12/03/2008 08:36

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#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORW 3X	For Oth	er Than An	Authorize	d Committe	ee		Office Use	Only
NAME OF     COMMITTEE (in full)		MAILING LAI OR PRINT		ample:If typing er the lines	, type	• • •	• • • •	]
North Carolina Medical So	ociety Federal	Political Educa	tion and Actio	n Committee				
ADDRESS (number and street)		x 25834					1	
Check if different than previously reported. (ACC)	Raleigh	Person Street				NC	276	11 -
2. FEC IDENTIFICATION N	UMBER 1	_	CITY 🛋		(	STATE	ZI	PCODE A
C00003152			3. IS THIS REPORT		NEW N) <b>OR</b>		MENDED A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Quarterly Report January 31 Quarterly Report Report(Non-elect Year Only) (MY Termination Ref	t(Q1) (c) t(Q2) t(Q3) t(YE) ar ction (d)	PRE-Election Report for t  30-Day Post -Election Report for t	he:  Election on  tion X	)	12C)	Se	(12G) in S	Nov 20 (M11 (Non-Election Year Only)  Dec 20 (M12 (Non-Election Year Only)  Jan 31 (YE)  Runoff (12R)  The State of  NC
5. Covering Period	10 0			through	11	2 4	2008	
I certify that I have examined the Type or Print Name of Treasur	· .	to the best of i			true, correct	and complete		
Signature of Treasurer Elec	ctronically Filed	l by , Asst T	reasurer Step	hen W. Keene	D	rate 1.2	03	2008
NOTE : Submission of false, e	erroneous, or in	complete infor	mation may s	ubject the pers	on signing thi	s Report to th	e penalties of	2 U.S.C 437g.
Office Use							FEC F	FORM 3X

FE6AN026

#### **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 <sup>®</sup> D " D 24 1.0 0 1 2008 1,1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 93459.38 2008 January 1 (b) Cash on Hand at 36353.71 Begining of Reporting Period ..... 15806.06 39780.39 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 52159.77 133239.77 6(a) and 6(c) for Column B) ..... 24000.00 105080.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 28159.77 28159.77 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00

Schedule C and/or Schedule D) .....

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. 06/2004) Page 3

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
(a) Individuals/Persons Other  Than Political Committees  (i) Itemized (use Schedule A)	4770.00	13110.00
(ii) Unitemized	11030.00	26246.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15800.00	39356.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15800.00	39356.00
. Transfers From Affiliated/Other Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	6.06	424.39
. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	
(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
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15806.06	39780.39
. Total Federal Receipts (subtract Line 18(c) from Line 19)	15806.06	39780.39

#### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures:  (a) Shared Federal/Non-Federal	1000 1000	
	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
2.	Transfers to Affiliated/Other Party		
3.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	2000.00
<b>.</b>	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
•	(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
).	Other Disbursements	24000.00	103080.00
).	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
	Total Disbursements (add Lines 21(c), 22,	04000.00	105000.00
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24000.00	105080.00
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		

#### **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)	15800.00	39356.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	15800.00	39356.00
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

