

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 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00003152 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) [ ] July 15 Quarterly Report (Q2) [X] 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) [ ] Mar 20 (M3) [ ] Apr 20 (M4) [ ] May 20 (M5) [ ] Jun 20 (M6) [ ] Jul 20 (M7) [ ] Aug 20 (M8) [ ] Sep 20 (M9) [ ] Oct 20 (M10) [ ] Nov 20 (M11) (Non-Election Year Only) [ ] Dec 20 (M12) (Non-Election Year Only) [ ] Jan 31 (YE) [ ] (c) 12-Day PRE-Election Report for the: Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12S) [ ] Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) [ ] Runoff (30R) [ ] Special (30S) [ ] Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2014 through 06 / 30 / 2014

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 07 / 10 / 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<br>This Period               | COLUMN B<br>Calendar Year-to-Date     |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  | <input type="text" value="45589.87"/> | <input type="text" value="45589.87"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="28997.92"/> |                                       |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="5632.24"/>  | <input type="text" value="14040.29"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="34630.16"/> | <input type="text" value="59630.16"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="0.00"/>     | <input type="text" value="25000.00"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="34630.16"/> | <input type="text" value="34630.16"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>     |                                       |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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: 04 / 01 / 2014 To: 06 / 30 / 2014

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 2700.00                       | 7700.00                           |
| (ii) Unitemized .....   | 2930.00                       | 6335.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 5630.00                       | 14035.00                          |
| (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) .....  | 5630.00                       | 14035.00                          |
| 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.).....   | 2.24                          | 5.29                              |
| 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))..... ▶                        | 5632.24                       | 14040.29                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 5632.24                       | 14040.29                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 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 .....  | 0.00                          | 25000.00                          |
| 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)) ..      | 0.00                          | 25000.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00                          | 25000.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 5630.00                       | 14035.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 5630.00                       | 14035.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ▶ | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶               | 0.00                          | 0.00                              |

**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 9                  |
|   | <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. Franc Andy Barada Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 William Penn Plaza  
 City Durham State NC Zip Code 27704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Triangle Orthopedics Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 15 / 2014  
**Transaction ID : SA11AI.15525**  
 Amount of Each Receipt this Period 250.00  
 Voluntary member contribution

**B. Edward J Bujold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO box 965  
 City Granite Falls State NC Zip Code 28630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Granite Falls Family Medical C Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2014  
**Transaction ID : SA11AI.15540**  
 Amount of Each Receipt this Period 250.00  
 Voluntary member contribution

**C. Dr. Brian Mingtao Go**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1037 Stradshire Drive  
 City Raleigh State NC Zip Code 27614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Raleigh Cardiology Associates, PA Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 08 / 2014  
**Transaction ID : SA11AI.15528**  
 Amount of Each Receipt this Period 500.00  
 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 7 OF 9   |
| <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. Shree Kurup**  
Full Name (Last, First, Middle Initial)

Mailing Address Dept of OPH  
Wake Forest Univ Eye Cen

City Winston-Salem State NC Zip Code 27157

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

Name of Employer Wake Forest Univ Eye Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
05 / 27 / 2014  
**Transaction ID : SA11AI.15558**

Amount of Each Receipt this Period  
200.00

Voluntary member contribution

**B. Gerri Mattson**  
Full Name (Last, First, Middle Initial)

Mailing Address 402 Sonehill Road

City Chapel Hill State NC Zip Code 27516

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

Name of Employer NC Dept of Health & Human Serv Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 26 / 2014  
**Transaction ID : SA11AI.15546**

Amount of Each Receipt this Period  
250.00

Voluntary member contribution

**C. Dr. Elisabeth B. Nadler**  
Full Name (Last, First, Middle Initial)

Mailing Address 2800 DeKalb Street

City Durham State NC Zip Code 27705

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

Name of Employer Triangle Family Practice Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 06 / 2014  
**Transaction ID : SA11AI.15552**

Amount of Each Receipt this Period  
250.00

Voluntary member contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**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 9 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Peter O'Donnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Centre Park Drive  
 City Asheville State NC Zip Code 28805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mountain Area Pediatric 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  
 04 / 15 / 2014  
**Transaction ID : SA11AI.15533**  
 Amount of Each Receipt this Period  
 250.00  
 Voluntary member contribution

**B. Dr. John Gardiner Richard Roddey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2015 Randolph Road Suite 208  
 City Charlotte State NC Zip Code 28207-1200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Charlotte Gastro & Hep 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  
 05 / 26 / 2014  
**Transaction ID : SA11AI.15563**  
 Amount of Each Receipt this Period  
 250.00  
 Voluntary member contribution

**C. Dr. Patricia Koury Roddey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4525 Cameron Valley Parkway  
 City Charlotte State NC Zip Code 28211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mecklenburg Medical Group 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  
 05 / 26 / 2014  
**Transaction ID : SA11AI.15564**  
 Amount of Each Receipt this Period  
 250.00  
 Voluntary member contribution

|  |        |
|--|--------|
| <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: PAGE 9 OF 9  
(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**

**A.** Full Name (Last, First, Middle Initial)  
**John F. Vullo**

Mailing Address 927 East Boulevard

City Charlotte State NC Zip Code 28203

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

Name of Employer Southeast Anesthesiology Consu Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 05 / 21 / 2014  
**Transaction ID : SA11AI.15565**

Amount of Each Receipt this Period  
 250.00

Voluntary member contribution

**B.** 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

**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).....▶           | 250.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 2700.00 |