

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

2. **FEC IDENTIFICATION NUMBER** C00003152  
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 Quarterly 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day Post -Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2008 through 09 30 2008

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 10 14 2008

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		93459.38
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	106270.62									
(c) Total Receipts (from Line 19) .....	9083.09	23974.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	115353.71	117433.71								
7. Total Disbursements (from Line 31) .....	79000.00	81080.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36353.71	36353.71								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

**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: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	4000.00	8340.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	4925.00	15216.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8925.00	23556.00
(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) .....	8925.00	23556.00
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.) .....	158.09	418.33
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)) .....	9083.09	23974.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9083.09	23974.33

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	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	2000.00
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.....	79000.00	79080.00
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))..	79000.00	81080.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79000.00	81080.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	8925.00	23556.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8925.00	23556.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	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 / 22
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. E. Jackson Allison, Jr.		Date of Receipt
	Mailing Address 1100 Tunnel 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
	Asheville	NC	28805-2087
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.12434
Name of Employer VA 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
			Individual member contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Mark Jerome Anderson		Date of Receipt
	Mailing Address 1202 N Center Street		<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
	Hickory	NC	28601-3760
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.12522
Name of Employer Viewmont Urology Clinic, 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"/> 250.00
			Voluntary member contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Linda Palmon Calhoun		Date of Receipt
	Mailing Address 1725 New Hanover Medical Park Driv		<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
	Wilmington	NC	28403
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.12526
Name of Employer Wilmington Cardiology, PL-LC		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"/> 214.29
			Voluntary member contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 714.29
<b>TOTAL</b> 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 7 / 22
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. David Andrew Goodman	Date of Receipt MM / DD / YYYY 09 / 16 / 2008
	Mailing Address 4140 Ferncreek Drive Ste 601	<b>Transaction ID:</b> SA11AI.12533
	City Fayetteville State NC Zip Code 28314-2569	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Voluntary member contribution
	Name of Employer Ferncreek General Surgery, PA Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. James Robinson Harper, Jr.	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 1725 New Hanover Medical Park Dr	<b>Transaction ID:</b> SA11AI.12534
	City Wilmington State NC Zip Code 28403-5345	Amount of Each Receipt this Period 214.29
	FEC ID number of contributing federal political committee. <b>C</b>	Voluntary member contribution
	Name of Employer Wilmington Cardiology, PL-LC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 214.29	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Hampton Alexander Howell	Date of Receipt MM / DD / YYYY 09 / 17 / 2008
	Mailing Address 1345 Westgate Center Drive # A	<b>Transaction ID:</b> SA11AI.12535
	City Winston Salem State NC Zip Code 27103-2934	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Voluntary member contribution
	Name of Employer Salem Plastic Surgery, Inc. 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) .....	<b>714.29</b>
<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 / 22
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William L. Lewis	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 1725 New Hanover Medical Park Dr	<b>Transaction ID:</b> SA11AI.12543
	City State Zip Code Wilmington NC 28403	Amount of Each Receipt this Period 214.29
	FEC ID number of contributing federal political committee. <b>C</b>	Voluntary member contributions
	Name of Employer Occupation Wilmington Cardiology Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.29	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark T. Murphy	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 1725 New Hanover Medical Park Dr	<b>Transaction ID:</b> SA11AI.12545
	City State Zip Code Wilmington NC 28403	Amount of Each Receipt this Period 214.29
	FEC ID number of contributing federal political committee. <b>C</b>	Voluntary member contributions
	Name of Employer Occupation Wilmington Cardiology Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.29	

<b>C.</b>	Full Name (Last, First, Middle Initial) Hemantkumar M. Patel	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 1725 New Hanover Medical Park Dr	<b>Transaction ID:</b> SA11AI.12550
	City State Zip Code Wilmington NC 28403	Amount of Each Receipt this Period 214.28
	FEC ID number of contributing federal political committee. <b>C</b>	Voluntary member contributions
	Name of Employer Occupation Wilmington Cardiology Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>642.86</b>
<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 / 22  
(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

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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) Praful N. Patel		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 1725 New Hanover Medical Park Dr		<b>Transaction ID:</b> SA11AI.12554
City Wilmington	State NC	Zip Code 28403
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 214.28
Name of Employer Wilmington Cardiology	Occupation Physician	Voluntary member contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.28	

