

**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 POLITICAL EDUCATION AND ACTION COMMITTEE

ADDRESS (number and street) **Check if different than previously reported. (ACC)**
 P.O. BOX 25654
 222 N. Person Street
 Raleigh NC 27611

2. **FEC IDENTIFICATION NUMBER** C00003152
 3. **IS THIS REPORT** X **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)
 X 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)
 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 (M13)
 (c) 12-Day **PRE**Election Report for the:
 Primary (12P)
 Convention (12C)
 General (12G)
 Special (12S)
 Runoff (12R)
 (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 2001 through 12 31 2001

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 Assistant Treasurer Stephen W. Keene
 Signature of Treasurer Electronically Filed by Assistant Treasurer Stephen W. Keene Date 01 22 2002

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 (Revised 1/2001)

Page 2

Write or Type Committee Name

NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Report Covering the Period: From: ^h07 ^D01 ^v2001 To: ^h12 ^D31 ^v2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2001		7302.46
(b) Cash on Hand at Beginning of Reporting Period	12375.70	
(c) Total Receipts (from Line 19)	41415.20	71729.44
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	53790.90	79031.90
7. Total Disbursements (from Line 30)	34160.00	59401.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19630.90	19630.90
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

Toll Free 800-420-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Report Covering the Period: From: ^{MM}07 ^{DD}01 ^{YYYY}2001 To: ^{MM}12 ^{DD}31 ^{YYYY}2001

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)	0.00	
(ii) Unitemized	41249.40	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	41249.40	71488.20
(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 32, page 4)	41249.40	71488.20
12. Transfers From Affiliated/Other Party Committees	60.00	60.00
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 36, page 4)	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.)	105.80	181.24
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	41415.20	71729.44
20. Total Federal Receipts (subtract Line 18 from Line 19)	41415.20	71729.44

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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	151.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	151.00
22. Transfers to Affiliated/Other Party Committees.....	34040.00	59130.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	120.00	120.00
(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))..... ▶	120.00	120.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	34160.00	59401.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	34160.00	59401.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	41249.40	71488.20
33. Total Contribution Refunds (from Line 28(d)).....	120.00	120.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	41129.40	71368.20
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	151.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	151.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 5 / 9
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 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 POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. American Medical Political Action Committee

Mailing Address
1101 Vermont Ave., NW
City: Washington State: DC Zip Code: 20005

Date of Receipt
M / D / Y Y Y Y
07 / 25 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer: Occupation: Refund of contribution-Gail S. Marion

Receipt For: 2002 Aggregate Year-to-Date ▼
X Primary General Other (specify) ▼ 50.00

Transaction ID: SA12.5587

Full Name (Last, First, Middle Initial)
B. American Medical Political Action Committee

Mailing Address
1101 Vermont Ave., NW
City: Washington State: DC Zip Code: 20005

Date of Receipt
M / D / Y Y Y Y
12 / 20 / 2001

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer: Occupation: Transfer for Clifford W. Lindsey, MD

Receipt For: 2002 Aggregate Year-to-Date ▼
X Primary General Other (specify) ▼ 60.00

Transaction ID: SA12.8780

C.

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	60.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. American Medical Political Action Committee			Date of Disbursement 08 / 16 / 2001		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 2850.00		
Purpose of Disbursement Voluntary member contributions			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	State: District:	Transaction ID: SB22.5582		

Full Name (Last, First, Middle Initial) B. American Medical Political Action Committee			Date of Disbursement 09 / 05 / 2001		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 1750.00		
Purpose of Disbursement Voluntary member contributions			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	State: District:	Transaction ID: SB22.5583		

Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee			Date of Disbursement 10 / 04 / 2001		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 1350.00		
Purpose of Disbursement Voluntary member contributions			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	State: District:	Transaction ID: SB22.5872		

SUBTOTAL of Disbursements This Page (optional)	5750.00
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 checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. American Medical Political Action Committee			Date of Disbursement 10 / 15 / 2001		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Transfer voluntary contribution			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB22.5871		
State: District:					

Full Name (Last, First, Middle Initial) B. American Medical Political Action Committee			Date of Disbursement 10 / 23 / 2001		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 5650.00		
Purpose of Disbursement Voluntary member contributions			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB22.5873		
State: District:					

Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee			Date of Disbursement 11 / 06 / 2001		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 6720.00		
Purpose of Disbursement Voluntary member contributions			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB22.6127		
State: District:					

SUBTOTAL of Disbursements This Page (optional) ▶	12420.00
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 checked="" 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 type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. American Medical Political Action Committee			Date of Disbursement 11 / 26 / 2001	
Mailing Address 1101 Vermont Ave., NW City: Washington State: DC Zip Code: 20005			Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Voluntary member contribution			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB22.8130	
State: District:				

Full Name (Last, First, Middle Initial) B. American Medical Political Action Committee			Date of Disbursement 12 / 07 / 2001	
Mailing Address 1101 Vermont Ave., NW City: Washington State: DC Zip Code: 20005			Amount of Each Disbursement this Period 6430.00	
Purpose of Disbursement Voluntary member contributions			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB22.8776	
State: District:				

Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee			Date of Disbursement 12 / 31 / 2001	
Mailing Address 1101 Vermont Ave., NW City: Washington State: DC Zip Code: 20005			Amount of Each Disbursement this Period 7430.00	
Purpose of Disbursement Voluntary member contributions			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB22.6777	
State: District:				

SUBTOTAL of Disbursements This Page (optional) ▶	13910.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" 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 type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. American Medical Political Action Committee

Mailing Address

1101 Vermont Ave., NW

City

Washington

State

DC

Zip Code

20005

Purpose of Disbursement

Voluntary member contributions

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

2002

Primary

General

Other (specify) ▼

Date of Disbursement

12 / 31 / 2001

Amount of Each Disbursement this Period

1960.00

Transaction ID: SB22.877B

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶

1960.00

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

34040.00