

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

North Carolina Medical Society Federal Political Education and Action Committee

ADDRESS (number and street)

PO Box 25834

(Check if address is changed)

222 N. Person Street

Raleigh

NC

27611

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

jlewis@ncmedsoc.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

MM / DD / YYYY
04 / 24 / 2006

3. FEC IDENTIFICATION NUMBER

C C00003152

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

MM / DD / YYYY
07 / 27 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Jean Lewis**

Mailing Address **MEDPAC**
PO Box 25834
Raleigh NC 27611

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Custodian of Records 919 833 3836

Telephone number _____ - _____ - _____

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Edwin Swann**

Mailing Address **MEDPAC**
PO Box 25834
Raleigh NC 27611

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Treasurer 919 833 3836

Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Telephone number _____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wachovia Bank

Mailing Address

PO Box 563966

Raleigh

NC

28262

CITY ▲

STATE ▲

ZIP CODE ▲