Image# 14952683438				PAGE 1 / 14
FEC A	REPORT OF I AND DISBURS or Other Than An Auth	SEMENTS		
1. NAME OF	TYPE OR PRINT ▼	Example: If typing, type		lse Only
COMMITTEE (in full)		over the lines.	12FE4M5	_
North Carolina Medical	Society Federal Polit	ical Education and Ad	ction Committee	
ADDRESS (number and street)	PO Box 25834			
▼ Check if different	222 N. Person Street			
than previously reported. (ACC)	Raleigh		NC 2761	1
2. FEC IDENTIFICATION NU	MBER V CITY	´▲	STATE 🔺	ZIP CODE
C C00003152	3. IS RE	THIS X NEW PORT X (N) OF	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Report Due On: Mar 2	20 (M2) May 20 (M 20 (M3) Jun 20 (M 0 (M4) Jul 20 (M7	6) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3	(c) 12-Day PRE -Election Report for the:	Convention (12C)	General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report (YE		on / D D		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	X General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on 11 / 04	2014	in the State of NC
5. Covering Period 10	/ D D / Y Y Y 01 2014	through 11		Y Y 14
I certify that I have examined this Type or Print Name of Treasurer	-		true, correct and comple	ete.
	reasurer Stephen W. Keene	[Electronically Filed]	Date 12 / 02	2 / Y Y Y Y Y 2014
NOTE: Submission of false, erroned	ous, or incomplete information	may subject the person signing	g this Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

12/02/2014 12 : 28

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

R	eport Covering the Period: From:	10 01 / Y Y Y Y 2014 To	b: 11 / D D / Y Y Y Y 24 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		45589.87
	(b) Cash on Hand at Beginning of Reporting Period	4622.12	
	(c) Total Receipts (from Line 19)	13800.17	32832.42
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	18422.29	78422.29
7.	Total Disbursements (from Line 31)	0.00	60000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18422.29	18422.29
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

X

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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

R	eport Covering the Period: From:	/ D D / Y	b: 11 / 24 / Y Y Y Y 2014							
	I. Receipts	I. Receipts COLUMN A Total This Period Cale								
11.	(a) Individuals/Persons Other									
	Than Political Committees (i) Itemized (use Schedule A)	6590.00	16790.00							
	(ii) Unitemized (iii) TOTAL (add	7210.00	16035.00							
	Lines 11(a)(i) and (ii)	13800.00	32825.00							
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00							
	(such as PACs) (d) Total Contributions (add Lines	0.00	0.00							
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	13800.00	32825.00							
12.	Party Committees	0.00	0.00							
13.	All Loans Received	0.00	0.00							
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00							
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00							
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00							
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.17	7.42							
	(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))►	13800.17	32832.42							
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	13800.17	32832.42							

Page **3**

DETAILED SUMMARY PAGE

of Disbursements

	II. Disbursements	COLUMN A	COLUMN B
	Operating Expenditures:	Total This Period	Calendar Year-to-Date
•	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.0
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.0
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.0
	Transfers to Affiliated/Other Party Committees	0.00	0.0
	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
	Independent Expenditures		
	(use Schedule E) Coordinated Party Expenditures	0.00	0.0
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.0
	(b) Political Party Committees	0.00	0.0
	(c) Other Political Committees (such as PACs)	0.00	0.0
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))►		0.00
	Other Disbursements	0.00	60000.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
		0.00	0.0
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.0
	(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,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	60000.0
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	60000.00

FE6AN026

I

DETAILED SUMMARY PAGE

of Disbursements

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) 	13800.00	32825.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	13800.00	32825.00
add Line 21(a)(i) and Line 21(b))	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
 Net Operating Expenditures (subtract Line 37 from Line 36) 	0.00	0.00

SCHEDULE A (FEC Form 3X) _ _ _ _ _

FOR LINE NUMBER:

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		Use separate schedule(s)	(cł	heck or	ly or	ne)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b 14	11c	\square	12 16	17
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	f solicitin		ntributi	ions
	NAME OF COMMITTEE (In Full) North Carolina Medical Society	Federal I	Political Education and	Act	tion C	Com	nmitte	e			
Α.	Full Name (Last, First, Middle Initial) Georgi Brockway Mailing Address 100 Medical Park Drive Ste 310 City Concord FEC ID number of contributing federal political committee.	State NC	Zip Code 28025			sacti	05 ion ID :		20 I.1580		Ý 00
	Name of Employer Carolinas Pediatric Neurology Receipt For: Primary Other (specify)	Occupation Physicain	Year-to-Date ▼ 250.00		Volunta	ary m	ember	contribut	ion		
B.	Full Name (Last, First, Middle Initial) Michael J Brody Mailing Address 1000 Crescent Green Drive Suite 102 City	State	Zip Code	_	Date of 10	/	08		20		Y
	Cary FEC ID number of contributing federal political committee.	NC C	27518					Receipt t			00
	Name of Employer Cary Gastroenterology	Occupation Physician	I	'	Volunta	ry me	ember o	contributi	ions		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
C.	Full Name (Last, First, Middle Initial) Anthony Caprio Mailing Address 5112 Strawberry Hill Drive Apt A City Observed	State	Zip Code 28211		Date of 10	Л /	01		20)14 87	Ŷ
Charlotte FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period							
	Name of Employer Elizabeth Family Medicine Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 250.00		volunta	ary m	iember	contribut	IONS		
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			7			750.0	00

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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14

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					13		14	15		16		17								
	rmation copied from such Reports and ommercial purposes, other than using the																			
	E OF COMMITTEE (In Full)			- 10 0																
	rth Carolina Medical Societ	y Federal I	Political Education and	Act	ion C	Cor	nmitte	ee												
/																				
	Name (Last, First, Middle Initial) Marc Ronald Carruth				Data	of D	eceipt													
	ng Address 2615 East 7th Street						· ·		V	V	V									
main				11 10 2014																
City		State	Zip Code	Transaction ID : SA11AI.15809																
Cha	lotte	NC	28204	_	Amou	nt o	f Each I	Receipt th	nis F	^v eriod										
	ID number of contributing	С								250	.00	٦								
feder	al political committee.	U				-			-			_								
Name	Name of Employer		1	Voluntary member contribution																
	lina Skin Surgery Center	Physician																		
Rece	ipt For: Primary General	Aggregate	Year-to-Date ▼																	
	Other (specify)		250.00																	
			· · · · · · · · · · · · · · · · · · ·																	
Full I	Name (Last, First, Middle Initial)																			
	rtha Chesnutt				Date	of R	eceipt													
Mailir	ng Address 504 Piedmont Avenue				M	N	/ D		Y	Y	Y									
City	City	State Zip Code								11 11 2014										
-	xy Mount	NC	27803	Transaction ID : SA11AI.15811 Amount of Each Receipt this Period																
	ID number of contributing																			
	al political committee.	al committee.								250.	.00									
Name	e of Employer									Voluntary member contribution										
Boice	-Willis Clinic	Physician																		
Rece	ipt For:	Aggregate	Year-to-Date ▼																	
	Primary General																			
	Other (specify)		, 250.00																	
	Name (Last, First, Middle Initial)																			
	an C Cook				Date	of R	eceipt													
Mailin	ng Address 215 Beaman Street				M	N	/ D	D / Y	Y	Y	Y									
City		State	Zip Code	_	11		04			014										
City Clint	on	NC	28328					: SA11AI												
	ID number of contributing				Amou	11 0	Each	Receipt tr	lis F	renoa	_	-								
	al political committee.	С			L.,					250	.00									
Nam	e of Employer	Occupation			Volunta	ary r	nember	contributi	on											
	oson Radiation Oncology																			
	ipt For:	Physician	Year-to-Date ▼																	
	Primary General	Ayyreyale		-																
	Other (specify)		250.00																	
										750.	00	٦								
SUBTO	DTAL of Receipts This Page (optional)		••••••	-	<u>_</u>		7	7	-	, 50.	55	┛								
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TOTAL This Period (last page this line number only)......