**B.**

Full Name (Last, First, Middle Initial) Dr. Lance Thayer Sisco		Date of Receipt MM / DD / YYYY 09 / 17 / 2008
Mailing Address 1088 Mountain Valley Drive		<b>Transaction ID:</b> SA11AI.12559
City Asheboro	State NC	Zip Code 27205-0548
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Orthopedic Surgery Center	Occupation Physician	Voluntary member contributions
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. Edwin Russell Swann		Date of Receipt MM / DD / YYYY 09 / 17 / 2008
Mailing Address 23 Sunnybrook Road Ste 199		<b>Transaction ID:</b> SA11AI.12561
City Raleigh	State NC	Zip Code 27610-1839
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Edwin Swann, MD, PA	Occupation Physician	Voluntary member contribution
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) .....	<b>714.28</b>
<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 10 / 22  
(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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Stephen Bradley Tatter</p> <p>Mailing Address <b>Medical Center Boulevard</b></p> <p>City <b>Winston-Salem</b> State <b>NC</b> Zip Code <b>27157-0001</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>Wake Forest University School of Medic</b> Occupation <b>Physician</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.12562</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Voluntary member contribu- tion</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	0	8												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Benjamin Evans Wall</p> <p>Mailing Address <b>2800 Ashton Drive Ste 100</b></p> <p>City <b>Wilmington</b> State <b>NC</b> Zip Code <b>28412-2486</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>Coastal Rehabilitation Me- dicine Associ</b> Occupation <b>Physician</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.12519</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Voluntary Membership Cont- ribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	8												

<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Bradford Blair Walters</p> <p>Mailing Address <b>32 Wedgewood Road</b></p> <p>City <b>Chapel Hill</b> State <b>NC</b> Zip Code <b>27514-9024</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>Academy Funds</b> Occupation <b>Physician</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">340.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.12520</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Voluntary Membership Cont- ribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	3		2	0	0	8												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 22	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) David E. Weaver		Date of Receipt		
	Mailing Address 1725 New Hanover Medical Park		M M / D D / Y Y Y Y 09 / 30 / 2008		
	City Wilmington	State NC	Zip Code 28403	<b>Transaction ID:</b> SA11AI.12569	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 214.28		
	Name of Employer Wilmington Cardiology	Occupation Physician	Voluntary member contribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 214.28			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	214.28
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 22  
(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)  
Wachovia Bank

Mailing Address PO Box 563966

City Raleigh State NC Zip Code 28262

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 309.61

Date of Receipt: 07 / 31 / 2008  
**Transaction ID:** SA17.12429  
Amount of Each Receipt this Period: 49.37  
Interest earned in July

**B.**

Full Name (Last, First, Middle Initial)  
Wachovia Bank

Mailing Address PO Box 563966

City Raleigh State NC Zip Code 28262

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 356.12

Date of Receipt: 08 / 31 / 2008  
**Transaction ID:** SA17.12444  
Amount of Each Receipt this Period: 46.51  
Interest earned in August

**C.**

Full Name (Last, First, Middle Initial)  
Wachovia Bank

Mailing Address PO Box 563966

City Raleigh State NC Zip Code 28262

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.29

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** SA17.12571  
Amount of Each Receipt this Period: 19.17  
Interest earned in September

**SUBTOTAL** of Receipts This Page (optional) ..... ► 115.05

**TOTAL** This Period (last page this line number only) ..... ► 115.05

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Albertson <hr/> Mailing Address 136 Henry Dunn Pickett Road <hr/> City Beulaville State NC Zip Code 28518 <hr/> Purpose of Disbursement 2008 General Election NC Senate 10 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12445 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) Tom Apodaca <hr/> Mailing Address 106 Fourth Ave., West <hr/> City Hendersonville State NC Zip Code 28792 <hr/> Purpose of Disbursement 2008 General Election-NC Senate 48 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12447 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) Marc Basnight <hr/> Mailing Address 381 Mother Vineyard Road <hr/> City Manteo State NC Zip Code 27954 <hr/> Purpose of Disbursement 2008 General Election-NC Senate 1 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12448 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**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

A.	Full Name (Last, First, Middle Initial) Doug Berger	Transaction ID: SB29.12451 Date of Disbursement 09 / 10 / 2008
	Mailing Address 125 Hunter's Lane	Amount of Each Disbursement this Period 1000.00
	City Youngsville State NC Zip Code 27596	
	Purpose of Disbursement 2008 General Election-NC Senate 7	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Philip Berger	Transaction ID: SB29.12452 Date of Disbursement 09 / 10 / 2008
	Mailing Address 311 Pinewood Place	Amount of Each Disbursement this Period 4000.00
	City Eden State NC Zip Code 27288	
	Purpose of Disbursement 2008 General Election-NC Senate 26	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Harry Brown	Transaction ID: SB29.12453 Date of Disbursement 09 / 10 / 2008
	Mailing Address 906 Greenway Drive	Amount of Each Disbursement this Period 4000.00
	City Jacksonville State NC Zip Code 28546	
	Purpose of Disbursement 2008 General Election-NC Senate 6	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