FE6AN026

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 20 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	
, ,	eral Political Education and Action Comn	nittee
Full Name (Last, First, Middle Initial) Dr. Deborah Daetwyler Boyd		Date of Receipt
Mailing Address 130 Glendale Drive		11 1 2008
City Wilson	State Zip Code NC 27893-2770	Transaction ID: SA11AI.12719  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer Wilson Surgical Associate- s, PA	Occupation Physician	Voluntary member contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) Dr. Anthony Joseph Christiano, Jr. Mailing Address 850 WH Smith Bould	nuord.	Date of Receipt
Maining Address 850 WH Smith Bould	11 17 2008	
City Greenville	State Zip Code NC 27834	Transaction ID: SA11AI.12753
FEC ID number of contributing federal political committee.	NC 27834	Amount of Each Receipt this Period 250.00
Name of Employer Coastal Carolina Cardiolo- gy, PA	Occupation Physician	Voluntary member contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Adam N Clark		Date of Receipt
Mailing Address 850 WH Smith Bould	evard	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.12757
Charlotte FEC ID number of contributing federal political committee.	NC 27834	Amount of Each Receipt this Period 250.00
Name of Employer Coastal Carolina Cardiolo- gy	Occupation Physician	Voluntary member contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
LIDTOTAL of Descripto This Descriptoral		590.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 20 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  North Carolina Medical Society Fedel	Statements may not be sold or used by any per ename and address of any political committee and Political Education and Action Committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Hazem El-Droubi Mailing Address 111 Mallard Lane  City Rockingham  FEC ID number of contributing federal political committee.  Name of Employer Richmond Urology Clinic, PA Receipt For: Primary General	State Zip Code NC 28379-5203  C  Occupation Physician Aggregate Year-to-Date   340.00	Date of Receipt  11 1 0 5 2 0 0 8  Transaction ID: SA11AI.12723  Amount of Each Receipt this Period  90.00  Voluntary member contribution
Other (specify)  Full Name (Last, First, Middle Initial) Reza E Ershadi Mailing Address 850 WH Smith Boule  City Greenville  FEC ID number of contributing federal political committee.  Name of Employer Coastal Carolina Cardiology Receipt For:		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Gary U. Fontana Mailing Address 850 WH Smith Boule  City Greenville  FEC ID number of contributing federal political committee.  Name of Employer Coastal Carolina Cardiology, PA Receipt For: Primary General	vard  State Zip Code NC 27834  C  Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	250.00	590.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>K</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 20 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  North Carolina Medical Society Fee	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joseph T. Inglefield, III  Mailing Address 510 11th Avenue P	lace NW		Date of Receipt
City Hickory FEC ID number of contributing	State NC	Zip Code 28601	Transaction ID: SA11AI.12607  Amount of Each Receipt this Period  250.00
Name of Employer Hickory Alergy & Asthma Clinic Receipt For: Primary Other (specify)	Occupation Physician Aggregate		Voluntary member contribution
Full Name (Last, First, Middle Initial) Charles B. Jones Mailing Address 850 WH Smith Bou	ulevard State NC	Zip Code 27834	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Coastal Carolina Cardiology Receipt For:  Primary General Other (specify)	Occupation Physician	n	250.00  Voluntary member contribution
Full Name (Last, First, Middle Initial) Dr. Mary Boggs Lane  Mailing Address 295 W 27th Street  City	State	Zip Code	Date of Receipt    M
Lumberton  FEC ID number of contributing federal political committee.	NC C	28358-3016	Amount of Each Receipt this Period 250.00
Name of Employer Rozier & Lane Gynecology, PA Receipt For:  Primary General Other (specify) ▼	Occupation Physician Aggregate		Voluntary member contribution
SUBTOTAL of Receipts This Page (optional	al)		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 20 (check only one)    X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  North Carolina Medical Society Feder	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Toni Davis Meeks Mailing Address 1843 Quiet Cove  City Fayetteville FEC ID number of contributing federal political committee.  Name of Employer Village Internal Medicine  Receipt For:	State NC C Occupation Physiciar	Zip Code 28304-3857	Date of Receipt    M
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	0 0	250.00	]
Dr. Benedict O. Okwara  Mailing Address 4727 Piper Glen Drive	e		Date of Receipt    M M
City	State	Zip Code	Transaction ID: SA11Al.12622
