

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

ADDRESS (number and street) **Check if different than previously reported. (ACC)**
 P.O. BOX 25654
 222 N. Person Street
 Raleigh NC 27611

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

4. **TYPE OF REPORT (Choose One)**
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE)
 X July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day **PRE**Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Termination Report (TER) Election on Convention (12C) Special (12S) in the State of
 (d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S) in the State of

5. Covering Period 01 01 2001 through 06 30 2001

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 Assistant Treasurer Stephen W. Keene
 Signature of Treasurer Electronically Filed by Assistant Treasurer Stephen W. Keene Date 07 18 2001

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 (Revised 1/2001)

Page 2

Write or Type Committee Name

NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Report Covering the Period: From: ^K01 ^D01 ^Y2001 To: ^K06 ^D30 ^Y2001

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 ^Y 2001 | | 7302.46 |
| (b) Cash on Hand at Beginning of Reporting Period | 7302.46 | |
| (c) Total Receipts (from Line 19) | 30314.24 | 30314.24 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 37616.70 | 37616.70 |
| 7. Total Disbursements (from Line 30) | 25241.00 | 25241.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 12375.70 | 12375.70 |
| 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 800-426-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Report Covering the Period: From: ^{MO} 01 ^{DAY} 01 ^{YEAR} 2001 To: ^{MO} 06 ^{DAY} 30 ^{YEAR} 2001

| 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) | 0.00 | |
| (ii) Unitemized | 30238.80 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 30238.80 | 30238.80 |
| (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 32, page 4) | 30238.80 | 30238.80 |
| 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 36, page 4) | 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.) | 75.44 | 75.44 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) | 30314.24 | 30314.24 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) | 30314.24 | 30314.24 |

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 151.00 | 151.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 151.00 | 151.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 25090.00 | 25090.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶ | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶ | 25241.00 | 25241.00 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶ | 25241.00 | 25241.00 |
| <hr/> | | |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans) from Line 11(d), page 3)..... | 30238.80 | 30238.80 |
| 33. Total Contribution Refunds (from Line 28(d))..... | 0.00 | 0.00 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32)..... | 30238.80 | 30238.80 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶ | 151.00 | 151.00 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶ | 151.00 | 151.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 5/7

| | | | | | |
|------------------------------|--|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 26 | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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 POLITICAL EDUCATION AND ACTION COMMITTEE

| | | | | | |
|--|---|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. American Medical Political Action Committee | | | Date of Disbursement 02 / 06 / 2001 | | |
| Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005 | | | Amount of Each Disbursement this Period 5620.00 | | |
| Purpose of Disbursement | | | Transaction ID: SB22.5290 | | |
| Candidate Name | | Category/ Type | | | |
| Office Sought: House Senate President | Disbursement For: Primary General Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|--|---|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. American Medical Political Action Committee | | | Date of Disbursement 03 / 07 / 2001 | | |
| Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005 | | | Amount of Each Disbursement this Period 3870.00 | | |
| Purpose of Disbursement | | | Transaction ID: SB22.5291 | | |
| Candidate Name | | Category/ Type | | | |
| Office Sought: House Senate President | Disbursement For: Primary General Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | | | | | |
|--|---|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee | | | Date of Disbursement 04 / 05 / 2001 | | |
| Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005 | | | Amount of Each Disbursement this Period 7320.00 | | |
| Purpose of Disbursement | | | Transaction ID: SB22.5292 | | |
| Candidate Name | | Category/ Type | | | |
| Office Sought: House Senate President | Disbursement For: Primary General Other (specify) ▼ | | | | |
| State: District: | | | | | |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 16810.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|--|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 26 | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

| | | | | | |
|--|---------------------|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. American Medical Political Action Committee | | | Date of Disbursement 05 / 08 / 2001 | | |
| Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005 | | | Amount of Each Disbursement this Period 1980.00 | | |
| Purpose of Disbursement | | | Transaction ID: SB22.5293 | | |
| Candidate Name | | Category/ Type | | | |
| Office Sought: House Senate President | State: District: | Disbursement For: Primary General Other (specify) ▼ | | | |

| | | | | | |
|--|---------------------|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. American Medical Political Action Committee | | | Date of Disbursement 05 / 22 / 2001 | | |
| Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005 | | | Amount of Each Disbursement this Period 150.00 | | |
| Purpose of Disbursement | | | Transaction ID: SB22.5294 | | |
| Candidate Name | | Category/ Type | | | |
| Office Sought: House Senate President | State: District: | Disbursement For: Primary General Other (specify) ▼ | | | |

| | | | | | |
|--|---------------------|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee | | | Date of Disbursement 06 / 08 / 2001 | | |
| Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005 | | | Amount of Each Disbursement this Period 4270.00 | | |
| Purpose of Disbursement Voluntary member contribs 5/1/01-5/31/01 | | | Transaction ID: SB22.5313 | | |
| Candidate Name | | Category/ Type | | | |
| Office Sought: House Senate President | State: District: | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 6380.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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| | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|-----|-------------------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | 21b | <input checked="" type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 | <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 |
|--------------------------|-----|-------------------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. American Medical Political Action Committee | | Date of Disbursement 06 / 29 / 2001 |
| Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005 | | Amount of Each Disbursement this Period 1900.00 |
| Purpose of Disbursement Voluntary Member Contributions 6/1-6/30 | | Category/ Type |
| Candidate Name | | |
| Office Sought: House Senate President State: District: | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | Transaction ID: SB22.6398 |

B.

C.

| | | |
|--|---|-----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1900.00 |
| TOTAL This Period (last page this line number only) | ▶ | 25090.00 |