PAGE 15 / 22

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pete Brunstetter</p> <p>Mailing Address 3054 Panther Ridge Lane</p> <p>City Lewisville State NC Zip Code 27023</p> <p>Purpose of Disbursement 2008 General Election-NC Senate 31</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12456 <b>Date of Disbursement</b> 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Debbie Clary</p> <p>Mailing Address 105 D 02 Northshore Court</p> <p>City Cherryville State NC Zip Code 28021</p> <p>Purpose of Disbursement 2008 General Election-NC Senate 46</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12457 <b>Date of Disbursement</b> 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Daniel Clodfelter</p> <p>Mailing Address 523 Clement Avenue</p> <p>City Charlotte State NC Zip Code 28204</p> <p>Purpose of Disbursement 2008 General Election-NC Senate 37</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12460 <b>Date of Disbursement</b> 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

8000.00

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

# 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)

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<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Roy Cooper</p> <p>Mailing Address PO Box 10587</p> <p>City Raleigh State NC Zip Code 27605</p> <p>Purpose of Disbursement 2008 General Election-NC Attorney Genera</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12491</p> <p>Date of Disbursement 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Charlie Dannelly</p> <p>Mailing Address 3167 Dawnshire Avenue</p> <p>City Charlotte State NC Zip Code 28216</p> <p>Purpose of Disbursement 2008 General Election-NC Senate 38</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12461</p> <p>Date of Disbursement 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Katie Dorsett</p> <p>Mailing Address 1000 N. English Street</p> <p>City Greensboro State NC Zip Code 27405</p> <p>Purpose of Disbursement 2008 General Election-NC Senate 28</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12464</p> <p>Date of Disbursement 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type</p>

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

8000.00

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



# 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. James Summers Forrester <hr/> Mailing Address PO Box 459 <hr/> City Stanley State NC Zip Code 28164-0459 <hr/> Purpose of Disbursement 2008 General Election-NC Senate 41 Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.12465 Date of Disbursement 09 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 4000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Linda Garrou <hr/> Mailing Address 3910 Camerille Farm Road <hr/> City Winston-Salem State NC Zip Code 27106 <hr/> Purpose of Disbursement 2008 General Election-NC Senate 32 Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.12466 Date of Disbursement 09 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 4000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Fletcher Hartsell <hr/> Mailing Address 129 Overbrook Drive, NE <hr/> City Concord State NC Zip Code 28025 <hr/> Purpose of Disbursement 2008 General Election-NC Senate 36 Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.12467 Date of Disbursement 09 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



**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)

PAGE 19 / 22

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Martin Nesbitt <hr/> Mailing Address 180 Robinhood Road, Apt. 3 <hr/> City Asheville State NC Zip Code 28804 <hr/> Purpose of Disbursement 2008 General Election NC Senate 49 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12492 Date of Disbursement 09 / 10 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Louis Pate <hr/> Mailing Address PO Box 945 <hr/> City Mt. Olive State NC Zip Code 28365 <hr/> Purpose of Disbursement 2008 General Election-NC Senate 5 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12473 Date of Disbursement 09 / 10 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Jean Preston <hr/> Mailing Address PO Box 4640 <hr/> City Emerald Isle State NC Zip Code 28594 <hr/> Purpose of Disbursement 2008 General Election NC Senate 2 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12476 Date of Disbursement 09 / 10 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type

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

5000.00

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

# 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)

PAGE 20 / 22

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. William Robert Purcell <hr/> Mailing Address 1301 Dunbar Drive <hr/> City Laurinburg State NC Zip Code 28352 <hr/> Purpose of Disbursement 2008 General Election NC Senate 25 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12477 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) Tony Rand <hr/> Mailing Address 121 Great Oaks <hr/> City Fayetteville State NC Zip Code 28303 <hr/> Purpose of Disbursement 2008 General Election NC Senate 19 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12478 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) Bob Rucho <hr/> Mailing Address 305 Trafalgar Place <hr/> City Matthews State NC Zip Code 28105 <hr/> Purpose of Disbursement 2008 General Election NC Senate 39 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.12481 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Josh Stein</p> <p>Mailing Address 216 E. Park Drive</p> <p>City Raleigh State NC Zip Code 27605</p> <p>Purpose of Disbursement 2008 General Election NC Senate 16</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12483 <b>Date of Disbursement</b> 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Richard Stevens</p> <p>Mailing Address 132 Lochwood West Drive</p> <p>City Cary State NC Zip Code 27511</p> <p>Purpose of Disbursement 2008 General Election NC Senate 17</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12484 <b>Date of Disbursement</b> 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AB Swindell</p> <p>Mailing Address 700 Birchwood Drive</p> <p>City Nashville State NC Zip Code 27856</p> <p>Purpose of Disbursement 2008 General Election NC Senate 11</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.12485 <b>Date of Disbursement</b> 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

PAGE 22 / 22

<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

A.

Full Name (Last, First, Middle Initial)

Don Vaughan

Mailing Address 612 W. Friendly Avenue

City Greensboro State NC Zip Code 27401

Purpose of Disbursement  
2008 General Election NC Senate 27

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.12488

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

2000.00

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

2000.00

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

79000.00