

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

2. **FEC IDENTIFICATION NUMBER ▼** C00003152 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on MM / DD / YYYYYY in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

07 / 01 / 2013 through 12 / 31 / 2013

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 MM / DD / YYYYYY

01 / 17 / 2014

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="2013"/>	<input type="text" value="8343.77"/>	<input type="text" value="8343.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="22160.37"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="23604.74"/>	<input type="text" value="42921.34"/>
(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="45765.11"/>	<input type="text" value="51265.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="175.24"/>	<input type="text" value="5675.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45589.87"/>	<input type="text" value="45589.87"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

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).....	11410.00	20345.00
(ii) Unitemized	12190.24	22570.24
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23600.24	42915.24
(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)	23600.24	42915.24
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.).....	4.50	6.10
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))..... ▶	23604.74	42921.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23604.74	42921.34

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	175.24	175.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	175.24	175.24
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	0.00	5500.00
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)) ..	175.24	5675.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	175.24	5675.24

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)	23600.24	42915.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23600.24	42915.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	175.24	175.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	175.24	175.24

**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 21
	<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. Cory Bean
Full Name (Last, First, Middle Initial)
Mailing Address 2706 Medical Office Place
City Goldsboro State NC Zip Code 27534
FEC ID number of contributing federal political committee. **C**
Name of Employer Goldsboro Pediatrics Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 11 / 2013**
Transaction ID : SA11AI.15238
Amount of Each Receipt this Period **250.00**
Voluntary member contribution

B. Dr. Gideon Besson
Full Name (Last, First, Middle Initial)
Mailing Address 711 North Dekalb Street
City Shelby State NC Zip Code 28150-3911
FEC ID number of contributing federal political committee. **C**
Name of Employer Shelby Medical Associates, PA Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 09 / 2013**
Transaction ID : SA11AI.15392
Amount of Each Receipt this Period **250.00**
Voluntary member contribution

C. Dr. William Stephen Blakemore
Full Name (Last, First, Middle Initial)
Mailing Address 101 Mark Drive
City Edenton State NC Zip Code 27932-1704
FEC ID number of contributing federal political committee. **C**
Name of Employer Edenton Eye Care/Outer Banks Eye Care Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 06 / 2013**
Transaction ID : SA11AI.15367
Amount of Each Receipt this Period **100.00**
Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... **600.00**
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 OF 21
<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) A. Erika S. Boyd		Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2013 Transaction ID : SA11AI.15244
Mailing Address 2706 Medical Office Place		Amount of Each Receipt this Period 250.00
City Goldsboro	State NC	Zip Code 27534
FEC ID number of contributing federal political committee. C		Voluntary member contribution
Name of Employer Goldsboro Pediatrics	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. Dr. Mark Steven Brazinski		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : SA11AI.15402
Mailing Address 503 East Parker Road		Amount of Each Receipt this Period 250.00
City Morganton	State NC	Zip Code 28655
FEC ID number of contributing federal political committee. C		Voluntary member contribution
Name of Employer Carolina Orthopaedic Specialists-Morga	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) C. Martha Chesnutt		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2013 Transaction ID : SA11AI.15371
Mailing Address 504 Piedmont Avenue		Amount of Each Receipt this Period 250.00
City Rocky Mount	State NC	Zip Code 27803
FEC ID number of contributing federal political committee. C		Voluntary member contribution
Name of Employer Boice-Willis Clinic	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).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
<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. Mina N Choi
Full Name (Last, First, Middle Initial)
Mailing Address 4116 Capitol Street
City Durham State NC Zip Code 27704
FEC ID number of contributing federal political committee. **C**
Name of Employer Harris & Smith OB-GYN Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 31 / 2013**
Transaction ID : SA11AI.15403
Amount of Each Receipt this Period **250.00**
Voluntary member contribution

B. Marilue Cook
Full Name (Last, First, Middle Initial)
Mailing Address 2706 Medical Office Place
City Goldsboro State NC Zip Code 27534
FEC ID number of contributing federal political committee. **C**
Name of Employer Goldsboro Pediatrics Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 11 / 2013**
Transaction ID : SA11AI.15258
Amount of Each Receipt this Period **250.00**
Voluntary member contribution

c. Dr. Christoph Robert Diasio
Full Name (Last, First, Middle Initial)
Mailing Address 195 West Illinois Avenue
City Southern Pines State NC Zip Code 28387-5808
FEC ID number of contributing federal political committee. **C**
Name of Employer Sandhills Pediatrics, Inc. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **340.00**

