

**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

CITY

STATE

ZIP CODE

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)

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 (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

X General (30G)

Runoff (30R)

Special (30S)

Election on

11

02

2004

in the State of

NC

5. Covering Period

10

01

2004

through

11

22

2004

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 12 02 2004

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. 02/2003)

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: ^M10 ^D01 ^Y2004 To: ^M11 ^D22 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^M ^D		70978.69
(b) Cash on Hand at Beginning of Reporting Period	52304.73	
(c) Total Receipts (from Line 19)	23801.01	106057.05
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	76105.74	177035.74
<hr/>		
7. Total Disbursements (from Line 31)	12850.00	113780.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63255.74	63255.74
<hr/>		
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 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: ^M10 ⁻01 ⁻2004 To: ^M11 ⁻22 ⁻2004

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)	3110.00	
(ii) Unitemized	20678.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	23788.00	102716.00
(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)	23788.00	102716.00
12. Transfers From Affiliated/Other Party Committees	0.00	2968.40
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.)	13.01	372.65
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))	23801.01	106057.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23801.01	106057.05

DETAILED SUMMARY PAGE

of Disbursements

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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	122.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	122.00
22. Transfers to Affiliated/Other Party Committees.....	10650.00	37650.00
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.....	2000.00	76008.00
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 ActMty (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))..	12850.00	113780.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	12850.00	113780.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23788.00	102716.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23788.00	102716.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	122.00
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	122.00

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

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

FOR LINE NUMBER: PAGE 6 / 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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. James Norman Atkins		Date of Receipt M / D / Y 10 / 22 / 2004
Mailing Address 203 Cox Boulevard		Transaction ID: SA11A1.8709
City Goldsboro	State NC	Zip Code 27534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Southeastern Medical Oncology Center	Occupation Physician	
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Dr. Perry William Aycock, Jr.		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address 860 Summit Crossing Place Suite 3D1		Transaction ID: SA11A1.8656
City Gastonia	State NC	Zip Code 28054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Gaston Internal Medicine Clinic, PA	Occupation Physician	
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Dr. Randall Thomas Cunow, Jr.		Date of Receipt M / D / Y 10 / 28 / 2004
Mailing Address 3900 Browning Place Suite 1D1		Transaction ID: SA11A1.8725
City Raleigh	State NC	Zip Code 27612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Boylan Medical Associates	Occupation Physician	
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

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

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

Use separate schedule(s)
or 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"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) A. Dr. John Keith Earl		Date of Receipt M / D / Y 10 / 25 / 2004
Mailing Address 52 12th Avenue NE		Transaction ID: SA11A1.8794
City Hickory	State NC	Zip Code 28601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hickory Family Practice Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Lawrence Andrew Eskew		Date of Receipt M / D / Y 11 / 22 / 2004
Mailing Address 218 Gatewood Avenue		Transaction ID: SA11A1.8952
City High Point	State NC	Zip Code 27262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Piedmont Urological Associates	Occupation Physician	Aggregate Year-to-Date ▼ 590.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert S. Hawks		Date of Receipt M / D / Y 11 / 16 / 2004
Mailing Address 171B East 4th Street Suite 5D1		Transaction ID: SA11A1.8989
City Charlotte	State NC	Zip Code 28204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid Carolina Cardiology	Occupation Physician	Aggregate Year-to-Date ▼ 750.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	17
	13		14		15		16		

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

Full Name (Last, First, Middle Initial) A. Dr. William Miller Johnstone, Jr.		Date of Receipt M / D / Y 11 / 16 / 2004
Mailing Address 35 Memorial Drive		Transaction ID: SA11A1.8973
City Pinehurst	State NC	Zip Code 28374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pinehurst Surgical Clinic, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Stewart Jones		Date of Receipt M / D / Y 10 / 25 / 2004
Mailing Address 2809 North Duke Street Building 700		Transaction ID: SA11A1.8764
City Durham	State NC	Zip Code 27704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Triangle Heart Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Donald George Joyce		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 1901 Clematis Drive		Transaction ID: SA11A1.8785
City Charlotte	State NC	Zip Code 28211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer	Occupation Retired	Aggregate Year-to-Date ▼ 280.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶ **530.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 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

Full Name (Last, First, Middle Initial) A. Dr. Ismo Mikael Kasanen		Date of Receipt M / D / Y 10 / 25 / 2004
Mailing Address 1899 Tate Boulevard SE Suite 2101		Transaction ID: SA11A1.8768
City Hickory	State NC	Zip Code 28602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Piedmont Nephrology and Hypertension A	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gordon Buck Le Grand		Date of Receipt M / D / Y 10 / 27 / 2004
Mailing Address 3000 New Bern Avenue		Transaction ID: SA11A1.8777
City Raleigh	State NC	Zip Code 27610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Raleigh Pathology Laboratory	Occupation Physician	Aggregate Year-to-Date ▼ 270.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert Preston Lertz		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 5817 High Point Road		Transaction ID: SA11A1.8881
City Greensboro	State NC	Zip Code 27407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Sedgefield Pediatrics	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 16
(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