Charlotte	NC	28277-0370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00  Voluntary member contribu-
Name of Employer First Care Medical Clinic- Monroe	Occupation Physician	1	tion
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial) Dr. Jayesh Kanchanlal Patel			Date of Receipt
Mailing Address 850 WH Smith Boulev			11 17 2008
City	State	Zip Code	Transaction ID: SA11AI.12767
Greenville	NC	27834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Coastal Carolina Cardiolo- gy, PA	Occupation Physician	1	Voluntary member contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .			590.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 20 (check only one)    X
A	ny information copied from such Reports and s r for commercial purposes, other than using th NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	e name and ad	dress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr. Douglas Craig Privette  Mailing Address 850 WH Smith Boulev  City Greenville  FEC ID number of contributing federal political committee.  Name of Employer Coastal Carolina Cardiolo-		Zip Code 27834-3763	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Coastal Cardina Cardiology, PA  Receipt For: Primary General Other (specify)	Physicial Aggregate	n e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Joel Crist Reynolds  Mailing Address 210 N Broad Street			Date of Receipt  1 1 1 0 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.12739
	Edenton	NC	27932-1904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Edenton Urology Clinic	Occupatio Physicia	n	Voluntary member contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Dr. Sarvesh Rao Sathiraju			Date of Receipt
	Mailing Address PO Box 309			1 1 1 0 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.12740
	Rutherford College FEC ID number of contributing federal political committee.	NC C	28671	Amount of Each Receipt this Period  250.00
	Name of Employer Blue Ridge Healthcare	Occupatio Physicia		Voluntary member contribution
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .			750.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 20 (check only one)  X 11a 11b 11c 12  13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  North Carolina Medical Society Fede	e name and add	dress of any political committee to	o solicit contributions from such committee.
•	idi i omiodi E		
Full Name (Last, First, Middle Initial) Dr. Rony L. Shammas			Date of Receipt
Mailing Address 850 WH Smith Boule	vard		11 17 2008
City	State	Zip Code	Transaction ID: SA11AI.12771
Greenville	NC	27834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Coastal Carolina Cardiolo-	Occupation Physician		Voluntary member contribution
gy, PA Receipt For:	<del>- ' - '</del>	Year-to-Date ▼	_
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) Dr. Jerry Allen Simpson			Date of Receipt
Mailing Address 850 WH Smith Boule	1 1 1 7 2 0 0 8		
City	State	Zip Code	Transaction ID: SA11Al.12772
Greenville	NC	27834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Coastal Carolina Cardiolo- gv. PA	Occupation Physician		Voluntary member contribution
Receipt For:	<del>_ '                                   </del>	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Brian Edward Smith			Date of Receipt
Mailing Address 8 Medical Park Drive			1 1 1 9 2 0 0 8
City	State	Zip Code	Transaction ID: SA11Al.12782
Asheville	NC	28803-2493	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Asheville Eye Associates, PLLC	Occupation Physician		Voluntary member contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 20 (check only one)    X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t eral Political Education and Action Comm	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael Kevin Smith Mailing Address 850 WH Smith Bould	evard	Date of Receipt
City Greenville	State Zip Code NC 27834-3761	Transaction ID: SA11AI.12773  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00  Voluntary member contribu-
Name of Employer Coastal Carolina Cardiolo- gy, PA Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date  250.00	tion Tember contribu-
Full Name (Last, First, Middle Initial) William L. Spivey  Mailing Address 245 Charlois Boulev Suite C	ard	Date of Receipt  1 1 1 1 0 2 0 0 8
City Winston-Salem	State Zip Code NC 27103	Transaction ID: SA11AI.12744  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Piedmont Community Physicians Receipt For:  Primary General  Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼  250.00	Voluntary member contribution
Full Name (Last, First, Middle Initial) Dr. Samuel H. Zimmern  Mailing Address 1001 Blythe Bouleva Ste 300	ard	Date of Receipt  1 1 1 1 8 2 0 0 8
City Charlotte	State Zip Code NC 28203-5863	Transaction ID: SA11AI.12776  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer The Sanger Clinic, PA	Occupation Physician	Voluntary member contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	)	750.00
TOTAL This Period (last page this line numb	per only)	4770.00