Date of Receipt **10 / 15 / 2013**
Transaction ID : SA11AI.15259
Amount of Each Receipt this Period **90.00**
Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... **590.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
<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. Dr. Stephen James Ezzo
Full Name (Last, First, Middle Initial)

Mailing Address 1401 Matthews Township Parkway
Suite 100

City State Zip Code
Matthews NC 28105

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

Name of Employer Occupation
Matthews Children's Clinic, PA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 29 / 2013
Transaction ID : SA11AI.15221

Amount of Each Receipt this Period
500.00

Voluntary member contribution

B. Sandi Fields
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2899

City State Zip Code
Reidsville NC 27323

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

Name of Employer Occupation
Rockingham Gastroenterology Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
08 / 05 / 2013
Transaction ID : SA11AI.15203

Amount of Each Receipt this Period
250.00

Voluntary member contribution

C. Dr. Matthew Kent Flynn
Full Name (Last, First, Middle Initial)

Mailing Address 5603 Duraleigh Road
Ste 111

City State Zip Code
Raleigh NC 27612-2688

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

Name of Employer Occupation
Flynn Dermatology Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
09 / 03 / 2013
Transaction ID : SA11AI.15225

Amount of Each Receipt this Period
250.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
A. Theresa Flynn

Mailing Address 10 Sunnybrook Road

City Raleigh State NC Zip Code 27610

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

Name of Employer Wake County Child Health Clini Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : SA11AI.15227

Amount of Each Receipt this Period
 250.00

Voluntary member contribution

Full Name (Last, First, Middle Initial)
B. Christopher P. Griffin

Mailing Address 2706 Medical Office Place

City Goldsboro State NC Zip Code 27534

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

Name of Employer Goldsboro Pediatrics Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2013
Transaction ID : SA11AI.15266

Amount of Each Receipt this Period
 250.00

Voluntary member contribution

Full Name (Last, First, Middle Initial)
C. Rebecca Hayes

Mailing Address 36 Yorktown Street, NW

City Concord State NC Zip Code 28025

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

Name of Employer Cabarrus Family Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2013
Transaction ID : SA11AI.15394

Amount of Each Receipt this Period
 90.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 590.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
<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. 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 09 / 05 / 2013
Transaction ID : SA11AI.15228
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

B. Jennifer J. Hoover
 Full Name (Last, First, Middle Initial)
 Mailing Address 703 Beech Street
 City Goldsboro State NC Zip Code 27530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Goldsboro Pediatrics Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 11 / 2013
Transaction ID : SA11AI.15269
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

C. Michael S. Hoover
 Full Name (Last, First, Middle Initial)
 Mailing Address 703 Beech Street
 City Goldsboro State NC Zip Code 27530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Goldsboro Pediatrics Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 11 / 2013
Transaction ID : SA11AI.15271
 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 12 OF 21
<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. Teague L Horton
Full Name (Last, First, Middle Initial)
Mailing Address 2706 Medical Office Place
City Goldsboro State NC Zip Code 27534
FEC ID number of contributing federal political committee. **C**
Name of Employer Goldsboro Pediatrics 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 Y Y
10 / 11 / 2013
Transaction ID : SA11AI.15274
Amount of Each Receipt this Period
250.00
Voluntary member contribution

B. Dr. Janice Huff-Ezzo
Full Name (Last, First, Middle Initial)
Mailing Address 4243 Country Lane
City Charlotte State NC Zip Code 28270-0203
FEC ID number of contributing federal political committee. **C**
Name of Employer CMC Eastland Family Practice Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 29 / 2013
Transaction ID : SA11AI.15222
Amount of Each Receipt this Period
500.00
Voluntary member contribution

