07/13/2011 15:35

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For Oth	er inan An	Autnorize	ea Commit	itee		Office Use	e Only	
1.	NAME OF COMMITTEE (in full)		MAILING LAI		xample:If typin ver the lines	ng, type				
Ш	North Carolina Medical Socie	ety Federal	Political Educa	tion and Actio	on Committee		1 1 1			
Ш		1 1 1					1 1 1		1 1 1	
ΑD	DRESS (number and street)	PO Bo	ox 25834						1 1 1	
_	Ob sale if different	222 N	. Person Street				1 1 1		1 1 1	1
L	Check if different than previously reported. (ACC)	Raleig	h				NC	27	611	
2.	FEC IDENTIFICATION NUM	IBER '	-	CITY 🛋			STATE	2	ZIPCODE	A
	C00003152			3. IS THIS REPOR		NEW (N) OR	X	AMENDED (A)		
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:	`´ F	Monthly Report Due On:	Feb 20 (M2		May 20 (M5) Jun 20 (M6)	H	Aug 20 (M8) Sep 20 (M9)	De (N	ov 20 (M11) Jon-Election ear Only) ec 20 (M12) Jon-Election ear Only)
	April 15	_		Apr 20 (M4	ł)	Jul 20 (M7)		Oct 20 (M10)	Ja	an 31 (YE)
	Quarterly Report(Q July 15	(c	:) 12-Day PRE -Election	on \Box	Primary (12	2P)	Gene	eral (12G)	Ri	unoff (12R)
	Quarterly Report(Q October 15 Quarterly Report(Q		Report for t		Convention	(12C)	Spec	ial (12G)		
	January 31 Quarterly Report(YI			Election on					in the State of	
	X July 31 Mid-Year Report(Non-election Year Only) (MY)		30-Day Post -Elec Report for t		General (30	OG)	Rund	off (30R)	S _f	pecial (30S)
	Termination Report (TER)		1	Election on					in the State of	
5.	Covering Period 0 1	0	1 201	1	through	0.6	30	2011		
	rtify that I have examined this F		I to the best of r Treasurer Step	-		is true, correct	and compl	ete.		
.) -										
Sig	nature of Treasurer Ele <u>ctron</u>	nically File	d by Asst Tro	easurer Steph	hen W. Keene	<u>; </u>	Date	07 13	20	011
NO	TE : Submission of false, error	neous, or i	ncomplete infor	mation may s	ubject the per	son signing thi	is Report to	the penalties	of 2 U.S.C	437g.
	Office Use								FORM	3X

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

North Carolina Medical Society Federal Political Education and Action Committee

D D [®]D 0 1 0 1 2011 0.6 3 0 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 16609.18 January 1 (b) Cash on Hand at 16609.18 Begining of Reporting Period 16853.87 16853.87 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 33463.05 33463.05 6(a) and 6(c) for Column B) 19002.00 19002.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 14461.05 14461.05 (subtract Line 7 from Line 6(d)) 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) X 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

м м 0 1 0 1 м°м 06 30 2 0 1 1 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 8590.00 8590.00 (i) Itemized (use Schedule A) 8260.00 8260.00 (ii) Unitemized (iii) TOTAL (add 16850.00 16850.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 16850.00 16850.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 3.87 3.87 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 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)). 19. Total Receipts (add Lines 11(d), 16853.87 16853.87 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts

FE6AN026

(subtract Line 18(c) from Line 19)

16853.87

16853.87

DETAILED SUMMARY PAGE

of Disbursements FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)	COLLINANIA	Page 4 COLUMN B		
II. DISBURSEMENTS	JRSEMENTS COLUMN A Total This Period			
11. Operating Expenditures:	1000 1000	Calendar Year-to-Date		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) Non Fodoral Chara	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	2.00	2.00		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii) and (b))	2.00	2.00		
2. Transfers to Affiliated/Other Party	0.00	0.00		
Committees	0.00	0.00		
Federal Candidates/Committeesand Other Political Committees	0.00	0.00		
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		
(use Schedule F)	0.00	5.00		
6. Loan Repayments Made	0.00	0.00		
27. Loans Made	0.00	0.00		
(a) Individuals/Persons Other	0.00	0.00		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
(444 = 1.100 = 5(4), (5), 4.14 (5), 1.111111				
9. Other Disbursements	19000.00	19000.00		
Federal Election Activity (2 U.S.C 431(20))				
(a) Shared Federal Election Activity				
(from Schedule H6)	0.00			
(i) Federal Share	0.00	0.00		
(") III as fall Observe	0.00	0.00		
(ii) "Levin" Share				
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00			
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))	19002.00	19002.00		
32. Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	19002.00	19002.00		
HOIT LINE OT J	13002.00	19002.00		