A.

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	e (check offly offle)
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  North Carolina Medical Society Fed	leral Political Education and Action C	committee
Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address PO Box 563966		Date of Receipt  10 31 2008
City	State Zip Code	Transaction ID: SA17.12716
Raleigh	NC 28262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	6.06
Name of Employer	Occupation	Interest earned in October
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 381.	35

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	6.06
TOTAL This Period (last page this line number only)	<b>•</b>	6.06

A.

В.

C.

CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS			FOR LINE (check on	NE NUMBER: PAGE 14 / only one)				
	Detailed Summary	Page	21b 27	22 23 28a 28b	24 25 28c X 29	26 30b		
y Information copied from such Reports and Statem for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)  North Carolina Medical Society Federal Po	litical Education ar	nd Action	Committe	ee				
Full Name (Last, First, Middle Initial) Grier Martin				Date of Disburs				
Mailing Address 2203 Byrd Street				10 / 2	20 4 2008			
	State Zip Code NC 27608			Amount of Each	h Disbursement this Perio	od .		
Purpose of Disbursement NC House district 34			0 0		1000.00	Ш		
Candidate Name		C	ategory/ Type					
Office Sought: House Disburse Senate President State: District:	ement For:  Primary  Ge  Other (specify)	eneral						
Full Name (Last, First, Middle Initial) William McGee				Date of Disburs				
Mailing Address 6102 Arden Drive				10 / 2	20 4 2008			
,	State Zip Code NC 27012			Amount of Each	h Disbursement this Perio	od		
Purpose of Disbursement NC House district 75				L	2000.00	Ш		
Candidate Name		С	ategory/ Type					
Senate President	ement For:    Primary   Ge     Other (specify)   \	eneral						
State: District: Full Name (Last, First, Middle Initial)				Transaction ID	): SB29.12643			
Tim Moffitt				Date of Disburs	sement			
Mailing Address 3182 Sweeten Creek Roa	ad			10 2	20 4 2008			
	State Zip Code NC 28803			Amount of Each	h Disbursement this Perio	bd		
Purpose of Disbursement NC House District 116					2000.00	Ш		
Candidate Name		C	ategory/ Type					
Senate President	ement For:  Primary Ge  Other (specify)	eneral						
State: District:					5000.00	$\overline{}$		
JBTOTAL of Disbursements This Page (optional)					3000.00	닉		
OTAL This Period (last page this line number only)  AN026			•	FEC Schedu	ule B ( Form 3X) (Revise	d 02		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) ☐ 22		
		27	28a 28b 28c X 29 30		
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
North Carolina Medical Society Federal Pol	itical Education and Act	tion Committee	•		
Full Name (Last, First, Middle Initial)  Tim Moffitt			Transaction ID: SB29.12672 Date of Disbursement		
Mailing Address 3182 Sweeten Creek Roa	d		$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & d \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & S \end{bmatrix} \\ & & & & & & & & & & & & & & & & & &$		
Asheville	State Zip Code NC 28803		Amount of Each Disbursement this Period		
Purpose of Disbursement NC House District 116			2000.00		
Candidate Name		Category/ Type			
President	ment For: Primary General Other (specify)				
State: District: Full Name (Last, First, Middle Initial)					
Garland Pierce			Transaction ID: SB29.12645  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 21981 Buie Street	Mailing Address 21981 Buie Street				
,	State Zip Code NC 28396		Amount of Each Disbursement this Period		
Purpose of Disbursement NC House District 48			500.00		
Candidate Name		Category/ Type			
	ment For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial)			Transaction ID: SB29.12647		
Ray Rapp  Mailing Address 133 Quail Ridge Road			Date of Disbursement  M M		
	State Zip Code NC 28754		Amount of Each Disbursement this Period		
Purpose of Disbursement NC House District 118	Purpose of Disbursement				
Candidate Name		Category/ Type			
President	ment For: Primary General Other (specify)				
State: District:					
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	3500.00		
TOTAL This Period (last page this line number only) .		<b>&gt;</b>			

