

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT 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 222 N. Person Street Raleigh NC 27611

2. FEC IDENTIFICATION NUMBER C00003152 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: (b) Monthly Report Due On: (c) 12-Day Report for the: (d) 30-Day Report for the:

5. Covering Period 07 01 2012 through 09 30 2012

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 Asst Treasurer Stephen W. Keene [Electronically Filed] Date 10 09 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**North Carolina Medical Society Federal Political Education and Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="33516.15"/>	<input type="text" value="33516.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23644.01"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9424.44"/>	<input type="text" value="34803.30"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="33068.45"/>	<input type="text" value="68319.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14000.00"/>	<input type="text" value="49251.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19068.45"/>	<input type="text" value="19068.45"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**North Carolina Medical Society Federal Political Education and Action Committee**

Report Covering the Period: From:  /  /  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).....	3390.00	15540.00
(ii) Unitemized .....	6032.00	15252.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9422.00	30792.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9422.00	34792.00
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	2.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.44	9.30
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 Transfers (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))..... ▶	9424.44	34803.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9424.44	34803.30

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	0.00	1.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	1.00
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 Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	14000.00	49250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	14000.00	49251.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14000.00	49251.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	9422.00	34792.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9422.00	34792.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	1.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	2.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	-1.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
	<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**

Full Name (Last, First, Middle Initial) <b>A. Wayne A Cline</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2012 <b>Transaction ID : SA11AI.14649</b>
Mailing Address 911 W. Henderson Street Suite 110		Amount of Each Receipt this Period 250.00
City Salisbury      State NC      Zip Code 28144	FEC ID number of contributing federal political committee. C	Voluntary member contribution
Name of Employer Salisbury Urological Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. John W Currens</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2012 <b>Transaction ID : SA11AI.14651</b>
Mailing Address 1065 Hendersonville Road		Amount of Each Receipt this Period 250.00
City Asheville      State NC      Zip Code 28803	FEC ID number of contributing federal political committee. C	Voluntary Member contribution
Name of Employer Asheville Head, Neck, Ear Surg	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Gregg Drabek</b>		Date of Receipt MM / DD / YYYY 08 / 30 / 2012 <b>Transaction ID : SA11AI.14624</b>
Mailing Address 330 NC Highway 108		Amount of Each Receipt this Period 250.00
City Rutherfordton      State NC      Zip Code 28139	FEC ID number of contributing federal political committee. C	Voluntary member contribution
Name of Employer Rutherford Surgical Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Timothy D Edmisten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 965 State Farm Road  
 City Boone State NC Zip Code 28607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Watauga Surgical Group, PA Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 06 / 2012  
**Transaction ID : SA11AI.14616**  
 Amount of Each Receipt this Period 300.00  
 Voluntary member contribution

**B. Mr. Edward Arthur Hedrick MPAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3633 Harden Road Ste 102  
 City Raleigh State NC Zip Code 27607-3369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic & Sports Medicine Occupation Physician Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 28 / 2012  
**Transaction ID : SA11AI.14629**  
 Amount of Each Receipt this Period 250.00  
 Voluntary member contribution

**C. Michael A Huening**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3928 Bending Birch Drive  
 City Raleigh State NC Zip Code 27613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Raleigh Pathology Laboratory Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2012  
**Transaction ID : SA11AI.14712**  
 Amount of Each Receipt this Period 250.00  
 Voluntary member contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> 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 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Dr. Michelle F. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Hampstead Village  
 City Hampstead State NC Zip Code 28443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wilmington Health Associa Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2012  
**Transaction ID : SA11AI.14716**  
 Amount of Each Receipt this Period 250.00  
 Voluntary member contribution

**B. John Thomas Newton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 403 Fairview Street  
 City Clinton State NC Zip Code 28328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNC Physician Network Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2012  
**Transaction ID : SA11AI.14700**  
 Amount of Each Receipt this Period 250.00  
 Voluntary member contribution

**C. Dr. Paul C. Perlik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1915 Randolph Road  
 City Charlotte State NC Zip Code 28207-1101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OrthoCarolina Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt 09 / 26 / 2012  
**Transaction ID : SA11AI.14721**  
 Amount of Each Receipt this Period 90.00  
 Voluntary member contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	590.00
<b>TOTAL</b> 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 9 OF 12  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Noel Peterson**

Mailing Address 2090 West Arlington Blvd., Ste B

City State Zip Code  
 Greenville NC 27834

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

Name of Employer Occupation  
 Eastern Cardiology Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 10 / 2012  
**Transaction ID : SA11AI.14680**

Amount of Each Receipt this Period  
 250.00

Voluntary member contribution

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

Mailing Address PO Box 15386

City State Zip Code  
 Durham NC 27704-0386

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

Name of Employer Occupation  
 Durham Emergency Physicians, PA Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 08 / 02 / 2012  
**Transaction ID : SA11AI.14621**

Amount of Each Receipt this Period  
 250.00

Voluntary member contribution

Full Name (Last, First, Middle Initial)  
**C. Dr. Kevin Martin Spangler**

Mailing Address 3155 Maplewood Avenue

City State Zip Code  
 Winston Salem NC 27103-3900

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

Name of Employer Occupation  
 Forsyth Radiological Associates, PA Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 08 / 13 / 2012  
**Transaction ID : SA11AI.14623**

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 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Chris M. Teigland**  
Full Name (Last, First, Middle Initial)

Mailing Address 1023 Edgehill Road, S

City Charlotte State NC Zip Code 28207

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

Name of Employer McKay Urology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 28 / 2012  
**Transaction ID : SA11AI.14727**

Amount of Each Receipt this Period  
 250.00

Voluntary member contribution

**B. Susan M Weeks**  
Full Name (Last, First, Middle Initial)

Mailing Address 3949 Browning Place

City Raleigh State NC Zip Code 27609

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

Name of Employer Wake Radiology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 13 / 2012  
**Transaction ID : SA11AI.14694**

Amount of Each Receipt this Period  
 250.00

Voluntary member contributions

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3390.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**North Carolina Medical Society Federal Political Education and Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tom Apodaca**

Mailing Address 1504 Fifth Avenue, West

City Hendersonville State NC Zip Code 28739

Purpose of Disbursement  
NC Senate General Election Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2012

**Transaction ID : SB29.14735**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**B. Tamara Barringer**

Mailing Address PO Box 5365

City Cary State NC Zip Code 27512

Purpose of Disbursement  
NC Senate General Election Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2012

**Transaction ID : SB29.14739**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Chris Carney**

Mailing Address 260 Glencoe Lane

City Mooresville State NC Zip Code 28117

Purpose of Disbursement  
NC Senate 2nd Primary contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2012

**Transaction ID : SB29.14614**

Amount of Each Disbursement this Period

4000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**North Carolina Medical Society Federal Political Education and Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ruth Samuelson**

Mailing Address 1143 Andover Road

City Charlotte State NC Zip Code 28211

Purpose of Disbursement  
NC House General Election Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : SB29.14738**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

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

4000.00
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14000.00
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