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
Total Contributions (other than loans) from Line 11(d), page 3)	16850.00	16850.00
Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	16850.00	16850.00
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2.00	2.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	2.00	2.00

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (crieck only one)
A	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by a e name and address of any political com	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	al Political Education and Action (Committee
<u>K</u>	Full Name (Last, First, Middle Initial) Harry Ballard		Date of Receipt
	Mailing Address 4603 Fairway Drive		03 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.14035
	Trent Woods	NC 28562	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Surgical Hospitalists of New B	Occupation Physician	Voluntary member contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.	00
	Full Name (Last, First, Middle Initial) Dr. Paul Anthony Buongiorno	I	Date of Receipt
	Mailing Address 1402 S 17th Street		01 03 7 7 7 7
	City	State Zip Code	Transaction ID: SA11AI.13944
	Wilmington	NC 28401-6436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer Paul A. Buongiorno, MD, PA	Occupation Physician	Voluntary member contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	250.	00
	Full Name (Last, First, Middle Initial) Craig Burkhart	1	Date of Receipt
	Mailing Address 410 Market Street Ste 400		0 6 D D Z Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.14136
	Chapel Hill	NC 27516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer UNC Dermatology at Southe- rn Vi	Occupation Physician	Voluntary member contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	340.	00
	UIDTOTAL of Descripto This Descriptorally		750.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 23 (check only one) X 11a 11b 11c 12 15 16
ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may he name and add	not be sold or used by any persess of any political committee to	
North Carolina Medical Society Feder	eral Political Ed	lucation and Action Commi	ttee
Full Name (Last, First, Middle Initial) Dr. Bryan Carducci			Date of Receipt
Mailing Address 5129 Carter Street			01 03 2011
City Raleigh	State NC	Zip Code 27612	Transaction ID: SA11AI.13946 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Alamance Regional Medical Center Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		Voluntary member contribution
Full Name (Last, First, Middle Initial) Ted F. Cash Mailing Address 2616 Oak Grove Roa	ad		Date of Receipt
		Zin Codo	01 04 2011
City Shelby	State NC	Zip Code 28150	Transaction ID: SA11AI.13947 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Upper Cleveland Medical Center	Occupation Physician		Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Anthony Joseph Christiano, Jr.	<u> </u>		Date of Receipt
Mailing Address 850 WH Smith Boule	evard		0 1 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.13948
Greenville FEC ID number of contributing federal political committee.	C	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	
SUBTOTAL of Receipts This Page (optional)			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 8 / 23 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	e name and addre	ess of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Tara L. Chronister			Date of Receipt
Mailing Address 920 Church Street N			0 1 1 8 2 0 1 1
City	State	Zip Code	Transaction ID: SA11Al.13998
Concord	NC	28025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Northeast Anesthesia & Pa- in Specialist	Occupation Physician		Voluntary member contribution
Receipt For:	, ' ' 	'ear-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Adam N Clark			Date of Receipt
Mailing Address 850 WH Smith Boule	vard		M M / D D / Y Y Y Y Y O D D / 2011
City	State	Zip Code	Transaction ID: SA11AI.13949
Charlotte	NC	27834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Coastal Carolina Cardiolo- gy	Occupation Physician		Voluntary member contribution
Receipt For:	Aggregate Y	'ear-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Richard Denton Crane			Date of Receipt
Mailing Address 16 Medical Center Dr	ive		0 2 1 1 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.14015
Supply	NC	28462	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Atlantic Internal Medicine	Occupation Physician		Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .	1		1000.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 23 (check only one) X
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	ne name and add	lress of any political committee to	o solicit contributions from such committee.
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:	State NC C Occupation Physiciar	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
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gary U. Fontana Mailing Address 850 WH Smith Boule	evard	250.00	Date of Receipt
City	State	Zip Code	0 1 0 3 2 0 1 1 Transaction ID: SA11AI.13951
Greenville	NC	27834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00 Voluntary member contribu-
Name of Employer Coastal Carolina Cardiolo- gy, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		tion
Full Name (Last, First, Middle Initial) Dr. James Bryan Hall			Date of Receipt
Mailing Address 1025 Morehead Medi			02 / 07 / 4 4 4 4
City Charlotte	State NC	Zip Code 28204	Transaction ID: SA11AI.14017 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Blumental Cancer Center-G- YN On Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		Voluntary member contribution
SUBTOTAL of Receipts This Page (optional)	1		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 10 / 23 (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			
Full Name (Last, First, Middle Initial) Dr. James Bryan Hall			Date of Receipt
Mailing Address 1025 Morehead Medi	cal Drive, 6th	F	M M / D D / Y Y Y Y Y A A A A A A A A A A A A A A
City	State	Zip Code	Transaction ID: SA11AI.14055
Charlotte	NC	28204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer Blumental Cancer Center-G- YN On	Occupation Physician		Voluntary member contribution
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		430.00	
Full Name (Last, First, Middle Initial) Dr. Richard Dax Hawkins			Date of Receipt
Mailing Address 1729 New Hanover M	ledical Park		03 30 7 2011
City	State	Zip Code	Transaction ID: SA11AI.14126
Wilmington	NC	28403-5345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Eye Associates of Wilming- ton, PA	Occupation Physician		Voluntary member contribution
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Michael Heafner			Date of Receipt
Mailing Address 225 Baldwin Avenue			03 24 7 2011
City	State	Zip Code	Transaction ID: SA11AI.14057
Charlotte	NC	28204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Carolina Neurosurgery & Spine	Occupation Physician		Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			590.00

HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 23 (check only one) X
any information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any pers ress of any political committee to	
North Carolina Medical Society Fede	eral Political Ed	lucation and Action Commi	ttee
Full Name (Last, First, Middle Initial) Michael Huggins Mailing Address 3490 Duck Pond Dri	vo NE		Date of Receipt
			03 22 2011
City Conover	State NC	Zip Code 28613	Transaction ID: SA11AI.14058 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Wilkes Regional Surgical Speci	Occupation Physician		Wilkes Regional Surgical Specialists
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Charles B. Jones			Date of Receipt
Mailing Address 850 WH Smith Bould	evard		0 1 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.13953
Greenville	NC	27834	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-	Occupation Physician		tion
gy Receipt For:	_ <u>, </u>	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Joseph William Kittinger, III			Date of Receipt
Mailing Address 5115 Oleander Drive)		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.14110
Wilmington	NC	28403-7018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00 Voluntary member contribu-
Name of Employer Wilmington Gastroenterolo- gy Associates Receipt For:	Occupation Physician		tion Tolling Thember Contribu-
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

ITEMIZ	DULE A (FEC Form 3X) ED RECEIPTS ation conied from such Benorts and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for common NAME	nercial purposes, other than using the open committee (In Full) Carolina Medical Society Federal	name and add	dress of any political committee to	o solicit contributions from such committee.
A. David J. Mailing City Supply FEC ID federal Name of Brunsw tal Receipt	Address PO Box 139 / number of contributing political committee. f Employer rick Community Hospi-	State NC C Occupatio Physician Aggregate		Date of Receipt M M
Full National James Find Mailing City Nags FEC ID federal Name of Atlantic	me (Last, First, Middle Initial) R. Lowe Address 4917 S. Croatan Hwy Suite 1-C Head number of contributing political committee. If Employer Surgery	State NC C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 1 1 2 4 2 0 1 1 Transaction ID: SA11AI.14007 Amount of Each Receipt this Period 250.00 Voluntary member contribution
Dr. Ezra Mailing City Fayett FEC ID federal Name c Carolin. Receipt	number of contributing political committee. f Employer a Kidney Care	State NC C Occupation Physician Aggregate		Date of Receipt M M M
SUBTOTA	AL 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 13 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and a r for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any pers ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	ral Political Ed	ucation and Action Commi	ittee
	Full Name (Last, First, Middle Initial) David D Miner			Date of Receipt
	Mailing Address 2029 Valleygate Drive	e, Ste 101		0 1 0 4 Y Y Y Y Y
	City Fayetteville	State NC	Zip Code 28304	Transaction ID: SA11AI.13957 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	250.00
	Name of Employer Fayetteville Woman's Care, PA	Occupation physician		Voluntary member contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Jayesh Kanchanlal Patel Mailing Address 850 WH Smith Boulev	vard		Date of Receipt
	City	State	Zip Code	0 1 0 3 2 0 1 1 Transaction ID: SA11AI.13959
	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		Voluntary member contribution
	Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Thai Tien Phan			Date of Receipt
	Mailing Address 1134 Melrose Street			05 06 YYYYY 05 06 2011
	City	State	Zip Code	Transaction ID: SA11AI.14128
	Winston Salem FEC ID number of contributing federal political committee.	C	27103	Amount of Each Receipt this Period 250.00
	Name of Employer Ashleybrook Clinic, PA	Occupation Physician		Voluntary member contribution
	Receipt For: Primary General Other (specify) ▼	_,	Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS) /)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 23 (check only one)
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) North Carolina Medical Society Fe			
Full Name (Last, First, Middle Initial) Susan Sanders			Date of Receipt
Mailing Address 335 Penny Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Concord	State NC	Zip Code 28025	Transaction ID: SA11AI.13962 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20020	250.00
Name of Employer Dermatology Group of the Carol	Occupation Physician		Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jerry Allen Simpson			Date of Receipt
Mailing Address 850 WH Smith Bo	oulevard		01 03 7 7 7 7 7
City Greenville	State NC	Zip Code 27834	Transaction ID: SA11AI.13964 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27004	250.00
Name of Employer Coastal Carolina Cardiolo- gy, PA	Occupation Physician		Voluntary member contribution
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Patrick Joseph Simpson			Date of Receipt
Mailing Address 205 Page Road			0 4 2 5 2 0 1 1
City Pinehurst	State NC	Zip Code 28374-8749	Transaction ID: SA11AI.14104
FEC ID number of contributing federal political committee.	C	20374-0749	Amount of Each Receipt this Period 250.00
Name of Employer Pinehurst Medical Clinic, Inc.	Occupation Physician		Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00	
SUBTOTAL of Receipts This Page (option	nal)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	eral Political Education and Action Com	mittee
<u>/_</u>	Full Name (Last, First, Middle Initial) Dr. Brian Edward Smith		Date of Receipt
	Mailing Address 8 Medical Park Drive		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.14097
	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	
_	Full Name (Last, First, Middle Initial) Dr. Michael Kevin Smith		Date of Receipt
	Mailing Address 850 WH Smith Boule	evard	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11AI.13966
	Greenville	NC 27834-3761	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	Voluntary member contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Martin Wade Stallings		Date of Receipt
	Mailing Address 108 Edgemont Drive		0 3 2 2 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.14068
	Kings Mountain	NC 28086-2702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Kings Mountain Pediatrics	Occupation Physician	Voluntary member contributions
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	UBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than using the 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. William Alfred Walker Mailing Address 2015 Randolph Road Suite 201 City Charlotte	State NC	Zip Code 28207-1200	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.	C	1 1 1 1 1	250.00 Voluntary member contribu-
Name of Employer Charlotte Colon & Rectal Surgery Assoc Receipt For: Primary Other (specify) ▼	Occupation Physicia Aggregate		tion Tolumber Contribu-
Full Name (Last, First, Middle Initial) Dr. Edward Ted W. Westover Mailing Address 9820 Debnam Road			Date of Receipt 0 4 2 5 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.14105
Zebulon FEC ID number of contributing federal political committee.	C	27597-7613	Amount of Each Receipt this Period 250.00
Name of Employer Halifax Emergency Group, PLLC Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		Voluntary member contribution
Full Name (Last, First, Middle Initial) Dr. Edward Ted W. Westover Mailing Address 9820 Debnam Road	<u> </u>		Date of Receipt 0 4 2 5 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.14106
Zebulon FEC ID number of contributing federal political committee.	NC C	27597-7613	Amount of Each Receipt this Period 500.00
Name of Employer Halifax Emergency Group, PLLC Receipt For:	Occupation Physicia	n	Voluntary member contribution
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional) .			1000.00
TOTAL This Period (last page this line number	r only)	,	8590.00

