State for commercial purposes, other than using the nar |   |                   |  |  |  |  |  |
| $\Big >$               | NAME OF COMMITTEE (In Full)  North Carolina Medical Society Federal P                              | olitical Education and A                          | ction Committ     | ee   |  |  |  |  |
|                        | Full Name (Last, First, Middle Initial) Wayne Goodwin  |   |                   | Transaction ID: SB29.13992 Date of Disbursement  |  |  |  |  |
|                        | Mailing Address PO Box 27841   |   |                   | $\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$  |  |  |  |  |
|                        | City<br>Raleigh  | State Zip Code<br>NC 27611                        |                   | Amount of Each Disbursement this Period  |  |  |  |  |
|                        | Purpose of Disbursement<br>Contribution-NC Insurance Commissioner                                  |   |                   | 1000.00  |  |  |  |  |
|                        | Candidate Name   |   | Category/<br>Type |  |  |  |  |  |
|                        | Office Sought:    House   Disburs  | ement For: Primary Genera Other (specify) ▼       | l                 |  |  |  |  |  |
|                        | Full Name (Last, First, Middle Initial) Mark Hollo   |   |                   | Transaction ID: SB29.13967 Date of Disbursement  |  |  |  |  |
|                        | Mailing Address 432 Westwood Lane  |   |                   | $\begin{bmatrix} M & M & M \\ O & 1 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 1 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$ |  |  |  |  |
|                        | City Taylorsville  | State Zip Code<br>NC 28681                        |                   | Amount of Each Disbursement this Period  |  |  |  |  |
|                        | Purpose of Disbursement<br>Contribution-NC House   |   |                   | 1000.00  |  |  |  |  |
|                        | Candidate Name   |   | Category/<br>Type |  |  |  |  |  |
|                        | Office Sought:    House   Disburs  | sement For: Primary Genera Other (specify) ▼      | I                 | _  |  |  |  |  |
|                        | Full Name (Last, First, Middle Initial) Julia Howard   |   |                   | Transaction ID: SB29.13968 Date of Disbursement  |  |  |  |  |
|                        | Mailing Address 203 Magnolia Avenue  |   |                   | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |  |  |  |  |
|                        | City<br>Mocksville   | State Zip Code<br>NC 27028                        |                   | Amount of Each Disbursement this Perio   |  |  |  |  |
|                        | Purpose of Disbursement<br>Contribution-NC House   |   |                   | 1000.00  |  |  |  |  |
|                        | Candidate Name   |   | Category/<br>Type |  |  |  |  |  |
|                        | Office Sought: House Disburs Senate  | ement For: Primary Genera                         | I                 |  |  |  |  |  |
|                        | President State: District:   | Other (specify) ▼                                 |                   |  |  |  |  |  |

| J.        | CHEDULE B (FEC Form   | 3X)             | Use sep                           | arate schedule(s)               |       |               | NE NUMB                | ER:                        | P            | AGE 18/     | 23    |
|-----------|---|-----------------|-----------------------------------|---------------------------------|-------|---------------|------------------------|----------------------------|--------------|-------------|-------|
| IT        | EMIZED DISBURSEMEN  | NTS             | for each                          | category of the<br>Summary Page |       | (check o      | only one)<br>22<br>28a | 23<br>28b                  | 24<br>28c    | 25<br>X 29  |       |
|           | y Information copied from such Report   |                 |                                   |                                 |       | ny perso      | n for the p            | urpose of s                | oliciting c  | ontribution | IS    |
| or        | for commercial purposes, other than us  | sing the name a | and addre                         | ss of any political             | comn  | nittee to     | solicit con            | tributions fr              | om such      | committee   | !     |
| $\rangle$ | NAME OF COMMITTEE (In Full)  North Carolina Medical Society                       | Federal Polit   | ical Edu                          | ıcation and Act                 | ion C | Commit        | tee                    |                            |              |             |       |
|           | Full Name (Last, First, Middle Initial)<br>Brent Jackson                          |                 |                                   |                                 |       |               | -                      | saction ID:<br>of Disburse |              | .13995      |       |
|           | Mailing Address 2905 Ernest V   | Villiams Road   | d                                 |                                 |       |               | 0 1                    | м / д                      | 2 <b>1</b> / | 201         | 1 Y   |
|           | City<br>Autryville  | St<br>N         | ate<br>C                          | Zip Code<br>28818               |       |               | Amo                    | unt of Each                | Disburse     |             |       |
|           | Purpose of Disbursement Contribution-NC Senate                                    |                 |                                   |                                 |       |               | ╽╵└╌                   |                            |              | 500.0       | Ü     |
|           | Candidate Name  |                 |                                   |                                 |       | egory/<br>ype |                        |                            |              |             |       |
|           | Office Sought: House Senate President   |                 | ent For:<br>Primary<br>Other (spe | General ecify) ▼                |       |               |                        |                            |              |             |       |
|           | State: District:  |                 |                                   |                                 |       |               |                        |                            |              |             |       |