ITELUITED DIODUIDATION		e schedule(s)	(check onl	NUMBER: PAGE 16 / 20   PAGE 16 / 20
ITEMIZED DISBURSEMENTS	for each cate Detailed Sur	nmary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the r				
NAME OF COMMITTEE (In Full)  North Carolina Medical Society Federal	Political Educat	ion and Actior	n Committe	ee
Full Name (Last, First, Middle Initial) Johnathan Rhyne				Transaction ID: SB29.12648 Date of Disbursement
Mailing Address PO Box 38				10
City LincoInton		ip Code 8092		Amount of Each Disbursement this Period
Purpose of Disbursement NC House District 97				2000.00
Candidate Name			Category/ Type	
Senate President	ursement For: Primary Other (specify	General		
State: District:  Full Name (Last, First, Middle Initial)  David Rouzer				Transaction ID: SB29.12670
Mailing Address 108 PEACH ORCHAR	RD DR			Date of Disbursement  M M D D D Y Y Y O O 8
City Benson		ip Code 8504		Amount of Each Disbursement this Period
Purpose of Disbursement NC Senate District 12	110 2	10004		1000.00
Candidate Name			Category/ Type	
Office Sought:    House   Disbute     Senate   President     State: District:	ursement For: Primary Other (specify	General		
Full Name (Last, First, Middle Initial) Ruth Samuelson				Transaction ID: SB29.12650 Date of Disbursement
Mailing Address 1143 Andover Road				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Charlette		ip Code 8211		Amount of Each Disbursement this Period
Charlotte				1000.00
Purpose of Disbursement NC House District 104				
Purpose of Disbursement NC House District 104 Candidate Name			Category/ Type	
Purpose of Disbursement NC House District 104 Candidate Name	ursement For: Primary Other (specify	General		

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 2 28a 28b 28c X 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n  NAME OF COMMITTEE (In Full)  North Carolina Medical Society Federal	ame and address of any politica	I committee to so	olicit contributions from such committee
/			
Full Name (Last, First, Middle Initial) Edgar Starnes  Mailing Address 6715 Lakeview Terrac	e		Transaction ID: SB29.12652 Date of Disbursement
City	State Zip Code		Amount of Each Disbursement this Period
Hickory	NC 28601		
Purpose of Disbursement NC House District 87		•	1000.00
Candidate Name		Category/ Type	
Senate President	rsement For: Primary General Other (specify)		
State: District:  Full Name (Last, First, Middle Initial)			Turner War ID 0000 40054
Fred Steen			Transaction ID: SB29.12654 Date of Disbursement
Mailing Address 317 Daybrook Drive			10 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Landis	State Zip Code NC 28088		Amount of Each Disbursement this Perio
Purpose of Disbursement NC House District 76		, ,	2000.00
Candidate Name		Category/ Type	
Office Sought:    House   Disbuse     Senate     President     State: District:	rsement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Randy Stewart			Transaction ID: SB29.12656 Date of Disbursement
Mailing Address PO Box 7594			
City Rocky Mount	State Zip Code NC 27804		Amount of Each Disbursement this Perio
Purpose of Disbursement NC House District 25			1000.00
Candidate Name		Category/ Type	
Office Sought:  Senate President State:  Disbu	rsement For: Primary General Other (specify)		
Olaic. District.			