	CHEDULE B (· 1		arate schedule(s)			ck onl	: NUMBE	n.		LP	AGE	17 / 23	
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	y Information copied fr for commercial purpos NAME OF COMMIT North Carolina Me	es, other than using TEE (In Full)	ng the name a	and addres	ss of any politica	l com	mitte	e to so	olicit cont						
_	= "														
	Full Name (Last, Firs Wayne Goodwin	,							Date	saction of Dist	ourser	nent).1399 Y	2) 1 1	Y
	Mailing Address	PO Box 27841							0 1				2 (J I I	_
	City Raleigh		St N	ate C	Zip Code 27611				Amou	ınt of E	Each [Disburs	ement		erio
	Purpose of Disburser Contribution-NC Insu		ner										100	0.00	_
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		strict:													
	Full Name (Last, Firs Mark Hollo	t, Middle Initial)								Saction of Dist	ourser	nent	0.1396		V
	Mailing Address	432 Westwood	Lane						0 ^M 1	М /	^D 2	D / 1	Ž) <u>1</u> 1	
	City Taylorsville		St N	ate C	Zip Code 28681				Amou	ınt of E	Each [Disburs	ement		erio
	Purpose of Disburser Contribution-NC Hou								L.				100	0.00	_
	Candidate Name						itego Type								
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	Full Name (Last, Firs									sactio			0.1396	8	
	Mailing Address	203 Magnolia A	venue							M /	^D 2		Ý Ž() 1 1 ·	Y
	City Mocksville		St N	ate C	Zip Code 27028				Amou	ınt of E	Each [Disburs	ement	this Pe	əric
	Purpose of Disburse Contribution-NC Hou								L.				100	0.00	_
	Candidate Name						itego Type								
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the	(check only o	one) 22
	Detailed Summary Page	27	28a 28b 28c X 29 3
Any Information copied from such Reports and Statement			
or for commercial purposes, other than using the name	and address of any political cor	mmittee to solic	et contributions from such committee
NAME OF COMMITTEE (In Full) North Carolina Medical Society Federal Pol	itical Education and Action	Committee	
North Garolina Medical Godlety Federal Fol	ilical Eddcation and Action	Committee	
Full Name (Last, First, Middle Initial)			Transaction ID: SB29.13995
Brent Jackson			Date of Disbursement
Mailing Address 2905 Ernest Williams Roa	ad		01 21 7 2011
•	State Zip Code		Amount of Each Disbursement this Period
	NC 28818		500.00
Purpose of Disbursement Contribution-NC Senate			300.00
Candidate Name		Category/	
		Туре	
Office Sought: House Disburser Senate	ment For: Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			Transaction ID: SB29.13971
Linda Johnson			Date of Disbursement
Mailing Address 1205 Berkshire Dr.			$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ D & I & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & I \end{smallmatrix} \end{bmatrix} $
•	State Zip Code NC 28081		Amount of Each Disbursement this Period
Purpose of Disbursement	20001		1000.00
Contribution-NC House			
Candidate Name	C	Category/ Type	
	ment For:		
Senate President	Primary General Other (specify) ▼		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB29.14147
David Lewis			Date of Disbursement
Mailing Address 118 Kingsway Drive			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
	State Zip Code		Amount of Each Disbursement this Period
	NC 28334		1000.00
Purpose of Disbursement Contribution NC House	IΓ		1000.00
Candidate Name	C	Category/ Type	
Office Sought: House Disburse	ment For:		
Senate	Primary General		
State: President State:	Other (specify) ▼		
Sidio. District.			
SUBTOTAL of Disbursements This Page (optional)		>	2500.00
TOTAL This Period (last page this line number only)		•	

