

# 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 01 01 2009 through 06 30 2009

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 07 14 2009

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**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		33360.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	33360.00									
(c) Total Receipts (from Line 19) .....	27269.74	27269.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	60629.74	60629.74								
7. Total Disbursements (from Line 31) .....	120.00	120.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	60509.74	60509.74								
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:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	17615.00	17615.00
(ii) Unitemized .....	9622.00	9622.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27237.00	27237.00
(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) .....	27237.00	27237.00
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.) .....	32.74	32.74
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)) .....	27269.74	27269.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27269.74	27269.74

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	120.00	120.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	120.00	120.00
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 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.....	0.00	0.00
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))..	120.00	120.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	120.00	120.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	27237.00	27237.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27237.00	27237.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	120.00	120.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	120.00	120.00

# 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 / 16
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Frank Victor Aluisio		Date of Receipt MM / DD / YYYY 06 / 19 / 2009		
	Mailing Address 3200 Northline Avenue		Transaction ID: SA11AI.12999		
	City Greensboro	State NC	Zip Code 27408	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Voluntary member contribution		
	Name of Employer Greensboro Orthopaedic Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. James Page Aplington		Date of Receipt MM / DD / YYYY 06 / 19 / 2009		
	Mailing Address PO Box 38008		Transaction ID: SA11AI.13000		
	City Greensboro	State NC	Zip Code 27438-8008	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Voluntary member contribution		
	Name of Employer Greensboro Orthopaedic Center, PA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jeffrey Carlton Beane		Date of Receipt MM / DD / YYYY 06 / 19 / 2009		
	Mailing Address 1401 Benjamin Parkway		Transaction ID: SA11AI.13004		
	City Greensboro	State NC	Zip Code 27408-4518	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Voluntary member contribution		
	Name of Employer Greensboro Orthopaedic Center, PA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<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 7 / 16

(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)

Dr. Paul Anthony Bednarz

Mailing Address 6181 Old Ironworks Road

City Greensboro State NC Zip Code 27455-8298

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

Name of Employer  
Greensboro Orthopaedic Ce-  
nter, PA

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.13005

Amount of Each Receipt this Period

1000.00

Voluntary member contribu-  
tion

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen M. Blatt

Mailing Address 255 Chestnut Flats Road

City Waynesville State NC Zip Code 28786-6197

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

Name of Employer  
DocLoc

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  
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.12952

Amount of Each Receipt this Period

250.00

Voluntary member contribu-  
tion

**C.**

Full Name (Last, First, Middle Initial)

Dr. Peter Frederick Blomgren

Mailing Address 317 W Wendover Avenue

City Greensboro State NC Zip Code 27408-8401

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

Name of Employer  
Greensboro Family Practice  
Associates

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  
0 2 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.12879