	Use separate schedule(	s)	(ch	eck only	v one)					GE 18	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a		23 28b	$\mathbf{\Box}$	24 28c	25 X 29	
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NAME OF COMMITTEE (In Full)	arrie and address of arry pointe	ai com		50 10 50	non cont	· ibai	10110 11	0111 00	2011 00	Jiiiiiiiiiiiii	
North Carolina Medical Society Federal	Political Education and A	ction (	Cor	nmitte	е						
Full Name (Last, First, Middle Initial)					Trans	sact	ion ID	: SE	329.1	2658	
Ronnie Sutton						of D	isburs	emen			Y
Mailing Address 2940 Philadelphus Ro	ad				1 0			2 1	L	žoč	8
City Pembroke	State Zip Code NC 28372				Amo	unt c	f Each	n Disb	urser	nent this	Perio
Purpose of Disbursement NC House District 47		T	v							500.	00
Candidate Name			atego Type								
Office Sought: House Disbuter Senate President State: District:	ursement For:  Primary Genera  Other (specify) ▼										
Full Name (Last, First, Middle Initial) Cullie Tarleton							ion ID			2660	
Mailing Address PO Box 1269					1 <sup>M</sup> 0	М	/ D	2 1	/ Y	žoč	8 <sup>Y</sup>
City Blowing Rock	State Zip Code NC 28605				Amou	unt c	f Each	n Disb	urser	nent this	
Purpose of Disbursement NC House District 93					L.					1000.	00
Candidate Name			atego Type								
Office Sought: House Disbring Senate President State: District:	orsement For:  Primary  Genera  Other (specify) ▼	-	. , ,								
Full Name (Last, First, Middle Initial)					Trans	sact	ion ID	: SF	329 1	2662	
Thom Tillis					_		isburs				V
Mailing Address 16116 North Point Ro	ad				1 0			21	Ĺ	žοč	8
City Huntersville	State Zip Code NC 28078				Amou	unt c	f Each	n Disb	urser	nent this	
Purpose of Disbursement NC House District 98			•		L.					1000.	00
Candidate Name			itego Type								
Office Sought: House Disbution Senate President	ursement For:  Primary Genera  Other (specify) ▼	-1									
State: District:											
	al)						-			2500.	nn

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TEMIZED DIS		Detailed	category of the Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
	oses, other than usir				for the purpose of soliciting contributions plicit contributions from such committee
\	, ,	ederal Political Ed	ucation and Ac	tion Committe	ee
Full Name (Last, Fi Edith Warren	rst, Middle Initial)				Transaction ID: SB29.12665 Date of Disbursement
Mailing Address	PO Box 448				10 21 7 2008
City Farmville		State NC	Zip Code 27828		Amount of Each Disbursement this Perio
Purpose of Disburs					1000.00
Candidate Name		D:-h		Category/ Type	
Office Sought:	House Senate President	Disbursement For: Primary Other (sp	General ecify) ▼		
State: [ Full Name (Last, Fi	District:				ODGG 40000
W.A. 'Winkie' W					Transaction ID: SB29.12666 Date of Disbursement
Mailing Address	210 Fair Oaks I	Orive			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Roxboro		State NC	Zip Code 27574		Amount of Each Disbursement this Perio
Purpose of Disburs NC House District				•	1000.00
Candidate Name				Category/ Type	
Office Sought:	House Senate President	Disbursement For: Primary Other (sp	General ecify) ▼		
Full Name (Last, Fi	District: rst, Middle Initial)				Transaction ID: SB29.12668
Michael Wray  Mailing Address	PO Box 904				Date of Disbursement  10 21 2008
City		State	Zip Code		Amount of Each Disbursement this Peric
Gaston Purpose of Disburs		NC	27832		1000.00
NC House District 2 Candidate Name	27			Category/ Type	
	House	Disbursement For:	General	Туре	
Office Sought:	Senate President	Other (sp			
	-				

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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER:	PAGE 20 / 20							
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 28a 28b	24 28c	25 X 29		26 30b				
	y Information copied from such Reports and for commercial purposes, other than using th						S					
$\rangle$	NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	al Political Education and Action	Committe	е								
	Full Name (Last, First, Middle Initial)  Douglas Yongue  Mailing Address 604 Prince Street			Transaction ID: Date of Disburse	ment	2669 Ž 0 Ď	3 <sup>Y</sup>					
	City Laurinburg Purpose of Disbursement NC House District 46	State Zip Code NC 28352		Amount of Each		ent this 2000.0		od				
	Candidate Name	C	ategory/ Type									
	Office Sought: House Di Senate President	sbursement For: Primary General Other (specify)										
	State: District:	•										

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	<b>—</b>	24000.00