	CHEDULE B (FEC FOIII 3X)		arate schedule(s)		(chec		NUMBE	1.	Į	FAGL	19 / 23
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	y Information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) North Carolina Medical Society Federal	name and addre	ess of any political	comr	nittee	to soli	cit contr				
_	Full Name (Last, First, Middle Initial)						_		- 00	00.400	
	Daniel McComas						Date o	of Disbu	rsement	29.1397	73 0 1 1
	Mailing Address 1717 Softwind Way						0 1		2 1		011
	City Wilmington	State NC	Zip Code 28403				Amou	nt of Ea	ch Disbu		this Peri
	Purpose of Disbursement Contribution-NC House									200	00.00
	Candidate Name				tegory ype	[']					
	Senate President	ursement For: Primary Other (spe	General ecify) ▼								
	State: District:										
	Full Name (Last, First, Middle Initial) Marian McLawhorn						Date o	of Disbu	rsement	29.1397	74
	Mailing Address 7018 Church Street						0 ^M 1	M /	21 /	y y	0 1 1 ^Y
	City Grifton	State NC	Zip Code 28530				Amou	nt of Ea	ch Disbu		this Peri
	Purpose of Disbursement Contribution-NC House									50	00.00
	Candidate Name				tegory ype	/					
	Office Sought: House Disbute Senate President State: District:	ursement For: Primary Other (spe	General ecify) ▼								
	Full Name (Last, First, Middle Initial) Tim Moore								D : SB	29.1397	77
	Mailing Address 305 East King St.						0 ^M 1	M /	21 /	Y Ž	0 1 1 ^Y
	City Kings Mountain	State NC	Zip Code 28086				Amou	nt of Ea	ch Disbu	ırsement	this Peri
	Purpose of Disbursement 28086						L.			50	00.00
	Candidate Name				tegory ype	7					
	Office Sought: House Disbuter Senate President	ursement For: Primary Other (spe	General								
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	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s) FOR LIN (check o	IE NUMBER: PAGE 20 / 23
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 2 28a 28b 28c X 29
	y Information copied from such Reports and Stater for commercial purposes, other than using the nan			
	NAME OF COMMITTEE (In Full) North Carolina Medical Society Federal P			
<u>/</u>	Full Name (Last, First, Middle Initial) North Carolina House Democratic Commi	ttee		Transaction ID: SB29.13988 Date of Disbursement
	Mailing Address 220 Hillsborough Street			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Raleigh	State Zip Code NC 27603		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		Category/	1000.00
		ement For:	Type	
	Senate President	Primary General Other (specify)		
	State: District: Full Name (Last, First, Middle Initial) North Carolina House Republican Commi	ttee		Transaction ID: SB29.13989 Date of Disbursement
	Mailing Address PO Box 27107			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Raleigh	State Zip Code NC 27611		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		Catanani	1000.00
			Category/ Type	
	Office Sought: Senate President State: Disburs Disburs State:	ement For: Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) Earline Parmon			Transaction ID: SB29.13978 Date of Disbursement
	Mailing Address 3873 Barkwood Drive			01 21 7 2011
	City Winston-Salem	State Zip Code NC 27105		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution-NC House Candidate Name		Category/	500.00
	Senate President	ement For: Primary General Other (specify)	Туре	
	State: District:			