C. Dr. Michele Cherry Larson
Full Name (Last, First, Middle Initial)
Mailing Address 2706 Medical Office Place
City Goldsboro State NC Zip Code 27534-9460
FEC ID number of contributing federal political committee. **C**
Name of Employer Goldsboro Pediatrics, PA 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 Y Y
10 / 11 / 2013
Transaction ID : SA11AI.15283
Amount of Each Receipt this Period
250.00
Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 13 OF 21
<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. Katherine T. MacDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 2706 Medical Office Place
 City Goldsboro State NC Zip Code 27534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Goldsboro Pediatrics Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 11 / 2013**
Transaction ID : SA11AI.15290
 Amount of Each Receipt this Period **250.00**
 Voluntary member contribution

B. Thomas B. McElwee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1918 Randolph Road
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charlotte Surgical Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 10 / 2013**
Transaction ID : SA11AI.15177
 Amount of Each Receipt this Period **250.00**
 Voluntary member contribution

C. Dr. James Lloyd Michener
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2914
 City Durham State NC Zip Code 27710-0001
 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 **250.00**

Date of Receipt **09 / 16 / 2013**
Transaction ID : SA11AI.15233
 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 14 OF 21
	<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. Dr. James Lloyd Michener
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2914
 City Durham State NC Zip Code 27710-0001
 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 **340.00**

Date of Receipt **10 / 30 / 2013**
Transaction ID : SA11AI.15349
 Amount of Each Receipt this Period **90.00**
 Voluntary member contribution

B. Christopher R Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 8788 Tilbury Drive
 City Wilmington State NC Zip Code 28411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Alliance for Mental Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 23 / 2013**
Transaction ID : SA11AI.15353
 Amount of Each Receipt this Period **250.00**
 Voluntary member contribution

C. Larry Nickens
 Full Name (Last, First, Middle Initial)
 Mailing Address 2706 Medical Office Place
 City Goldsboro State NC Zip Code 27534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Goldsboro Pediatrics Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 11 / 2013**
Transaction ID : SA11AI.15305
 Amount of Each Receipt this Period **250.00**
 Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... **590.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Jennifer Perkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 Striding Ridge Road
 City Goldsboro State NC Zip Code 27534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Goldsboro Pediatrics Occupation Physician Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 11 / 2013
Transaction ID : SA11AI.15308
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

B. Dr. Joseph William Ponzi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2706 Medical Office Place
 City Goldsboro State NC Zip Code 27530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Goldsboro Pediatrics, PA 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 Y
 10 / 11 / 2013
Transaction ID : SA11AI.15310
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

C. Dr. Garrett Lee Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 3080 Henderson Drive
 City Jacksonville State NC Zip Code 28546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sea Coast Cardiology Con 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 Y
 12 / 18 / 2013
Transaction ID : SA11AI.15415
 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 16 OF 21
	<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. Mariam Sauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 5115 Oleander Drive
 City State Zip Code
 Wilmington NC 28403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wilmington Gastroenterology Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2013
Transaction ID : SA11AI.15209
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

B. Dr. Mark Thomas Shapiro
 Full Name (Last, First, Middle Initial)
 Mailing Address 1311 N Elm Street
 City State Zip Code
 Greensboro NC 27401-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Shapiro Eye Care, PA Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2013
Transaction ID : SA11AI.15416
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

C. Lisa Shock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Foreman Street
 City State Zip Code
 Hillsborough NC 27278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cornerstone Internal Medicine Physician Assistant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : SA11AI.15314
 Amount of Each Receipt this Period
 90.00
 Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	590.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 21
	<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	<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. Dr. Kevin Paul Speer
Full Name (Last, First, Middle Initial)

Mailing Address 3404 Wake Forest Road
Suite 201

City Raleigh State NC Zip Code 27609-7341

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

Name of Employer Southeastern Orthopedics Sports Medici Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 29 / 2013
Transaction ID : SA11AI.15192

Amount of Each Receipt this Period
500.00

Voluntary member contribution

B. Dr. Kevin Paul Speer
Full Name (Last, First, Middle Initial)

Mailing Address 3404 Wake Forest Road
Suite 201

City Raleigh State NC Zip Code 27609-7341

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

Name of Employer Southeastern Orthopedics Sports Medici Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
590.00

Date of Receipt
10 / 15 / 2013
Transaction ID : SA11AI.15317

Amount of Each Receipt this Period
90.00

Voluntary member contribution

C. Robert J Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 294 Highview Drive

City Chapel Hill State NC Zip Code 27517

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

Name of Employer retired Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
07 / 29 / 2013
Transaction ID : SA11AI.15196