|           | Full Name (Last, First, Middle Initial)<br>Linda Johnson                          |                 |                                   |                                 |       |               |                        | saction ID:<br>of Disburse |              | .13971      |       |
|           | Mailing Address 1205 Berkshire Dr.  |                 |                                   |                                 |       |               | 0 <sup>M</sup> 1       | M / D                      | 2 <b>1</b>   | žož         | 1 Y   |
|           | City<br>Kannapolis  | St<br>N         | ate<br>C                          | Zip Code<br>28081               |       |               | Amo                    | unt of Each                | Disburse     | ement this  | Perio |
|           | Purpose of Disbursement<br>Contribution-NC House                                  |                 |                                   |                                 |       |               |                        |                            |              | 1000.0      | 0     |
|           | Candidate Name  |                 |                                   |                                 |       | egory/<br>ype |                        |                            |              |             |       |
|           | Office Sought: House Senate President   |                 | ent For:<br>Primary<br>Other (spe | General ecify) ▼                |       |               |                        |                            |              |             |       |
|           | State: District: Full Name (Last, First, Middle Initial) Dr. Daniel Michael Lewis |                 |                                   |                                 |       |               |                        | saction ID:                |              | .13972      |       |
|           | Mailing Address 4311 Woodgle  | en Lane         |                                   |                                 |       |               | 0 1                    | of Disburs                 | ! <b>1</b>   | ž 0 1       | 1 Y   |
|           | City  | St              | ate                               | Zip Code                        |       |               | Amo                    | unt of Each                | Disburse     | ement this  | Perio |
|           | Charlotte Purpose of Disbursement   | N               | С                                 | 28226-7250                      | _     |               |                        |                            |              | 1000.0      | 0     |
|           | Contribution-NC House Candidate Name  |                 |                                   |                                 |       | egory/        |                        |                            |              |             |       |
|           | Office Sought: House Senate President   |                 | ent For:<br>Primary<br>Other (spe | General ecify) ▼                | Т     | уре           |                        |                            |              |             |       |
|           | State: District:  |                 |                                   |                                 |       |               |                        |                            |              |             |       |
|           |   |                 |                                   |                                 |       |               |                        |                            |              |             |       |

|   | CHEDULE B (FEC FOIII 3X)   |                                  | arate schedule(s)               |      | (chec         |              | NUMBE            | 1.        | Į             | FAGL     | 19 / 23            |
|---|--|----------------------------------|---------------------------------|------|---------------|--------------|------------------|-----------|---------------|----------|--------------------|
|   | EMIZED DISBURSEMENTS   | Detailed                         | category of the<br>Summary Page |      | 21            | b E          | 22<br>28a        | 23<br>28l | )   2         | 8c X     | 25<br>29           |
|   | y Information copied from such Reports and Sta<br>for commercial purposes, other than using the n<br>NAME OF COMMITTEE (In Full)<br>North Carolina Medical Society Federal | name and addre                   | ess of any political            | comr | nittee        | to soli      | cit contr        |           |               |          |                    |
| _ | Full Name (Last, First, Middle Initial)  |                                  |                                 |      |               |              | _                |           | - 00          | 00.400   |                    |
|   | Daniel McComas   |                                  |                                 |      |               |              | Date o           | of Disbu  | rsement       | 29.1397  | 73<br>0 1 1        |
|   | Mailing Address 1717 Softwind Way  |                                  |                                 |      |               |              | 0 1              |           | 2 1           |          | 011                |
|   | City<br>Wilmington   | State<br>NC                      | Zip Code<br>28403               |      |               |              | Amou             | nt of Ea  | ch Disbu      |          | this Peri          |
|   | Purpose of Disbursement Contribution-NC House  |                                  |                                 |      |               |              |                  |           |               | 200      | 00.00              |
|   | Candidate Name   |                                  |                                 |      | tegory<br>ype | <sup>'</sup> |                  |           |               |          |                    |
|   | Senate President   | ursement For: Primary Other (spe | General ecify) ▼                |      |               |              |                  |           |               |          |                    |
|   | State: District:   |                                  |                                 |      |               |              |                  |           |               |          |                    |
