

**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 Federal Political Education and Action Committee

ADDRESS (number and street)

PO Box 25834

222 N. Person Street

Check if different than previously reported. (ACC)

Raleigh

NC

27611

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

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)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2003

through

12

31

2003

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

Stephen W. Keene

Signature of Treasurer

Electronically Filed by Stephen W. Keene

Date

01

30

2004

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: ^M07 ^D01 ^Y2003 To: ^M12 ^D31 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^Y		17256.60
(b) Cash on Hand at Beginning of Reporting Period	34004.50	
(c) Total Receipts (from Line 19)	66324.19	112335.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	100326.69	129592.69
<hr/>		
7. Total Disbursements (from Line 31)	29350.00	58614.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	70976.69	70976.69
<hr/>		
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. 02/2003)

Page 3

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: ^M07 ⁻01 ⁻2003 To: ^M12 ⁻31 ⁻2003

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)	16890.00	
(ii) Unitemized	49316.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	66206.00	112094.44
(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)	66206.00	112094.44
12. Transfers From Affiliated/Other Party Committees	50.00	130.00
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.)	68.19	111.45
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 Transfer (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))	66324.19	112335.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	66324.19	112335.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	64.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	64.00
22. Transfers to Affiliated/Other Party Committees.....	29350.00	58550.00
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. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (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))..	29350.00	58614.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	29350.00	58614.00

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)	66206.00	112094.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66206.00	112094.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	64.00
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	64.00

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

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

FOR LINE NUMBER: PAGE 6 / 31

(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

Full Name (Last, First, Middle Initial) A. Dr. Masoud Ahdeh		Date of Receipt M / D / Y 11 / 25 / 2003
Mailing Address 302 Hylan Avenue		Transaction ID: SA11A1.6712
City Hamlet	State NC	Zip Code 28345
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Masoud Ahdeh, MD, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David Allan Albertson		Date of Receipt M / D / Y 12 / 29 / 2003
Mailing Address 150 Parkwood Drive		Transaction ID: SA11A1.6954
City Elkin	State NC	Zip Code 28621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Elkin Surgical, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Christian G. Anderson		Date of Receipt M / D / Y 11 / 25 / 2003
Mailing Address PO Box 39 502 West King Street, Suite 39		Transaction ID: SA11A1.6717
City Kings Mountain	State NC	Zip Code 28088
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Christian G. Anderson, MD, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(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

Full Name (Last, First, Middle Initial) A. Dr. Mark Lee Appler		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 801 Willow Street		Transaction ID: SA11A1.6958
City Mount Airy	State NC	Zip Code 27030-3555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mark Lee Appler, MD, FACP	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ravikiran Rao Arva		Date of Receipt M / D / Y 11 / 18 / 2003
Mailing Address 2703 Henry Street		Transaction ID: SA11A1.6721
City Greensboro	State NC	Zip Code 27405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Guilford Medical Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Frene Andy Barada, Jr.		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 4004 Ben Franklin Boulevard		Transaction ID: SA11A1.6374
City Durham	State NC	Zip Code 27704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
Name of Employer Barada, Harrell, Toohy & Belton	Occupation Physician	Aggregate Year-to-Date ▼ 220.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	520.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 31

(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

Full Name (Last, First, Middle Initial) A. Dr. Donald Roy Bergsma, Jr.		Date of Receipt M / D / Y 12 / 20 / 2003	
Mailing Address 800 West Cemetery Street		Transaction ID: SA11A1.6862	
City Salisbury	State NC	Zip Code 28144	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Eye Associates of Rowan, PA	Occupation Physician	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00
Full Name (Last, First, Middle Initial) B. Dr. Daniel Bernstein		Date of Receipt M / D / Y 12 / 01 / 2003	
Mailing Address 451 Ruin Creek Road Suite 204		Transaction ID: SA11A1.6847	
City Henderson	State NC	Zip Code 27536-5805	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Four County Eye Associates	Occupation Physician	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
Full Name (Last, First, Middle Initial) C. Dr. John Glenn Briggs, Jr.		Date of Receipt M / D / Y 10 / 10 / 2003	
Mailing Address 1774 Mabromedical Drive		Transaction ID: SA11A1.6096	
City Fayetteville	State NC	Zip Code 27305-5249	Amount of Each Receipt this Period 450.00
FEC ID number of contributing federal political committee. C			
Name of Employer Fayetteville Plastic Surgery Specialties	Occupation Physician	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 31