Amount of Each Receipt this Period
250.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 840.00

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 18 OF 21
	<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. Dr. Thomas Marian Swankowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Page Road
 City Pinehurst State NC Zip Code 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 10 / 21 / 2013
Transaction ID : SA11AI.15361
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

B. Dr. David Thomas Tayloe Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2706 Medical Office Place
 City Goldsboro State NC Zip Code 27534-9460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Goldsboro Pediatrics, PA Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 340.00

Date of Receipt 10 / 11 / 2013
Transaction ID : SA11AI.15320
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

C. Dr. William Alfred Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 2015 Randolph Road Suite 201
 City Charlotte State NC Zip Code 28207-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charlotte Colon & Rectal Surgery Assoc Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 590.00

Date of Receipt 10 / 07 / 2013
Transaction ID : SA11AI.15321
 Amount of Each Receipt this Period 90.00
 Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... 590.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 21
<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. Thomas R. White
Full Name (Last, First, Middle Initial)

Mailing Address 112 S. Oak Street

City State Zip Code
Cherryville NC 28021

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

Name of Employer Occupation
Cherryville Primary Care Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2013
Transaction ID : SA11AI.15324

Amount of Each Receipt this Period
250.00

Voluntary member contribution

B. Leanne K Willis
Full Name (Last, First, Middle Initial)

Mailing Address 606 N. Elm Street

City State Zip Code
High Point NC 27262

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

Name of Employer Occupation
Regional Physicians Neuroscien Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2013
Transaction ID : SA11AI.15200

Amount of Each Receipt this Period
250.00

Voluntary member contribution

c. Siegfried C Yeh
Full Name (Last, First, Middle Initial)

Mailing Address 2706 Medical Office Place

City State Zip Code
Goldboro NC 27534

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

Name of Employer Occupation
Goldsboro Pediatrics Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 11 / 2013
Transaction ID : SA11AI.15326

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 20 OF 21
<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. Allan N Zacher
Full Name (Last, First, Middle Initial)

Mailing Address Haywood Professional Park
24 Falcon Crest

City State Zip Code
Clyde NC 28721

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

Name of Employer Occupation
Interventional Pain Services Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2013
Transaction ID : SA11AI.15400

Amount of Each Receipt this Period
250.00

Voluntary member contribution

B. Dr. Carol J. Ziel
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Frontis Plaza Boulevard
Ste 100

City State Zip Code
Winston-Salem NC 27103-5663

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

Name of Employer Occupation
Duke Eye Center of Winston-Salem M Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2013
Transaction ID : SA11AI.15201

Amount of Each Receipt this Period
500.00

Voluntary member contribution

C. Dr. Carol J. Ziel
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Frontis Plaza Boulevard
Ste 100

City State Zip Code
Winston-Salem NC 27103-5663

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

Name of Employer Occupation
Duke Eye Center of Winston-Salem M Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
590.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2013
Transaction ID : SA11AI.15218

Amount of Each Receipt this Period
90.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	840.00
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 21 OF 21
	<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. Dr. Carol J. Ziel
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Frontis Plaza Boulevard
Ste 100

City Winston-Salem State NC Zip Code 27103-5663

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

Name of Employer Duke Eye Center of Winston-Salem M Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
10 / 15 / 2013
Transaction ID : SA11AI.15328

Amount of Each Receipt this Period
90.00

Voluntary member contribution

B. Dr. Carey M. Ziemer
Full Name (Last, First, Middle Initial)

Mailing Address 2706 Medical Office Place

City Goldsboro State NC Zip Code 27534-9460

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

Name of Employer Goldsboro Pediatrics, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 11 / 2013
Transaction ID : SA11AI.15329

Amount of Each Receipt this Period
250.00

Voluntary member contribution

C. Dr. Carey M. Ziemer
Full Name (Last, First, Middle Initial)

Mailing Address 2706 Medical Office Place

City Goldsboro State NC Zip Code 27534-9460

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

Name of Employer Goldsboro Pediatrics, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
10 / 14 / 2013
Transaction ID : SA11AI.15330

Amount of Each Receipt this Period
90.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	430.00
TOTAL This Period (last page this line number only).....▶	11410.00