

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 Raleigh NC 27611 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 01 01 2009 through 06 30 2009

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 08 11 2009

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	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		33360.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	33360.00									
(c) Total Receipts (from Line 19)	28269.74	28269.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61629.74	61629.74								
7. Total Disbursements (from Line 31)	120.00	120.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	61509.74	61509.74								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: To:

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)	18615.00	18615.00
(ii) Unitemized	9622.00	9622.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28237.00	28237.00
(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)	28237.00	28237.00
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.)	32.74	32.74
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))	28269.74	28269.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28269.74	28269.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	120.00	120.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	120.00	120.00
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.....	0.00	0.00
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))..	120.00	120.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	120.00	120.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	28237.00	28237.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28237.00	28237.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	120.00	120.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	120.00	120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 16
(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

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)
Dr. Frank Victor Aluisio

Mailing Address 3200 Northline Avenue

City Greensboro State NC Zip Code 27408

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

Name of Employer Greensboro Orthopaedic Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 19 / 2009

Transaction ID: SA11AI.12999

Amount of Each Receipt this Period 1000.00

Voluntary member contribution

B.

Full Name (Last, First, Middle Initial)
Dr. James Page Aplington

Mailing Address PO Box 38008

City Greensboro State NC Zip Code 27438-8008

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

Name of Employer Greensboro Orthopaedic Center, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 19 / 2009

Transaction ID: SA11AI.13000

Amount of Each Receipt this Period 1000.00

Voluntary member contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey Carlton Beane

Mailing Address 1401 Benjamin Parkway

City Greensboro State NC Zip Code 27408-4518

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

Name of Employer Greensboro Orthopaedic Center, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 19 / 2009

Transaction ID: SA11AI.13004

Amount of Each Receipt this Period 1000.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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 7 / 16
	<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) Dr. Paul Anthony Bednarz	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 6181 Old Ironworks Road	Transaction ID: SA11AI.13005
	City Greensboro State NC Zip Code 27455-8298	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
Name of Employer Greensboro Orthopaedic Center, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Stephen M. Blatt	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 255 Chestnut Flats Road	Transaction ID: SA11AI.12952
	City Waynesville State NC Zip Code 28786-6197	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
Name of Employer DocLoc	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. Peter Frederick Blomgren	Date of Receipt MM / DD / YYYY 02 / 12 / 2009
	Mailing Address 317 W Wendover Avenue	Transaction ID: SA11AI.12879
	City Greensboro State NC Zip Code 27408-8401	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
Name of Employer Greensboro Family Practice Associates	Occupation Physician	
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)	1500.00
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 / 16
	<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	

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) Benjamin Brooks		Date of Receipt
	Mailing Address 2024 New Hope Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Charlotte	NC	28203
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12848
Name of Employer Carolinas Medical Center		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) Dahari Brooks		Date of Receipt
	Mailing Address 1401 Benjamin Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Greensboro	NC	27408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13009
Name of Employer Greensboro Orthopaedics		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"/> 1000.00
			Voluntary member contribution

C.	Full Name (Last, First, Middle Initial) Dr. Robert Andrew Collins		Date of Receipt
	Mailing Address PO Box 38008		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Greensboro	NC	27438-8008
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13010
Name of Employer Greensboro Orthopaedic Center, 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"/> 1000.00
			Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2250.00
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 9 / 16
(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			

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)
Dr. Charles Davant, III

Mailing Address PO Box 8

City State Zip Code
Blowing Rock NC 28605-0008

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

Name of Employer
Blowing Rock Medical Clinic, PA

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11AI.12904

Amount of Each Receipt this Period
250.00

Individual member contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Lindsey E. de Guehery

Mailing Address 1812 Glendale Drive SW

City State Zip Code
Wilson NC 27893-4402

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

Name of Employer
Wilson Pulmonary & Internal Medicine

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2009

Transaction ID: SA11AI.12973

Amount of Each Receipt this Period
250.00

Voluntary member contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Kimberly Reynolds Edwards

Mailing Address 1904 Tradd Court

City State Zip Code
Wilmington NC 28401

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

Name of Employer
Dermatology Associates, PA Wilmington

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2009

Transaction ID: SA11AI.12850

Amount of Each Receipt this Period
250.00

Voluntary member contribution

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 10 / 16
	<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) Dr. Ronald Anthony Gioffre	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1401 Benjamin Parkway PO Box 38008	Transaction ID: SA11AI.13015
	City Greensboro State NC Zip Code 27438-8008	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
	Name of Employer Greensboro Orthopaedic Center, PA Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Brian Mingtao Go	Date of Receipt MM / DD / YYYY 05 / 04 / 2009
	Mailing Address 1037 Stradshire Drive	Transaction ID: SA11AI.12980
	City Raleigh State NC Zip Code 27614	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
	Name of Employer Raleigh Cardiology Associates, 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. William Mansfield Gramig, III	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1401 Benjamin Parkway PO Box 38008	Transaction ID: SA11AI.13016
	City Greensboro State NC Zip Code 27438-8008	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
	Name of Employer Greensboro Orthopaedic Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
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 11 / 16
	<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) Marie Hardy		Date of Receipt
	Mailing Address 1904 Tradd Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 5 / 2 0 0 9
	City	State	Zip Code
	Wilmington	NC	28401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12853
Name of Employer Dermatology Associates		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. William Cameron Hope, IV		Date of Receipt
	Mailing Address 9 Doctor's Park		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 7 / 2 0 0 9
	City	State	Zip Code
	Greenville	NC	27834-2801
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12994
Name of Employer Eastern Radiologists, Inc.		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. Michael Josilevich		Date of Receipt
	Mailing Address 1701 Country Club Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 2 / 2 0 0 9
	City	State	Zip Code
	Jacksonville	NC	28546-6005
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12891
Name of Employer Internal Medicine & Primary 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"/> 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 12 / 16
	<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	