(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

Full Name (Last, First, Middle Initial) A. Dr. Henry Warren Burnett		Date of Receipt M / D / Y 12 / 20 / 2003
Mailing Address 730 Highland Oaks Drive #243		Transaction ID: SA11A1.6971
City Winston-Salem	State NC	Zip Code 27103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Henry W. Burnett, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Frederick Camp		Date of Receipt M / D / Y 12 / 15 / 2003
Mailing Address PO Box 36351		Transaction ID: SA11A1.6852
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Southeast Anesthesiology Consultants	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Anthony Joseph Christiano, Jr.		Date of Receipt M / D / Y 11 / 25 / 2003
Mailing Address 702 W. H. Smith Boulevard		Transaction ID: SA11A1.6745
City Greenville	State NC	Zip Code 27834-2800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Coastal Carolina Cardiology, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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. Dr. Tara L. Chronister		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 920 Church Street North		Transaction ID: SA11A1.6413
City Concord	State NC	Zip Code 28025-2827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northeast Anesthesia & Pain Specialist Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Filiberto Colon-Rodriguez, II		Date of Receipt M / D / Y 12 / 01 / 2003
Mailing Address PO Box 98		Transaction ID: SA11A1.6855
City Lake Junaluska	State NC	Zip Code 28745
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mountain Medical Associates Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) C. Dr. Julia Margarita Cruz		Date of Receipt M / D / Y 11 / 19 / 2003
Mailing Address Medical Center Boulevard		Transaction ID: SA11A1.6747
City Winston-Salem	State NC	Zip Code 27157-1082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wake Forest University School of Medicine Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11/31
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial) A. Dr. Peter Gilbert Daldorf		Date of Receipt M / D / Y 10 / 23 / 2003
Mailing Address 809 Green Valley Road		Transaction ID: SA11A1.6420
City Greensboro	State NC	Zip Code 27408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gulford Orthopaedic & Sports Medicine Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. Dr. Keith Edward Davis		Date of Receipt M / D / Y 12 / 29 / 2003
Mailing Address 205 Page Road		Transaction ID: SA11A1.6977
City Pinehurst	State NC	Zip Code 28374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pinehurst Medical Clinic, Inc. Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Thomas Craig Derian		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 3901 Roxboro Street Suite 3D1		Transaction ID: SA11A1.6815
City Durham	State NC	Zip Code 27704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer T. Craig Derian, MD, PLLC Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 350.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12/31
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial) A. Dr. Michael T. Draelos		Date of Receipt M / D / Y 11 / 13 / 2003
Mailing Address 824 Quaker Lane Suite C-105		Transaction ID: SA11A1.6621
City High Point	State NC	Zip Code 27262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer High Point GI & Pulmonary Associates Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Zoe Diana Draelos		Date of Receipt M / D / Y 11 / 25 / 2003
Mailing Address 2444 North Main Street		Transaction ID: SA11A1.6752
City High Point	State NC	Zip Code 27262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Zoe Diana Draelos, MD, PA Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) C. Dr. Dean Leonard Drosnea		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 1134 North Road Street Building #3		Transaction ID: SA11A1.5916
City Elizabeth City	State NC	Zip Code 27509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Albemarle ENT, Asthma & Allergy Assoc Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 13 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial) A. Dr. Hazem El-Droubi		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address 111 Mallard Lane		Transaction ID: SA11A1.6753
City Rockingham	State NC	Zip Code 28379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Richmond Urology Clinic	Occupation Physician	Aggregate Year-to-Date ▼ 410.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark Ahmed Faruque		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address Bethlehem Station PO Box 8306		Transaction ID: SA11A1.6629
City Hickory	State NC	Zip Code 28603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bethlehem Family Practice	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert Brian Fazio		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 171B East 4th Street Suite 5D1		Transaction ID: SA11A1.6986
City Charlotte	State NC	Zip Code 28204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid Carolina Cardiology	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial) A. Dr. Gary U. Fontana		Date of Receipt M / D / Y 11 / 25 / 2003
Mailing Address 702 W. H. Smith Boulevard		Transaction ID: SA11A1.6782
City Greenville	State NC	Zip Code 27834-2800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Coastal Carolina Cardiology, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gilbert Joseph Garcia, Jr.		Date of Receipt M / D / Y 12 / 10 / 2003
Mailing Address 2811 McLamb Place		Transaction ID: SA11A1.6866
City Goldshoro	State NC	Zip Code 27534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eastern Carolina Surgical Associates.	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John J. Gould		Date of Receipt M / D / Y 11 / 25 / 2003
Mailing Address 3332 Bridges Street Suite #3		Transaction ID: SA11A1.6785
City Morehead City	State NC	Zip Code 28557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Heart Center of Eastern Carolina	Occupation Physician	Aggregate Year-to-Date ▼ 350.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial) A. Dr. Jose Julio Gujara, Jr.		Date of Receipt M / D / Y 12 / 10 / 2003
Mailing Address 2811 McLamb Place		Transaction ID: SA11A1.6872
City Goldsboro	State NC	Zip Code 27534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eastern Carolina Surgical Associates, Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Willard Cardwell Hamil, MD		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 304 10th Avenue NE		Transaction ID: SA11A1.6835
City Hickory	State NC	Zip Code 28601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carolina ENT/HNBC Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Joseph T. Inglesfield, III		Date of Receipt M / D / Y 07 / 17 / 2003
Mailing Address 510 11th Avenue Place NW		Transaction ID: SA11A1.5531
City Hickory	State NC	Zip Code 28601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer Hickory Allergy & Asthma Clinic Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1400.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial) A. Dr. Joseph T. Inglefield, III		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 510 11th Avenue Place NW		Transaction ID: SA11A1.6368
City Hickory	State NC	Zip Code 28601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Hickory Allergy & Asthma Clinic	Occupation Physician	Aggregate Year-to-Date ▼ 1090.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Scott Richard Johnston		Date of Receipt M / D / Y 09 / 11 / 2003
Mailing Address 12 Office Park Drive		Transaction ID: SA11A1.5940
City Jacksonville	State NC	Zip Code 28546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Johnston Pain Management, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Scott Richard Johnston		Date of Receipt M / D / Y 11 / 07 / 2003
Mailing Address 12 Office Park Drive		Transaction ID: SA11A1.6642
City Jacksonville	State NC	Zip Code 28546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Johnston Pain Management, PA	Occupation Physician	Aggregate Year-to-Date ▼ 290.00
Receipt For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	390.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 31