Amount of Each Receipt this Period

250.00

Voluntary member contribu-  
tion

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

1500.00

**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 / 16
	<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) Benjamin Brooks	Date of Receipt MM / DD / YYYY 01 / 05 / 2009
	Mailing Address 2024 New Hope Road	<b>Transaction ID:</b> SA11AI.12848
	City State Zip Code Charlotte NC 28203	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: Carolinas Medical Center 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) Dahari Brooks	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1401 Benjamin Parkway	<b>Transaction ID:</b> SA11AI.13009
	City State Zip Code Greensboro NC 27408	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Voluntary member contribution
	Name of Employer: Greensboro Orthopaedics Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Andrew Collins	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address PO Box 38008	<b>Transaction ID:</b> SA11AI.13010
	City State Zip Code Greensboro NC 27438-8008	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Voluntary member contribution
	Name of Employer: Greensboro Orthopaedic Center, PA Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<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) Dr. Charles Davant, III		Date of Receipt
	Mailing Address PO Box 8		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Blowing Rock	NC	28605-0008
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blowing Rock Medical Clinic, PA		Occupation Physician	Transaction ID: SA11AI.12904
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>
		Individual member contribution	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Lindsey E. de Guehery		Date of Receipt
	Mailing Address 1812 Glendale Drive SW		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Wilson	NC	27893-4402
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Wilson Pulmonary & Internal Medicine,		Occupation Physician	Transaction ID: SA11AI.12973
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>
		Voluntary member contribution	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kimberly Reynolds Edwards		Date of Receipt
	Mailing Address 1904 Tradd Court		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Wilmington	NC	28401
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Dermatology Associates, PA Wilmington		Occupation Physician	Transaction ID: SA11AI.12850
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>
		Voluntary member contribution	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="750.00"/>
<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 10 / 16
	<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. Ronald Anthony Gioffre	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1401 Benjamin Parkway PO Box 38008	<b>Transaction ID:</b> SA11AI.13015
	City Greensboro State NC Zip Code 27438-8008	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Voluntary member contribution
	Name of Employer Greensboro Orthopaedic Center, PA Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Brian Mingtao Go	Date of Receipt MM / DD / YYYY 05 / 04 / 2009
	Mailing Address 1037 Stradshire Drive	<b>Transaction ID:</b> SA11AI.12980
	City Raleigh State NC Zip Code 27614	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 Raleigh Cardiology Associates, 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>C.</b>	Full Name (Last, First, Middle Initial) Dr. William Mansfield Gramig, III	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 1401 Benjamin Parkway PO Box 38008	<b>Transaction ID:</b> SA11AI.13016
	City Greensboro State NC Zip Code 27438-8008	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Voluntary member contribution
	Name of Employer Greensboro Orthopaedic Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2250.00
<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 11 / 16  
(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) Marie Hardy</p> <p>Mailing Address 1904 Tradd Court</p> <p>City State Zip Code Wilmington NC 28401</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 Occupation Dermatology Associates Physician</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 <span style="border: 1px solid black; padding: 2px;">01 / 05 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.12853</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Voluntary member contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. William Cameron Hope, IV</p> <p>Mailing Address 9 Doctor's Park</p> <p>City State Zip Code Greenville NC 27834-2801</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 Occupation Eastern Radiologists, Inc. Physician</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 <span style="border: 1px solid black; padding: 2px;">05 / 27 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.12994</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Voluntary member contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Michael Josilevich</p> <p>Mailing Address 1701 Country Club Road</p> <p>City State Zip Code Jacksonville NC 28546-6005</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 Occupation Internal Medicine &amp; Primary Care Physician</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 <span style="border: 1px solid black; padding: 2px;">02 / 02 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.12891</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Voluntary member contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">750.00</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: (check only one)	PAGE 12 / 16
	<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) Mark Juras	Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address 9880 West Kincey Avenue Ste 160	<b>Transaction ID:</b> SA11AI.12942
	City State Zip Code Huntersville NC 28078	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 Advanced Reproductive Concepts 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) Adam Kendall	Date of Receipt MM / DD / YYYY 06 / 19 / 2009
	Mailing Address 3200 Northline Avenue	<b>Transaction ID:</b> SA11AI.13020
	City State Zip Code Greensboro NC 27408	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Voluntary member contribution
	Name of Employer Greensboro Orthopaedics Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Gilson John Kingman	Date of Receipt MM / DD / YYYY 01 / 29 / 2009
	Mailing Address 2901 Maplewood Avenue	<b>Transaction ID:</b> SA11AI.12864
	City State Zip Code Winston-Salem NC 27103-4009	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 Forsyth Plastic Surgical Associates, P 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) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 16
	<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 Farra Martin		Date of Receipt
	Mailing Address 205 Page Road		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Pinehurst	NC	28374-8749
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12865
Name of Employer Pinehurst Medical Clinic, Inc.		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" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Rex Monroe McCallum		Date of Receipt
	Mailing Address PO Box 2954		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Durham	NC	27710-0001
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12893
Name of Employer Duke University Private Diagnostic Cli		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" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Matthew David Olin		Date of Receipt
	Mailing Address 1401 Benjamin Parkway		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Greensboro	NC	27408-4518
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.13021
Name of Employer Greensboro Orthopaedic Ce-nter, 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" value="1000.00"/>
		<input type="text" value="1000.00"/>	Voluntary member contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1500.00"/>
<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: PAGE 14 / 16  
(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) Fred Ortmann		Date of Receipt MM / DD / YYYY 06 / 19 / 2009
Mailing Address 1401 Benjamin Parkway		<b>Transaction ID:</b> SA11AI.13024
City Greensboro	State NC	Zip Code 27408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Greensboro Orthopaedics	Occupation Physician	Voluntary member contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Liana Puscas		Date of Receipt MM / DD / YYYY 01 / 15 / 2009
Mailing Address Duke South Box 3805		<b>Transaction ID:</b> SA11AI.12857
City Durham	State NC	Zip Code 27710-3805
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Duke University Medical Center	Occupation Physician	Voluntary member contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Richard D. Ramos		Date of Receipt MM / DD / YYYY 06 / 19 / 2009
Mailing Address 1401 Benjamin Parkway		<b>Transaction ID:</b> SA11AI.13031
City Greensboro	State NC	Zip Code 27408-4518
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Greensboro Orthopaedic Center, 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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2365.00</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 15 / 16  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Matthew M. Rees

Mailing Address PO Box 1560

City State Zip Code  
Forest City NC 28403

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

Name of Employer Rutherford Internal Medicine  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2009

**Transaction ID:** SA11AI.12919

Amount of Each Receipt this Period  
250.00

Individual member contribution

**B.**

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

Mailing Address PO Box 15386

City State Zip Code  
Durham NC 27704-0386

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

Name of Employer Durham Emergency Physicians, PA  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2009

**Transaction ID:** SA11AI.12869

Amount of Each Receipt this Period  
250.00

Voluntary member contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Martin Wade Stallings

Mailing Address 108 Edgemont Drive

City State Zip Code  
Kings Mountain NC 28086-2702

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

Name of Employer Kings Mountain Pediatrics  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2009

**Transaction ID:** SA11AI.12870

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:		PAGE 16 / 16	
	(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) Dr. Kevin Mark Supple		Date of Receipt		
	Mailing Address 3200 Northline Avenue Ste 200		M M / D D / Y Y Y Y 06 / 19 / 2009		
	City Greensboro	State NC	Zip Code 27408-4518	<b>Transaction ID:</b> SA11AI.13033	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00		
	Name of Employer Greensboro Orthopaedics	Occupation Physician	Voluntary member contribu- tion		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1090.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	17615.00