

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 North Carolina Medical Society Federal Political Education and Action Committee

ADDRESS (number and street) PO Box 25834 222 N. Person Street Raleigh NC 27611 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00003152 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (X), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2013 through 06 / 30 / 2013

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 Asst Treasurer Stephen W. Keene [Electronically Filed] Date 07 / 22 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		8343.77
(b) Cash on Hand at Beginning of Reporting Period.....	8343.77	
(c) Total Receipts (from Line 19)	19316.60	19316.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	27660.37	27660.37
7. Total Disbursements (from Line 31).....	5500.00	5500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	22160.37	22160.37
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. 06/2004)

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8935.00	8935.00
(ii) Unitemized	10380.00	10380.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19315.00	19315.00
(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)	19315.00	19315.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.60	1.60
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 Transfers (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))..... ▶	19316.60	19316.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19316.60	19316.60

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	5500.00	5500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5500.00	5500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	5500.00

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)	19315.00	19315.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19315.00	19315.00
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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Todd Michael Beste
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Obstetrics & Gynecol
 City Greenville State NC Zip Code 27858-4354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brody School of Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 02 / 2013**
Transaction ID : SA11AI.15053
 Amount of Each Receipt this Period **500.00**
 Voluntary member contribution

B. Anthony Caprio
 Full Name (Last, First, Middle Initial)
 Mailing Address 5112 Strawberry Hill Drive Apt A
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Elizabeth Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 06 / 2013**
Transaction ID : SA11AI.14996
 Amount of Each Receipt this Period **500.00**
 Voluntary member contribution

c. Dr. Christoph Robert Diasio
 Full Name (Last, First, Middle Initial)
 Mailing Address 195 West Illinois Avenue
 City Southern Pines State NC Zip Code 28387-5808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sandhills Pediatrics, Inc. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 01 / 2013**
Transaction ID : SA11AI.15057
 Amount of Each Receipt this Period **250.00**
 Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Dr. Michael T. Draelos

Full Name (Last, First, Middle Initial)
Mailing Address 624 Quaker Lane
Ste 105C

City High Point State NC Zip Code 27262-3832

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

Name of Employer High Point GI & Pulmonary Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2013
Transaction ID : SA11AI.15001

Amount of Each Receipt this Period
250.00

Voluntary member contribution

B. Dr. Matthew Kent Flynn

Full Name (Last, First, Middle Initial)
Mailing Address 5603 Duraleigh Road
Ste 111

City Raleigh State NC Zip Code 27612-2688

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

Name of Employer Flynn Dermatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2013
Transaction ID : SA11AI.15058

Amount of Each Receipt this Period
500.00

Voluntary member contribution

C. Dr. Daniel Solomon Gordon

Full Name (Last, First, Middle Initial)
Mailing Address 4609 Weaverhall Drive

City Fayetteville State NC Zip Code 28314-2578

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

Name of Employer Carolina Imaging Centre, Inc. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2013
Transaction ID : SA11AI.14956

Amount of Each Receipt this Period
250.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
<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

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

A. Paul R Greenlaw
Full Name (Last, First, Middle Initial)
Mailing Address 1803 Forest Hills Road
City Wilson State NC Zip Code 27893
FEC ID number of contributing federal political committee. **C**
Name of Employer Wilson Orthopaedic Surgery Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 07 / 2013**
Transaction ID : SA11AI.15137
Amount of Each Receipt this Period 250.00
Voluntary member contribution

B. Gordon Groh
Full Name (Last, First, Middle Initial)
Mailing Address 129 McDowell Street
City Asheville State NC Zip Code 28801
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Ridge Bone & Joint Clinic Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 22 / 2013**
Transaction ID : SA11AI.15015
Amount of Each Receipt this Period 250.00
Voluntary member contribution

C. Dr. James Bryan Hall
Full Name (Last, First, Middle Initial)
Mailing Address 1025 Morehead Medical Drive, 6th F
City Charlotte State NC Zip Code 28204
FEC ID number of contributing federal political committee. **C**
Name of Employer Blumental Cancer Center-GYN On Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 22 / 2013**
Transaction ID : SA11AI.14992
Amount of Each Receipt this Period 250.00
Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Rebecca Hayes
Full Name (Last, First, Middle Initial)
Mailing Address 36 Yorktown Street, NW