(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

Full Name (Last, First, Middle Initial) A. Dr. Paul H. Juengel, III		Date of Receipt M / D / Y 10 / 31 / 2003
Mailing Address 1208 Vaughn Road		Transaction ID: SA11A1.6478
City Burlington	State NC	Zip Code 27217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Abernance Ear, Nose & Throat, LLP	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas Francis Kalley		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 1001 Blythe Boulevard Suite 300		Transaction ID: SA11A1.6648
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Sangar Clinic, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gary Robert Kuzma		Date of Receipt M / D / Y 11 / 25 / 2003
Mailing Address 271B Henry Street		Transaction ID: SA11A1.6781
City Greensboro	State NC	Zip Code 27405-5633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hand Center of Greensboro	Occupation Physician	Aggregate Year-to-Date ▼ 410.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 31

(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

Full Name (Last, First, Middle Initial) A. Dr. David A. Martin Jr.		Date of Receipt M / D / Y 12 / 20 / 2003	
Mailing Address 819 Jefferson Street		Transaction ID: SA11A1.7014	
City State Zip Code Whiteville NC 28872	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Southeast Internal Medicine Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Patricia Marchese Mauro		Date of Receipt M / D / Y 10 / 21 / 2003	
Mailing Address 2809 North Duke Street Suite 403		Transaction ID: SA11A1.6501	
City State Zip Code Durham NC 27704	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Durham Dermatology Associates Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 310.00		
Full Name (Last, First, Middle Initial) C. Mr. Dean Mersky		Date of Receipt M / D / Y 11 / 19 / 2003	
Mailing Address TVM, Inc. 438 Walden Trail		Transaction ID: SA11A1.6792	
City State Zip Code Waxhaw NC 28173	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Time Value Money Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation CEO Aggregate Year-to-Date ▼ 250.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(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