|   | Full Name (Last, First, Middle Initial) Marian McLawhorn   |                                  |                                 |      |               |              | Date o           | of Disbu  | rsement       | 29.1397  | 74                 |
|   | Mailing Address 7018 Church Street   |                                  |                                 |      |               |              | 0 <sup>M</sup> 1 | M /       | 21 /          | y y      | 0 1 1 <sup>Y</sup> |
|   | City<br>Grifton  | State<br>NC                      | Zip Code<br>28530               |      |               |              | Amou             | nt of Ea  | ch Disbu      |          | this Peri          |
|   | Purpose of Disbursement<br>Contribution-NC House   |                                  |                                 |      |               |              |                  |           |               | 50       | 00.00              |
|   | Candidate Name   |                                  |                                 |      | tegory<br>ype | /            |                  |           |               |          |                    |
|   | Office Sought:    House   Disbute     Senate   President     State: District:  | ursement For: Primary Other (spe | General ecify) ▼                |      |               |              |                  |           |               |          |                    |
|   | Full Name (Last, First, Middle Initial) Tim Moore  |                                  |                                 |      |               |              |                  |           | <b>D</b> : SB | 29.1397  | 77                 |
|   | Mailing Address 305 East King St.  |                                  |                                 |      |               |              | 0 <sup>M</sup> 1 | M /       | 21 /          | Y Ž      | 0 1 1 <sup>Y</sup> |
|   | City<br>Kings Mountain   | State<br>NC                      | Zip Code<br>28086               |      |               |              | Amou             | nt of Ea  | ch Disbu      | ırsement | this Peri          |
|   | Purpose of Disbursement<br>28086   |                                  |                                 |      |               |              | L.               |           |               | 50       | 00.00              |
|   | Candidate Name   |                                  |                                 |      | tegory<br>ype | 7            |                  |           |               |          |                    |
|   | Office Sought: House Disbution Senate President  | ursement For: Primary Other (spe | General                         |      |               |              |                  |           |               |          |                    |
|   | State: District:   |                                  | <b>*</b>                        |      |               |              |                  |           |               |          |                    |
|   |  |                                  |                                 |      |               |              |                  | -         | -             | -        |                    |

В.

C.

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                          |                          | E NUMBER: PAGE 20 / 23         |                            |  |  |  |
|---|---|--------------------------|--------------------------------|----------------------------|--|--|--|
| ITEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page | (check only<br>21b<br>27 | one)<br>22 23<br>28a 28b       | 24 25 26<br>28c X 29 30b   |  |  |  |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name |   |                          |                                |                            |  |  |  |
| NAME OF COMMITTEE (In Full)   | and address of any political col                  | minitiee to son          | Cit Continbutions in           | om such committee          |  |  |  |
| North Carolina Medical Society Federal Po   | itical Education and Action                       | n Committee              |                                |                            |  |  |  |
| Full Name (Last, First, Middle Initial)<br>North Carolina House Democratic Commit                         | ee  |                          | Transaction ID Date of Disburs | : SB29.13988<br>ement      |  |  |  |
| Mailing Address 220 Hillsborough Street   |   |                          | 01 / 2                         | 21                         |  |  |  |
| ,   | State Zip Code<br>NC 27603                        |                          | Amount of Each                 | n Disbursement this Period |  |  |  |
| Purpose of Disbursement<br>Contribution   |   |                          |                                | 1000.00                    |  |  |  |
| Candidate Name  |   | Category/<br>Type        |                                |                            |  |  |  |
| Office Sought: House Disburse Senate President State: District:   | ment For: Primary General Other (specify) ▼       |                          |                                |                            |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                          |                                |                            |  |  |  |
| North Carolina House Republican Committ   | ee  |                          | Date of Disburs                |                            |  |  |  |
| Mailing Address PO Box 27107  |   |                          | 0 1 2                          | 21                         |  |  |  |
| •   | State Zip Code<br>NC 27611                        |                          | Amount of Each                 | n Disbursement this Period |  |  |  |
| Purpose of Disbursement<br>Contribution   |   |                          |                                | 1000.00                    |  |  |  |
| Candidate Name  |   | Category/<br>Type        |                                |                            |  |  |  |
| Office Sought: House Disburse Senate President State: District:   | ment For: Primary General Other (specify) ▼       |                          |                                |                            |  |  |  |
| Full Name (Last, First, Middle Initial) Earline Parmon  |   |                          | Date of Disburs                |                            |  |  |  |
| Mailing Address 3873 Barkwood Drive   |   |                          | 01 / 2                         | 21                         |  |  |  |