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) North Carolina Medical Socie	ety Federal I	Political Education and	J Action Committee									
Full Name (Last, First, Middle Initial) Dr. Christoph Robert Diasio Mailing Address 195 West Illinois Avenue			Date of Receipt									
City Southern Pines	State NC	Zip Code 28387-5808	10 21 2014 Transaction ID : SA11AI.15762 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		500.00 Voluntary member contribution									
Name of Employer Sandhills Pediatrics, Inc. Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 500.00]									
Full Name (Last, First, Middle Initial) B. Jagadeesh R Ganji			Date of Receipt									
Mailing Address 1126 N. Church Street			M M / D D / Y Y Y Y Y 10 20 _2014 _									
City	State NC	Zip Code	Transaction ID : SA11AI.15765									
Greensboro FEC ID number of contributing federal political committee.	C	27401	Amount of Each Receipt this Period									
Name of Employer Piedmont Cardiovascular	Occupation Physician	I	Voluntary member contribution									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]									
Full Name (Last, First, Middle Initial) C. Arthur G Green			Date of Receipt									
Mailing Address 33 Lands End Drive			10 28 2014									
City Greensboro	State NC	Zip Code 27408	Transaction ID : SA11AI.15768 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		250.00									
Name of Employer Piedmont Senior Care	Occupation Physician	I	Voluntary member contribution									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00]									
SUBTOTAL of Receipts This Page (optional)		1000.00									

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

FOR LINE NUMBER:

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b 14	11c	12	1 7				
	ny information copied from such Reports and for commercial purposes, other than using the				for the	purp	ose o							
	NAME OF COMMITTEE (In Full) North Carolina Medical Society													
Α.	Full Name (Last, First, Middle Initial) Dionne Harrison Mailing Address 11725 Broadfield Court				Date o	_	ceipt		2014	Ŷ				
	City	State	Zip Code	Transaction ID : SA11AI.15707										
	Raleigh	NC	28617		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			250.00									
	Name of Employer	Occupation	1	V	olunta	ry me	ember	contributio	วท					
	The Carter Clinic	Physician												
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General		250.00	11										
	Other (specify)	Other (specify) 250.00												
В.	Full Name (Last, First, Middle Initial) M. Ojinga Harrison				Date o	f Red	ceipt							
	Mailing Address 11725 Broadfield Court				M M	/	D 14	D / Y	у у 2014	Y				
	City	State	Zip Code		Trans	sactio	on ID :	SA11AL	15708					
	Raleigh	NC	27617		Amoun	it of E	Each F	Receipt th	is Perioc	ł				
	FEC ID number of contributing federal political committee.	С			250.00									
	Name of Employer	Occupation	1	— V	Voluntary member contribution									
	Duke University	Physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Steven Klein	L			Date o	f Red	ceipt							
	Mailing Address 5115 Oleander Drive				M M	/	20		2014	Y				
	City	State	Zip Code		Trans	sacti	on ID	: SA11AI.	15817					
	Wilmington	NC	28403		Amoun	it of E	Each F	Receipt th	is Period	I				
	FEC ID number of contributing federal political committee.	С			250.00 Voluntary member contribution									
	Name of Employer	Occupation	1	`										
	Wilmington Gastroenterology	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		050.00	11.										
	Other (specify)		250.00											
s	SUBTOTAL of Receipts This Page (optional)						,		750	.00				