SCHEDULE B (FEC FOIII 3X)	Use separate sched			NE NUMBE	R:	PAG	SE 21 / 23
TEMIZED DISBURSEMENTS	for each category of Detailed Summary F		(check of 21b 27	22 28a	23 28b	24 28c	25 X 29
Any Information copied from such Reports and Sta			any perso	n for the pu	rpose of s	oliciting con	tributions
or for commercial purposes, other than using the r	name and address of any p	olitical com	mittee to	solicit cont	ributions fro	om such co	mmittee
NAME OF COMMITTEE (In Full)	Delikiesi Eskaration en	-I A -4: /	O '1				
/ North Carolina Medical Society Federa	Political Education an	d Action (Commi	iee			
Full Name (Last, First, Middle Initial) Ruth Samuelson						SB29.1	3980
——————————————————————————————————————				M	of Disburse	D / V	^Y 2 0 1 1
Mailing Address 1143 Andover Road				0 1		1 /	2011
City Charlotte	State Zip Code NC 28211			Amou	ınt of Each	Disbursem	ent this Period
Purpose of Disbursement	NC 28211			- [500.00
Contribution-NC House							
Candidate Name			ategory/ Type				
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Senate President	Primary Ger Other (specify) ▼	neral					
State: District:							
Full Name (Last, First, Middle Initial)						SB29.1	3981
Mitchell Setzer				Date	of Disburse	ement	V V V V
Mailing Address 1013 Murray's Mill Ro	pad			0 1		1 ′	2011
City Catawba	State Zip Code NC 28609	!		Amou	ınt of Each	Disbursem	ent this Period
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Contribution-NC House		L					
Candidate Name			ategory/ Type				
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Senate President	Primary Ger Other (specify) ▼	neral					
State: District:	Other (specify)						
Full Name (Last, First, Middle Initial)				Trans	saction ID:	SB29.1	3982
Paul Stam					of Disburse		
Mailing Address 714 Hunter Street				0 ^M 1	M / D2	1 / Y	2 0 1 1 °
City	State Zip Code	l		Amou	ınt of Each	Disbursem	ent this Period
Apex	NC 27502						1000.00
Purpose of Disbursement							1000.00
Contribution-NC House							
Candidate Name			ategory/ Type				
Candidate Name	ursement For:						
Candidate Name Office Sought: House Disb Senate	Primary Ger						
Candidate Name Office Sought: House Disb Senate President							
Candidate Name Office Sought: House Senate President State: District:	Primary Ger Other (specify) ▼	neral	Гуре				750.00
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Temized Disbursement Category Times T		Use sep	arate schedule(s)	FOR LINE	
NAME OF COMMITTEE (in Full) North Carolina Medical Society Federal Political Education and Action Committee Full Name (Last, First, Middle Initial) Fred Steen Mailing Address 317 Daybrook Drive City Landis Purpose of Disbursement Contribution-NC House Candidate Name City State District: Full Name (Last, First, Middle Initial) President State: District: Full Name (Last, First, Middle Initial) Purpose of Disbursement Contribution-NC House Cornellus NC 28031 Purpose of Disbursement Contribution-NC House Condidate Name Coffice Sought: House Senate Primary General Other (specify) ▼ Transaction ID: S829.13984 Date of Disbursement this Perio Amount of Each Disbursement District: Full Name (Last, First, Middle Initial) Thom Tills NC 28031 Purpose of Disbursement Contribution-NC House Candidate Name City Category' Type Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: S829.13984 Date of Disbursement this Perio Category' Type Amount of Each Disbursement this Perio Category' Type Transaction ID: S829.13984 Date of Disbursement this Perio Category' Type Amount of Each Disbursement this Perio Category' Type Category' Type Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Perio Category' Type Transaction ID: S829.13985 Date of Disbursement this Perio Category' Type Amount of Each Disbursement this Perio Category' Type Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Perio Other (specify) ▼ Category' Type Other (specify) ▼ Category' Type Other (specify) ▼	FEMIZED DISBURSEMENTS			21b	22 23 24 25