Full Name (Last, First, Middle Initial) A. Dr. David William Peterson		Date of Receipt M / D / Y 11 / 22 / 2004
Mailing Address PD Box 809		Transaction ID: SA11A1.8893
City Lake Junaluska	State NC	Zip Code 28745
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Western Carolina Cardiology	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 Primary X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard William Puschinsky		Date of Receipt M / D / Y 11 / 02 / 2004
Mailing Address 824 Quaker Lane Suite C-103		Transaction ID: SA11A1.8897
City High Point	State NC	Zip Code 27262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Medical Center Urology PA	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2004 Primary X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Perry Chen		Date of Receipt M / D / Y 11 / 16 / 2004
Mailing Address Medical Center Boulevard		Transaction ID: SA11A1.8002
City Winston-Salem	State NC	Zip Code 27157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wake Forest University School of Medicine	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2004 Primary X General Other (specify) ▼		

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

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

Use separate schedule(s)
or 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

Full Name (Last, First, Middle Initial) A. Dr. Stuart Morris Squires		Date of Receipt M / D / Y 10 / 12 / 2004	
Mailing Address 2525 Raeford Road Suite B PO Box 53844		Transaction ID: SA11A1.8673	
City Fayetteville	State NC	Zip Code 28305	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cumberland Anesthesia Associates, PA	Occupation Physician		
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		
Full Name (Last, First, Middle Initial) B. Dr. Joseph John Urush		Date of Receipt M / D / Y 11 / 04 / 2004	
Mailing Address 835 W/ylke Road		Transaction ID: SA11A1.8614	
City Shelby	State NC	Zip Code 28150	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dermatology Center of Shelby, PA	Occupation Physician		
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		
Full Name (Last, First, Middle Initial) C. Dr. William Alfred Walker		Date of Receipt M / D / Y 10 / 12 / 2004	
Mailing Address 2015 Randolph Road Suite 2D1		Transaction ID: SA11A1.8674	
City Charlotte	State NC	Zip Code 28207	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Colon & Rectal Surgery Assoc	Occupation Physician		
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

SUBTOTAL of Receipts This Page (optional) ▶ **270.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 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

Full Name (Last, First, Middle Initial) A. Dr. William David Wilcox		Date of Receipt M / D / Y 10 / 25 / 2004
Mailing Address 116 Crutchfield Street		Transaction ID: SA11A1.8822
City Durham	State NC	Zip Code 27704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer William D. Wilcox, MD, PA	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles Frederick Wilson		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address Brody Building 3E139		Transaction ID: SA11A1.8922
City Greenville	State NC	Zip Code 27658-4354
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brody School of Medicine at ECU	Occupation Physician	Aggregate Year-to-Date ▼ 410.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	3110.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 16

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) A. Wachovia Bank		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address PD Box 563966		Transaction ID: SA17.8833
City Raleigh	State NC	Zip Code 28262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.01
Name of Employer	Occupation	Interest earned in October
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 372.65	

SUBTOTAL of Receipts This Page (optional)	▶	13.01
TOTAL This Period (last page this line number only)	▶	13.01

**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 14 / 16

<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	<input type="checkbox"/> 30b

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

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

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
transfer - 10/1/04-10/15/04

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.8701
Date of Disbursement
10 / 15 / 2004

Amount of Each Disbursement this Period
2550.00

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

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
contributions 10/16/04-10/31/04

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.8832
Date of Disbursement
11 / 15 / 2004

Amount of Each Disbursement this Period
3150.00

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

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions 11/1/04-11/14/04

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.8926
Date of Disbursement
11 / 19 / 2004

Amount of Each Disbursement this Period
2800.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8300.00**

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 15 / 16

<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	<input type="checkbox"/> 30b

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

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

Transaction ID: SB22.9023

Date of Disbursement

Mailing Address 1101 Vermont Avenue, NW

11 / 22 / 2004

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
contributions 11/15/04-11/22/04

2550.00

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

SUBTOTAL of Disbursements This Page (optional) ▶

2550.00

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

10850.00

**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)

PAGE 16 / 16

<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

Full Name (Last, First, Middle Initial) A. Walter Dalton		Transaction ID: SB29.8704 Date of Disbursement 10 / 20 / 2004	
Mailing Address 560 N. Main Street		Amount of Each Disbursement this Period 2000.00	
City Rutherfordton State NC Zip Code 28139	Purpose of Disbursement NC Senate District 46	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: 2004 Primary X General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jeanne Lucas		Transaction ID: SB29.8835 Date of Disbursement 11 / 19 / 2004	
Mailing Address PO Box 3366		Amount of Each Disbursement this Period -1000.00	
City Durham State NC Zip Code 27702	Purpose of Disbursement general election check lost	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: General Primary Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jeanne Lucas		Transaction ID: SB29.8839 Date of Disbursement 11 / 19 / 2004	
Mailing Address PO Box 3366		Amount of Each Disbursement this Period 1000.00	
City Durham State NC Zip Code 27702	Purpose of Disbursement reissue general election contribution	Category/ Type	
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: General Primary Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00