|   | State Zip Code<br>NC 27105                        |                          | Amount of Each                 | n Disbursement this Period |  |  |  |
| Purpose of Disbursement<br>Contribution-NC House  |   |                          |                                | 500.00                     |  |  |  |
| Candidate Name  |   | Category/<br>Type        |                                |                            |  |  |  |
| Office Sought: House Disburse Senate President State: District:   | ment For: Primary General Other (specify) ▼       |                          |                                |                            |  |  |  |
| SUBTOTAL of Disbursements This Page (optional) .  |   | <u></u>                  |                                | 2500.00                    |  |  |  |
| TOTAL This Period (last page this line number only)   |   |                          |                                |                            |  |  |  |

| SCHEDULE B (FEC FOIII 3X) |   |                                  | Use separate schedule(s)        |       |   | R LINE NUMBER: PAGE 21 / 23 eck only one)  |
|---------------------------|---|----------------------------------|---------------------------------|-------|---|--|
|                           | EMIZED DISBURSEMENTS  | Detailed                         | category of the<br>Summary Page |       | 21  | 21b 22 23 24 25<br>27 28a 28b 28c X 29   |
|                           | y Information copied from such Reports and Sta<br>for commercial purposes, other than using the n |                                  |                                 |       |   |  |
| $\overline{\ }$           | NAME OF COMMITTEE (In Full)   |                                  | <u> </u>                        |       |   |  |
| /                         | North Carolina Medical Society Federal  | Political Edu                    | cation and Act                  | ion ( | Comn  | nmittee  |
|                           | Full Name (Last, First, Middle Initial) Ruth Samuelson  |                                  |                                 |       |   | Transaction ID: SB29.13980   |
|                           |   |                                  |                                 |       |   | Date of Disbursement  O 1  |
|                           | Mailing Address 1143 Andover Road   |                                  |                                 |       |   | 01 21 2011   |
|                           | City<br>Charlotte   | State<br>NC                      | Zip Code<br>28211               |       |   | Amount of Each Disbursement this Period  |
|                           | Purpose of Disbursement   |                                  |                                 |       |   | 500.00   |
|                           | Contribution-NC House   |                                  |                                 |       |   | _  |
|                           | Candidate Name  |                                  |                                 |       | tegory<br>Type                                |  |
|                           | Office Sought: House Disbu  | ursement For: Primary            | General                         |       |   |  |
|                           | President   | Other (spe                       |                                 |       |   |  |
|                           | State: District:  |                                  |                                 |       |   |  |
|                           | Full Name (Last, First, Middle Initial) Mitchell Setzer   |                                  |                                 |       |   | Transaction ID: SB29.13981 Date of Disbursement  |
|                           |   |                                  |                                 |       |   | M M / D D / Y Y Y  |
|                           | Mailing Address 1013 Murray's Mill Ro   | ad                               |                                 |       |   | 01 21 2011   |
|                           | City<br>Catawba   | State<br>NC                      | Zip Code<br>28609               |       |   | Amount of Each Disbursement this Perio   |
|                           | Purpose of Disbursement<br>Contribution-NC House  |                                  |                                 |       |   | 250.00   |
|                           | Candidate Name  |                                  |                                 |       | tegory<br>ype                                 | The state of the s |
|                           | Office Sought:    House   Disbute     Senate   President     State: District:                     | ursement For: Primary Other (spe | General ecify) ▼                |       | ,, <u>, , , , , , , , , , , , , , , , , ,</u> |  |
|                           | Full Name (Last, First, Middle Initial) Paul Stam   |                                  |                                 |       |   | Transaction ID: SB29.13982 Date of Disbursement  |
|                           | Mailing Address 714 Hunter Street   |                                  |                                 |       |   | 01   |
|                           | City<br>Apex  | State<br>NC                      | Zip Code<br>27502               |       |   | Amount of Each Disbursement this Period  |
|                           | Purpose of Disbursement<br>Contribution-NC House  |                                  |                                 |       |   | 1000.00  |
|                           | Candidate Name  |                                  |                                 |       | tegory<br>ype                                 |  |
|                           | Senate President  | ursement For: Primary Other (spe | General <b>▼</b>                |       |   |  |
|                           | State: District:  |                                  |                                 |       |   |  |
| _                         |   |                                  |                                 |       |   |  |

|   |  | (FEC FOIII)   | '   Use s                     | separate schedule(                      |         |                 | INE NUMB<br>only one) | EN.                     | L         | PAGE 22/           | 23    |
|---|--|---|-------------------------------|---|---------|-----------------|-----------------------|-------------------------|-----------|--------------------|-------|