City Concord	State NC	Zip Code 28025
-----------------	-------------	-------------------

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

Name of Employer Cabarrus Family Medicine	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2013

Transaction ID : SA11AI.15074

Amount of Each Receipt this Period
250.00

Voluntary member contribution

B. Rebecca Hayes
Full Name (Last, First, Middle Initial)
Mailing Address 36 Yorktown Street, NW

City Concord	State NC	Zip Code 28025
-----------------	-------------	-------------------

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

Name of Employer Cabarrus Family Medicine	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2013

Transaction ID : SA11AI.15102

Amount of Each Receipt this Period
90.00

Voluntary member contribution

C. Shepard Hurwitz
Full Name (Last, First, Middle Initial)
Mailing Address 400 Silver Cedar Court

City Chapel Hill	State NC	Zip Code 27514
---------------------	-------------	-------------------

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

Name of Employer UNC Hospitals	Occupation Physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2013

Transaction ID : SA11AI.14991

Amount of Each Receipt this Period
250.00

Voluntary member contribution

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
<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

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

A. Dr. Allison Lewis Jacokes
Full Name (Last, First, Middle Initial)
Mailing Address 901 Ridgefield Drive
City Raleigh State NC Zip Code 27609
FEC ID number of contributing federal political committee. **C**
Name of Employer Associates in Women's Health Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 04 / 01 / 2013
Transaction ID : SA11AI.15059
Amount of Each Receipt this Period 250.00
Voluntary member contribution

B. Philene Krogel
Full Name (Last, First, Middle Initial)
Mailing Address 2322 Shady Forks Road
City Morganton State NC Zip Code 28655
FEC ID number of contributing federal political committee. **C**
Name of Employer Women's Health Group Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 13 / 2013
Transaction ID : SA11AI.15106
Amount of Each Receipt this Period 250.00
Voluntary member contribution

C. Robert Lacin
Full Name (Last, First, Middle Initial)
Mailing Address 4207 Lake Boone Trail Suite 220
City Raleigh State NC Zip Code 27607
FEC ID number of contributing federal political committee. **C**
Name of Employer Rex Neurosurgery Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 06 / 03 / 2013
Transaction ID : SA11AI.15144
Amount of Each Receipt this Period 250.00
Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 17
<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

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

A. Dr. Jonathan Cardeen Lowry
 Full Name (Last, First, Middle Initial)
 Mailing Address 335 E Parker Road
 City Morganton State NC Zip Code 28655-5112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Morganton Eye Physicians, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : SA11AI.15160
 Amount of Each Receipt this Period
 500.00
 Voluntary member contribution

B. Lewis Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1407 Kenan Street, NW
 City Wilson State NC Zip Code 27893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilson Orthopaedic Surgery & N Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : SA11AI.15064
 Amount of Each Receipt this Period
 345.00
 Voluntary member contribution

C. David K. Mertz
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 West Webb Avenue
 City Burlington State NC Zip Code 27217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burlington Pediatrics Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2013
Transaction ID : SA11AI.15065
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	1095.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Edith Miller
Full Name (Last, First, Middle Initial)

Mailing Address 1114 Belgrave Place

City Charlotte State NC Zip Code 28203

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

Name of Employer Carolinas HealthCare System Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : SA11AI.15007

Amount of Each Receipt this Period
 250.00

Voluntary member contribution

B. Dr. John Gardiner Richard Roddey
Full Name (Last, First, Middle Initial)

Mailing Address 2015 Randolph Road Suite 208

City Charlotte State NC Zip Code 28207-1200

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

Name of Employer Charlotte Gastro & Hep Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2013
Transaction ID : SA11AI.15120