NAME OF COMMITTEE (in Full) North Carolina Medical Society Federal Political Education and Action Committee Full Name (Last, First, Middle Initial) Fred Steen Mailing Address 317 Daybrook Drive City State Zip Code Landis NC 28088 Purpose of Disbursement Contribution-NC House Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address 17209 Green Dolphin Lane City State Zip Code NC 28031 Transaction ID: SB29.13983 Date of Disbursement this Perio Category' Type Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: SB29.13983 Date of Disbursement this Perio Category' Type Transaction ID: SB29.13983 Date of Disbursement this Perio Category' Type Transaction ID: SB29.13983 Date of Disbursement this Perio Category' Type Transaction ID: SB29.13983 Date of Disbursement this Perio Category' Type Transaction ID: SB29.13983 Date of Disbursement this Perio Category' Type Transaction ID: SB29.13983 Date of Disbursement this Perio Category' Type Transaction ID: SB29.13983 Date of Disbursement this Perio Category' Type Transaction ID: SB29.13983 Date of Disbursement this Perio Transaction ID: SB29.13983 Date of Disbursement this Perio Transaction ID: SB29.13985 Date of Disbursement this Perio Transacti					
Mailing Address 317 Daybrook Drive	NAME OF COMMITTEE (In Full)				
Mailing Address 317 Daybrook Drive State Zip Code	•				
Landis NC 28088 Purpose of Disbursement Contribution-NC House Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Thom Tillis Mailing Address 17209 Green Dolphin Lane City State Zip Code Cornelius NC 28031 Purpose of Disbursement Contribution-NC House Candidate Name Office Sought: House Senate Prisident Other (specify) ▼ Office Sought: House Senate Prisident State: District: Full Name (Last, First, Middle Initial) William Wainwright Mailing Address PO box 33 City State Zip Code Contribution-NC House Candidate Name Office Sought: House Senate President NC 28532 Purpose of Disbursement Contribution-NC House Candidate Name Office Sought: House Senate Primary General Contribution-NC House Candidate Name Office Sought: House Senate Primary General Contribution-NC House Candidate Name Office Sought: House Senate Primary General Contribution-NC House Candidate Name Office Sought: House Senate Primary General Contribution-NC House Candidate Name Office Sought: Primary General Primary General Primary General President Other (specify) ▼	Mailing Address 317 Daybrook Drive				$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}1^M&\\\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}1^D&\\\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0\end{smallmatrix}1^Y\\\end{smallmatrix} \begin{bmatrix}Y\\2\end{smallmatrix}011^Y\\\end{smallmatrix}$
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Office Sought: House	Contribution-NC House				250.00
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Thom Tillis Mailing Address 17209 Green Dolphin Lane City State Zip Code Cornelius NC 28031 Purpose of Disbursement Contribution-NC House Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State Zip Code Category/ Type Category/ Type Office Sought: Full Name (Last, First, Middle Initial) William Wainwright Mailing Address PO box 33 City State Zip Code NC 28532 Purpose of Disbursement Contribution-NC House Candidate Name City State Zip Code NC 28532 Purpose of Disbursement Contribution-NC House Candidate Name City State Zip Code NC 28532 Purpose of Disbursement Contribution-NC House Candidate Name City State Zip Code NC 28532 Purpose of Disbursement Contribution-NC House Candidate Name Disbursement For: Category/ Type Office Sought: House Primary General Other (specify) ▼ Category/ Type Office Sought: House Primary General Other (specify) ▼				0 ,	
Full Name (Last, First, Middle Initial) Thom Tillis Mailing Address 17209 Green Dolphin Lane City State Zip Code NC 28031 Purpose of Disbursement Contribution-NC House Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Wainwright Mailing Address PO box 33 City State Zip Code (Seneral Other (specify)) ▼ Transaction ID: SB29.13984 Amount of Each Disbursement this Perior Category/ Type Transaction ID: SB29.13985 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Perior Transaction ID: SB29.13985 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Perior Other (specify) ▼ Amount of Each Disbursement this Perior Other (specify) ▼ Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼	Senate President	Primary			