Full Name (Last, First, Middle Initial) A. Dr. Thomas Robert Moore		Date of Receipt M / D / Y 11 / 10 / 2003	
Mailing Address 415 North Center Street Suite 103		Transaction ID: SA11A1.6795	
City Hickory	State NC	Zip Code 28601	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Unifour Anesthesia Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Kimberly Anne Morgan		Date of Receipt M / D / Y 11 / 25 / 2003	
Mailing Address 4419 Ben Franklin Boulevard		Transaction ID: SA11A1.6797	
City Durham	State NC	Zip Code 27704	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Durham Nephrology Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. David Earl Newman		Date of Receipt M / D / Y 12 / 05 / 2003	
Mailing Address 101 W.T. Harris Boulevard		Transaction ID: SA11A1.6907	
City Charlotte	State NC	Zip Code 28262	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Greater Carolina Women's Center	Occupation Physician	Aggregate Year-to-Date ▼ 310.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial) A. Dr. Ernest John Oddona, Jr.		Date of Receipt M / D / Y 12 / 20 / 2003
Mailing Address 803 Seven Oaks Drive		Transaction ID: SA11A1.7027
City Greensboro	State NC	Zip Code 27410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Greensboro Anesthesia Physi- s.	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jayash Kamshari Patel		Date of Receipt M / D / Y 11 / 25 / 2003
Mailing Address 702 W. H. Smith Boulevard		Transaction ID: SA11A1.6801
City Greenville	State NC	Zip Code 27834-2800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Coastal Carolina Cardiol- ogy, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ramesh V. Patel		Date of Receipt M / D / Y 11 / 13 / 2003
Mailing Address 1220 Walter Reed Road		Transaction ID: SA11A1.6889
City Fayetteville	State NC	Zip Code 28304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ramesh Patel, MD, PA	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21/31

(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

Full Name (Last, First, Middle Initial) A. Dr. Joseph William Ponzzi		Date of Receipt M / D / Y 12 / 31 / 2003	
Mailing Address 2708 Medical Office Place		Transaction ID: SA11A1.7029	
City Goldsboro	State NC	Zip Code 27530	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Goldsboro Pediatrics, PA	Occupation Physician		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00		
Full Name (Last, First, Middle Initial) B. Dr. Douglas Craig Privette		Date of Receipt M / D / Y 11 / 25 / 2003	
Mailing Address 702 W. H. Smith Boulevard		Transaction ID: SA11A1.6805	
City Greenville	State NC	Zip Code 27834-2800	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coastal Carolina Cardiology, PA	Occupation Physician		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Edward Joseph Ricciardelli		Date of Receipt M / D / Y 10 / 24 / 2003	
Mailing Address 1717 Shipyard Boulevard Suite 100		Transaction ID: SA11A1.6537	
City Wilmington	State NC	Zip Code 28403-6019	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ricciardelli Cosmetic Surgery Center.	Occupation Physician		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 31

(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

Full Name (Last, First, Middle Initial) A. Dr. William Henry Roberts		Date of Receipt M / D / Y 12 / 20 / 2003
Mailing Address 8035 Fairview Road		Transaction ID: SA11A1.7033
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Charlotte Eye, Ear, Nose & Throat Assn	Occupation Physician	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Margt E. Royal		Date of Receipt M / D / Y 12 / 20 / 2003
Mailing Address 8212 North Bradley Overlook		Transaction ID: SA11A1.7036
City Wilmington	State NC	Zip Code 28403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Physician	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