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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••			Detailed Summary Page		X 11a		11b	11c		12								
_					13		14	15		16	17							
	y information copied from such Reports and for commercial purposes, other than using the																	
\backslash	NAME OF COMMITTEE (In Full)																	
$\Big\rangle$	North Carolina Medical Society	Federal	Political Education and	Act	ion C	om	mitte	e										
Α.	Full Name (Last, First, Middle Initial) Dr. Clinton Edward Massey				Date o	f Re	ceipt											
	Mailing Address 625 Country Day Road			11 06 2014														
	City	State	Zip Code		Transaction ID : SA11AI.15805													
	Goldsboro	NC	27530-8888		Amoun	t of	Each F	Receipt th	nis F	eriod								
	FEC ID number of contributing federal political committee.	С					7	7	_	250	.00							
	Name of Employer	Occupation	1		Volunta	ry m	ember	contributi	on									
	Goldsboro Neurological Surgery	Physician																
	Receipt For:		Year-to-Date ▼															
	Primary General	, iggi egute		11.														
	Other (specify)	L	340.00	4														
в.	Full Name (Last, First, Middle Initial) Susan Mayhue				Date o	f Re	ceipt											
	Mailing Address 3499 Blossom Road	g Address 3499 Blossom Road							11 20 2014									
	City	State	Zip Code		Transaction ID : SA11AI.15822													
	Fayetteville	NC	28306		Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С		,	250.00													
	Name of Employer	f Employer Occupation																
	Cape Fear Valley	Physician A	ssistant															
	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General Other (specify) ▼		, 250.00]														
<u> </u>	Full Name (Last, First, Middle Initial) Dr. David LeGarde McCullough	1			Date o	f Re	ceipt											
	Mailing Address Medical Center Boulevard				10	/	02			у 014	Y							
	City	State	Zip Code		Trans	sacti	ion ID	: SA11AI	.157	22								
	Winston-Salem	NC	27157-0001		Amoun	t of	Each F	Receipt th	nis F	eriod								
	FEC ID number of contributing federal political committee.	C					7	7	_	250	0.00							
	Name of Employer	Occupation	1		Volunta	ry m	ember	contributi	on									
	Wake Forest University School of Medic	Physician																
	Receipt For:		Year-to-Date ▼															
	Primary General	Aggregate Year-to-Date ▼																
	Other (specify)		250.00															
s	UBTOTAL of Receipts This Page (optional)			•						750.	.00							

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FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) North Carolina Medical Socie	ety Federal Political Education an	d Action Committee						
Full Name (Last, First, Middle Initial) Dr. Kai Miao Mailing Address 808 Llewellyn Drive City Trent Woods FEC ID number of contributing federal political committee.	State Zip Code NC 28562	Date of Receipt						
Name of Employer Carolina East Medical Center Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 250.00	Voluntary member contribution						
Full Name (Last, First, Middle Initial) B. Dr. Robert William Monteiro Mailing Address 315 Meadowmont Village	Circle	Date of Receipt						
City Chapel Hill FEC ID number of contributing federal political committee.	State Zip Code NC 27514	Transaction ID : SA11AI.15725 Amount of Each Receipt this Period 90.00						
Name of Employer The Carolina Clinic at UNC Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 340.00	Voluntary member contribution						
Full Name (Last, First, Middle Initial) C. Dr. Frank Hannon Moretz		Date of Receipt						
Mailing Address 31 Hawks Branch Circle City Fairview FEC ID number of contributing federal political committee. Name of Employer Allcare Clinical Assocs Receipt For: Primary General Other (specify) ▼	State NC Zip Code 28730 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	10 21 2014 Transaction ID : SA11AI.15775 Amount of Each Receipt this Period 250.00 250.00 250.00						
SUBTOTAL of Receipts This Page (optiona	I)	590.00						

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

10

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ı ب			Use separate schedule(s)	(0	heck on	ly or	e)											
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		X 11a		11b	11c		12 16		17						
Ar	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	l ay not be sold or used by any pe ddress of any political committee	ersoi	n for the	purp	oose of	15 solicitin	g co	ntribut	ions e.	17						
<u>,</u>	NAME OF COMMITTEE (In Full)																	
$\left \right\rangle$	North Carolina Medical Society	/ Federal I	Political Education and	Ac	tion C	om	mitte	e										
Α.	Full Name (Last, First, Middle Initial) Dr. Bryan Richard Neuwirth		Date o	of Re	ceipt													
	Mailing Address 261 18th Street Circle SE		M M	/	05) / Y		ү 014	Y									
	City Hickory	State NC	Zip Code 28602-1362	Transaction ID : SA11AI.15803 Amount of Each Receipt this Period 250.														
	FEC ID number of contributing federal political committee.	С									00							
	Name of Employer Brown & Neuwirth Oral/Cosmetic Surgica	Occupation Physician	I		Volunta	ry m	ember c	contributi	ion									
	Receipt For:		Year-to-Date ▼															
	Primary General Other (specify) ▼																	
в.	Full Name (Last, First, Middle Initial) Demetri Poulis						ceipt											
	Mailing Address PO Box 310						11 11 2014											
	City State Zip Code						Transaction ID : SA11AI.15812											
	Nags Head	NC	27959	Amount of Each Receipt					nis F	'eriod		_						
	FEC ID number of contributing federal political committee.	С								250.	00							
	Name of Employer Demetri T. Poulis MD FACS	Occupation Physician			 Voluntary member contribution 													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00															
C.	Full Name (Last, First, Middle Initial) Edward N Robinson				Date o	of Re	ceipt											
	Mailing Address 3800 Katie Court			M M	/	06) / Y		9 014	Y								
	City	State NC	Zip Code					SA11A										
	Greensboro	NC	27410	_	Amoun	nt of	Each R	leceipt t	nis F	'eriod		_						
	FEC ID number of contributing federal political committee.	С			250.00						.00							
	Name of Employer	of Employer Occupation																
	Guilford Co Dept of Public Hea	Physician																
	Receipt For: Primary General	Aggregate	Year-to-Date ▼															
	Other (specify) ▼		340.00															
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			7	5	-	750.(00							