Thom Tillis Mailing Address 17209 Green Dolphin Lane City State Zip Code Cornelius NC 28031 Purpose of Disbursement Contribution-NC House Candidate Name Office Sought: House Primary General Other (specify) ▼ Transaction ID: SB29.13985 Date of Disbursement this Perior (Separate District: Pull Name (Last, First, Middle Initial) William Wainwright Mailing Address PO box 33 City State Zip Code NC 28532 Purpose of Disbursement Contribution-NC House Candidate Name Category/ Type Amount of Each Disbursement this Perior Sate of Disbursement this Perior (Separate of Disbursement this Perior (Transaction ID: SR29 13984
City State Zip Code NC 28031 Purpose of Disbursement Contribution-NC House Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Wainwright Mailing Address PO box 33 City State Zip Code NC 28532 Purpose of Disbursement For: State Zip Code NC 28532 Purpose of Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	Thom Tillis				Date of Disbursement
Cornelius Purpose of Disbursement Contribution-NC House Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Wainwright Mailing Address PO box 33 City State Zip Code Havelock NC 28532 Purpose of Disbursement Contribution-NC House Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Perior Type Office Sought: House Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Amount of Each Disbursement this Perior Type Office Sought: House Other (specify) ▼	Mailing Address 17209 Green Dolphin	Lane			01 21 2011
Contribution-NC House Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) William Wainwright Mailing Address PO box 33 City State Zip Code Havelock NC 28532 Purpose of Disbursement Contribution-NC House Candidate Name Office Sought: House Disbursement For: Office Sought: House Disbursement For: Office Sought: House Disbursement For: Office Sought: Primary General Other (specify) ▼ Other (specify) ▼					
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William Wainwright Mailing Address PO box 33 City State Zip Code Havelock NC 28532 Purpose of Disbursement Contribution-NC House Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Senate President	Primary		Туре	
City State Zip Code Havelock NC 28532 Purpose of Disbursement Contribution-NC House Candidate Name Category/ Type Office Sought: Disbursement For: Senate Primary General Other (specify) President Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: Senate Primary General Other (specify)	•				Date of Disbursement
Havelock NC 28532 Purpose of Disbursement Contribution-NC House Candidate Name Category/ Type Office Sought:	Mailing Address PO box 33				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & 1 & 1 \end{smallmatrix} \end{bmatrix}$
Contribution-NC House Candidate Name Category/ Type Office Sought: Disbursement For: Senate Primary General President Other (specify)					
Office Sought: House	Contribution-NC House				1000.00
Senate Primary General President Other (specify) ▼	Candidate Name				
	Office Sought: House Disbu	Primary			

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SCHEDULE B (FEC FITEMIZED DISBURSE Any Information copied from such	EMENTS fo	se separate schedu or each category of t etailed Summary Pa s may not be sold or	he (check or 21b) 27	22 23 23 28b	PAGE 23 / 23 24
or for commercial purposes, other NAME OF COMMITTEE (In F		d address of any pol	litical committee to s	solicit contributions from	m such committee
North Carolina Medical S	•	al Education and	Action Committe	ee	
Full Name (Last, First, Middle Michael Wray Mailing Address PO Box	,			Transaction ID: Date of Disburser	ment
City Gaston Purpose of Disbursement Contribution-NC House	State NC			Amount of Each [Disbursement this Period
Candidate Name			Category/ Type		
Office Sought: House Senate Preside		nt For: mary Generation Generatio	eral		
State: District:					

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	19000.00