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) Mark Juras	Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address 9880 West Kincey Avenue Ste 160	Transaction ID: SA11AI.12942
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
	Name of Employer Occupation Advanced Reproductive Concepts 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) Adam Kendall	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 3200 Northline Avenue	Transaction ID: SA11AI.13020
	City State Zip Code Greensboro NC 27408	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
	Name of Employer Occupation Greensboro Orthopaedics Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Gilson John Kingman	Date of Receipt MM / DD / YYYY 01 / 29 / 2009
	Mailing Address 2901 Maplewood Avenue	Transaction ID: SA11AI.12864
	City State Zip Code Winston-Salem NC 27103-4009	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
	Name of Employer Occupation Forsyth Plastic Surgical Associates, P Physician 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)	1500.00
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 13 / 16

(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

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)

Dr. David Farra Martin

Mailing Address 205 Page Road

City State Zip Code
Pinehurst NC 28374-8749

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

Name of Employer
Pinehurst Medical Clinic,
Inc.

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12865

Amount of Each Receipt this Period

250.00

Voluntary member contribu-
tion

B.

Full Name (Last, First, Middle Initial)

Dr. Rex Monroe McCallum

Mailing Address PO Box 2954

City State Zip Code
Durham NC 27710-0001

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

Name of Employer
Duke University Private
Diagnostic Cli

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.12893

Amount of Each Receipt this Period

250.00

Voluntary member contribu-
tion

C.

Full Name (Last, First, Middle Initial)

Dr. Steven Roland Norris

Mailing Address 1401 Benjamin Parkway

City State Zip Code
Greensboro NC 27408-4518

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

Name of Employer
Greensboro Orthopaedic Ce-
nter, PA

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.13064

Amount of Each Receipt this Period

1000.00

voluntary member contribu-
tion

SUBTOTAL of Receipts This Page (optional)

1500.00

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 14 / 16
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
Dr. Matthew David Olin

Mailing Address 1401 Benjamin Parkway

City Greensboro State NC Zip Code 27408-4518

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

Name of Employer Greensboro Orthopaedic Center, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 19 / 2009

Transaction ID: SA11AI.13021

Amount of Each Receipt this Period 1000.00

Voluntary member contribution

B.

Full Name (Last, First, Middle Initial)
Fred Ortmann

Mailing Address 1401 Benjamin Parkway

City Greensboro State NC Zip Code 27408

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

Name of Employer Greensboro Orthopaedics Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 19 / 2009

Transaction ID: SA11AI.13024

Amount of Each Receipt this Period 1000.00

Voluntary member contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Liana Puscas

Mailing Address Duke South Box 3805

City Durham State NC Zip Code 27710-3805

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

Name of Employer Duke University Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 01 / 15 / 2009

Transaction ID: SA11AI.12857

Amount of Each Receipt this Period 365.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional) ► 2365.00

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 / 16
(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

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)
Dr. Richard D. Ramos

Mailing Address 1401 Benjamin Parkway

City Greensboro State NC Zip Code 27408-4518

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

Name of Employer Greensboro Orthopaedic Center, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 19 / 2009
Transaction ID: SA11AI.13031
 Amount of Each Receipt this Period 1000.00
 Voluntary member contribution

B. Full Name (Last, First, Middle Initial)
Matthew M. Rees

Mailing Address PO Box 1560

City Forest City State NC Zip Code 28403

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

Name of Employer Rutherford Internal Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2009
Transaction ID: SA11AI.12919
 Amount of Each Receipt this Period 250.00
 Individual member contribution

C. Full Name (Last, First, Middle Initial)
Dr. Todd Allen Rogers

Mailing Address PO Box 15386

City Durham State NC Zip Code 27704-0386

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

Name of Employer Durham Emergency Physicians, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2009
Transaction ID: SA11AI.12869
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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 / 16
	<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) Dr. Martin Wade Stallings		Date of Receipt
	Mailing Address 108 Edgemont Drive		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City	State	Zip Code
	Kings Mountain	NC	28086-2702
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kings Mountain Pediatrics		Occupation Physician	Transaction ID: SA11AI.12870
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

B.	Full Name (Last, First, Middle Initial) Dr. Kevin Mark Supple		Date of Receipt
	Mailing Address 3200 Northline Avenue Ste 200		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City	State	Zip Code
	Greensboro	NC	27408-4518
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Greensboro Orthopaedics		Occupation Physician	Transaction ID: SA11AI.13033
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="text" value="1090.00"/>	Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="18615.00"/>