|   |  | SBURSEMEN'  | Detai                         | ach category of the<br>led Summary Page |         | 21k             | 22<br>28a             | 23<br>28b               |           |                    |       |
|   | for commercial pur<br>NAME OF COMM               | ed from such Reports<br>poses, other than usin<br>MITTEE (In Full)<br>Medical Society F | ng the name and ac            | dress of any politic                    | al comi | mittee to       | o solicit con         |                         |           |                    |       |
| _ | Full Name (Leat 1                                | First, Middle Initial)  |                               |   |         |                 |                       |                         |           |                    |       |
|   | Fred Steen  Mailing Address                      | 317 Daybrook [  | )rivo                         |   |         |                 | _                     | saction II<br>of Disbur | sement    | 9.13983<br>Y 2 0 1 | 1 Y   |
|   |  | OTT Daybrook L  | )                             |   |         |                 |                       |                         |           |                    |       |
|   | City<br>Landis                                   |   | State<br>NC                   | Zip Code<br>28088                       |         |                 | Amo                   | unt of Eac              | h Disburs | ement this         | Perio |
|   | Purpose of Disbu<br>Contribution-NC I            |   |                               |   |         |                 | 7 L                   |                         |           | 250.0              | 0     |
|   | Candidate Name                                   |   |                               |   |         | tegory/<br>Type |                       |                         |           |                    |       |
|   | Office Sought:                                   | House Senate President  | Disbursement Fo               |   | 1       | ,,              |                       |                         |           |                    |       |
|   | State:   | District:   |                               |   |         |                 |                       |                         |           |                    |       |
|   | Thom Tillis                                      | First, Middle Initial)  |                               |   |         |                 |                       | saction II<br>of Disbur | _         | 9.13984            |       |
|   | Mailing Address 17209 Green Dolphin Lane         |   |                               |   |         |                 | 0 <sup>M</sup> 1      | M / D                   | 21 /      | <sup>y</sup> 201   | 1 Y   |
|   | City<br>Cornelius                                |   | State<br>NC                   | Zip Code<br>28031                       |         |                 | Amo                   | unt of Eac              | h Disburs | ement this         | Perio |
|   | Purpose of Disbu<br>Contribution-NC I            |   |                               |   |         |                 | ╗┖                    |                         |           | 4000.0             | 0     |
|   | Candidate Name                                   |   |                               |   |         | tegory/<br>Type | _                     |                         |           |                    |       |
|   | Office Sought:                                   | House Senate President District:  | Disbursement For Primar Other |   | -1      |                 |                       |                         |           |                    |       |
| _ |  | First, Middle Initial)  |                               |   |         |                 |                       | saction II<br>of Disbur | sement    | 9.13985            |       |
|   | Mailing Address                                  | PO box 33   |                               |   |         |                 | 0 1                   | M / D                   | 21 /      | <sup>Y</sup> 201   | 1 Y   |
|   | City<br>Havelock                                 |   | State<br>NC                   | Zip Code<br>28532                       |         |                 | Amo                   | unt of Eac              | h Disburs | ement this         | Perio |
|   | Purpose of Disbursement<br>Contribution-NC House |   |                               |   |         |                 | 7 L                   |                         |           | 1000.0             | 0     |
|   | Candidate Name                                   |   |                               |   |         | tegory/<br>ype  | -                     |                         |           |                    |       |
|   | Office Sought:                                   | House Senate President  | Disbursement For Primar Other |   | '       |                 |                       |                         |           |                    |       |
|   | State:   | District:   |                               |   |         |                 |                       |                         |           |                    |       |
| _ |  |   |                               |   |         |                 |                       |                         |           |                    |       |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS  Any Information copied from such Reports and Statement | for each category of the Detailed Summary Page (check onl 21b 27) | 22 23 24 25 26<br>28a 28b 28c X 29 30b               |
|---|---|--|
| or for commercial purposes, other than using the name   | ,                           | · ·  |
| NAME OF COMMITTEE (In Full)  North Carolina Medical Society Federal Pol                                 | itical Education and Action Committe                              | ee   |
| Full Name (Last, First, Middle Initial) Michael Wray  Mailing Address PO Box 904                        |   | Transaction ID: SB29.13986 Date of Disbursement  O 1 |
| ,   | State Zip Code<br>NC 27832  | Amount of Each Disbursement this Period 1000.00      |
| Contribution-NC House Candidate Name  | Category/<br>Type   |  |
| Office Sought: House Senate President   | ment For: Primary General Other (specify) ▼                       |  |
| State: District:  |   |  |

| SUBTOTAL of Disbursements This Page (optional)      | •        | 1000.00  |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <u> </u> | 19000.00 |