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SCHEDULE A (FEC Form 3X) DEAE

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		X 11a		11b 14	11c		12 16	47					
Ar	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	l ay not be sold or used by any p iddress of any political committe	erso e to	n for the	e pur	pose o	15 If solicitin from suc	ig cont	tributio	17 0ns e.					
	NAME OF COMMITTEE (In Full)		·····													
	North Carolina Medical Society	/ Federal I	Political Education and	Ac	ction C	Con	nmitte	ee								
Α.	Full Name (Last, First, Middle Initial) James Santangelo						Date of Receipt									
	Mailing Address 355 Edinburg Drive		M M / D D / Y Y Y Y 11 05 2014													
	City Fayetteville		Transaction ID : SA11AI.15804 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			250.00											
	Name of Employer Womack Army Hospital	Occupation Physician	1		 Voluntary member contribution 											
	Receipt For:		Year-to-Date ▼													
	Other (specify) ▼		500.00]												
в.	Full Name (Last, First, Middle Initial) Mariam Sauer					of Re	eceipt									
	Mailing Address 5115 Oleander Drive					/ 1/	D 14	D / Y	201	ү ү 4						
	City Wilmington	State NC	Zip Code 28403		Transaction ID : SA11AI.15790 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			250.00											
	Name of Employer Wilmington Gastroenterology	Occupation Physician	1		 Voluntary member contribution 											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]												
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Patrick Joseph Simpson						eceipt									
	Mailing Address 205 Page Road						28		201							
	City Pinehurst	State NC	Zip Code 28374-8749					: SA11A Receipt t								
	FEC ID number of contributing federal political committee.				7		1.1	250.0	00							
	Name of Employer		Volunta	ary m	emper	contribut	lon									
	Pinehurst Medical Clinic, Inc.	Physician														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]												
s	UBTOTAL of Receipts This Page (optional)						7			750.0	0					

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	ny information copied from such Reports and St for commercial purposes, other than using the						purp			g cont									
$\left \right\rangle$	NAME OF COMMITTEE (In Full) North Carolina Medical Society	Federal F	Political Ed	ucation and	Acti	on Co	om	mitte	e										
Α.	Full Name (Last, First, Middle Initial) Dr. Leonard John Tananis Jr. Mailing Address 280 N. Old Greensboro Road						Date of Receipt												
	City High Point	State NC	_	11 04 2014 Transaction ID : SA11AI.15798 Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	C			250.00														
	Name of Employer Regional Physicians Physical M Receipt For:	Occupation Physician			 Voluntary member contribution 														
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼	250.00															
в.	Full Name (Last, First, Middle Initial) Keith E Volmar Mailing Address 4420 Lake Boone Trail						Date of Receipt												
	City Raleigh	State Zip Code							10 01 2014 Transaction ID : SA11AI.15753 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C				250.00													
	Name of Employer Rex Pathology	Occupation Physician			— v	Voluntary member contribution													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	250.00															
C.	Full Name (Last, First, Middle Initial)					Date of	Rec	ceipt											
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	federal political committee.	tical committee.																	
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s	UBTOTAL of Receipts This Page (optional)			••••••				,	- 7	!	500.0	00							
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