Amount of Each Receipt this Period
 250.00

Voluntary member contribution

C. Dr. Patricia Koury Roddey
Full Name (Last, First, Middle Initial)

Mailing Address 3535 Randolph Road Ste 300

City Charlotte State NC Zip Code 28211-1082

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

Name of Employer Mecklenburg Medical Group, Inc. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2013
Transaction ID : SA11AI.15121

Amount of Each Receipt this Period
 250.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 17
<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

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

A. James Santangelo
Full Name (Last, First, Middle Initial)

Mailing Address 355 Edinburg Drive

City Fayetteville State NC Zip Code 28313

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

Name of Employer Womack Army Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2013
Transaction ID : SA11AI.15127

Amount of Each Receipt this Period 250.00

Voluntary member contribution

B. Dr. Judith Dirocco Sears
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30337

City Winston Salem State NC Zip Code 27130-0337

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

Name of Employer Piedmont Radiation Oncology- Winston-S Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2013
Transaction ID : SA11AI.15066

Amount of Each Receipt this Period 500.00

Voluntary member contribution

C. Dr. Victor W. Sears Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Frontis Plaza Boulevard Suite 200

City Winston Salem State NC Zip Code 27103-5663

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

Name of Employer Digestive Health Specialists Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2013
Transaction ID : SA11AI.15067

Amount of Each Receipt this Period 500.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lisa Shock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Foreman Street
 City Hillsborough State NC Zip Code 27278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cornerstone Internal Medicine Occupation Physician Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2013
Transaction ID : SA11AI.14951
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

B. Dr. Brian Edward Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Medical Park Drive
 City Asheville State NC Zip Code 28803-2493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Asheville Eye Associates, PLLC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2013
Transaction ID : SA11AI.14961
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

C. Beat D Steiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 Main Street
 City Prospect Hill State NC Zip Code 27314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prospect Hill Community Health Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : SA11AI.15091
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 17
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

A. William L Stewart
Full Name (Last, First, Middle Initial)
Mailing Address 195 West Illinois Avenue
City Southern Pines State NC Zip Code 28387
FEC ID number of contributing federal political committee. **C**
Name of Employer Sandhills Pediatrics Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 02 / 2013
Transaction ID : SA11AI.15111
Amount of Each Receipt this Period 250.00
Voluntary member contribution

B. Dr. William Alfred Walker
Full Name (Last, First, Middle Initial)
Mailing Address 2015 Randolph Road Suite 201
City Charlotte State NC Zip Code 28207-1200
FEC ID number of contributing federal political committee. **C**
Name of Employer Charlotte Colon & Rectal Surgery Assoc Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 09 / 2013
Transaction ID : SA11AI.15113
Amount of Each Receipt this Period 500.00
Voluntary member contribution

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	8935.00

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)

<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

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. Tom Apodaca

Mailing Address 1504 Fifth Avenue, West

City Hendersonville State NC Zip Code 28739

Purpose of Disbursement
2014 NC Senate Primary Election contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

Transaction ID : SB29.14980

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Committee to Elect Republican Women

Mailing Address PO Box 26201

City Raleigh State NC Zip Code 26201

Purpose of Disbursement
Legislative Opening breakfast-1/30/13

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

Transaction ID : SB29.14986

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Martin Nesbitt

Mailing Address 180 Robinhood Road, Apt. 3

City Asheville State NC Zip Code 28804

Purpose of Disbursement
2014 NC Senate Primary Election contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

Transaction ID : SB29.14974

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)

<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

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. Buck Newton

Mailing Address 415 Sunset Road, NW

City State Zip Code
Wilson NC 27893

Purpose of Disbursement
2014 NC Senate Primary Election contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2013

Transaction ID : SB29.14979

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Louis Pate

Mailing Address PO Box 945

City State Zip Code
Mt. Olive NC 28365

Purpose of Disbursement
2014 NC Senate Primary Election contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2013

Transaction ID : SB29.14976

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Norman Sanderson

Mailing Address 269 Bennett Road, #4

City State Zip Code
Arapahoe NC 28510

Purpose of Disbursement
2014 NC Senate Primary Election contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2013

Transaction ID : SB29.14983

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

5500.00