Full Name (Last, First, Middle Initial) C. Dr. Douglas MacArthur Russell		Date of Receipt M / D / Y 12 / 10 / 2003
Mailing Address 304 Glen Oak Drive		Transaction ID: SA11A1.6921
City Goldshoro	State NC	Zip Code 27534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eastern Carolina Surgical	Occupation Physician	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial) A. Dr. Sarvesh Rao Sathiraju, FACP		Date of Receipt M / D / Y 10 / 17 / 2003
Mailing Address 1000 South Sterling Street		Transaction ID: SA11A1.6551
City Morganton	State NC	Zip Code 28655
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Broughton Hospital	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard Daryl Schultz		Date of Receipt M / D / Y 12 / 29 / 2003
Mailing Address 915 Tate Boulevard NE Suite 180		Transaction ID: SA11A1.7038
City Hickory	State NC	Zip Code 28602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Piedmont Cardiology Associates, PLLC	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Harold Rafter Silberman		Date of Receipt M / D / Y 11 / 07 / 2003
Mailing Address 4 Chiswell Court		Transaction ID: SA11A1.6891
City Durham	State NC	Zip Code 27705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial) A. Dr. Jerry Allen Simpson		Date of Receipt M / D / Y Y Y Y 11 / 25 / 2003
Mailing Address 702 W. H. Smith Boulevard		Transaction ID: SA11A1.6823
City Greenville	State NC	Zip Code 27834-2800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Coastal Carolina Cardiology, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Brian Edward Smith		Date of Receipt M / D / Y Y Y Y 11 / 20 / 2003
Mailing Address 8 Medical Park Drive		Transaction ID: SA11A1.6825
City Asheville	State NC	Zip Code 28803-2493
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Asheville Eye Associates, PLLC	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard Guy Bowden		Date of Receipt M / D / Y Y Y Y 10 / 17 / 2003
Mailing Address 1503 East Franklin Street		Transaction ID: SA11A1.6559
City Monroe	State NC	Zip Code 28112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Union Urology	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 31

(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

Full Name (Last, First, Middle Initial) A. Dr. David E. Tart		Date of Receipt M / D / Y 10 / 15 / 2003	
Mailing Address 304 10th Avenue NE Suite 101		Transaction ID: SA11A1.6390	
City Hickory	State NC	Zip Code 28601	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Viewmont Dermatology, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Henry Clayton Thomason, Jr.		Date of Receipt M / D / Y 10 / 24 / 2003	
Mailing Address 1021 X-Ray Drive		Transaction ID: SA11A1.6565	
City Gastonia	State NC	Zip Code 28054	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Gastonia Medical Specialty Clinic, PA	Occupation Physician	Aggregate Year-to-Date ▼ 350.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Alan Miles Thomley		Date of Receipt M / D / Y 11 / 12 / 2003	
Mailing Address 1001 Blythe Boulevard Suite #300		Transaction ID: SA11A1.6702	
City Charlotte	State NC	Zip Code 28203	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Sanger Clinic, PA	Occupation Physician	Aggregate Year-to-Date ▼ 350.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial) A. Dr. Henry Alan Unger		Date of Receipt M / D / Y 12 / 20 / 2003
Mailing Address 105 Southwest Cary Parkway Suite 300		Transaction ID: SA11A1.7045
City Cary	State NC	Zip Code 27511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cary Urology, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David C. Voelinger		Date of Receipt M / D / Y 12 / 20 / 2003
Mailing Address 191B Randolph Road Suite 130		Transaction ID: SA11A1.7046
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Charlotte Surgical Group, PA	Occupation Physician	Aggregate Year-to-Date ▼ 350.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. R. Lee West		Date of Receipt M / D / Y 12 / 04 / 2003
Mailing Address Department of Pathology Brody Building 7S10		Transaction ID: SA11A1.6937
City Greenville	State NC	Zip Code 27858-4354
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brody School of Medicine at ECU	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial) A. Dr. Bruce Steven Whitman		Date of Receipt M / D / Y 11 / 04 / 2003
Mailing Address 300 West 27th Street		Transaction ID: SA11A1.6708
City	State	Zip Code
Lumberton	NC	28358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Southeastern Regional Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joseph Beaman Wicker		Date of Receipt M / D / Y 10 / 21 / 2003
Mailing Address 45 Canter Lane		Transaction ID: SA11A1.6578
City	State	Zip Code
Pinehurst	NC	28374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 240.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Carol J. Ziel		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 2025 Frontis Plaza Boulevard Suite 100		Transaction ID: SA11A1.6588
City	State	Zip Code
Winston-Salem	NC	27103-5883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Duke Eye Center of Winston-Salem McKlin	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	540.00
TOTAL This Period (last page this line number only)	16890.00

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

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

FOR LINE NUMBER: PAGE 28 / 31

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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

Full Name (Last, First, Middle Initial) A. American Medical Political Action Committee		Date of Receipt M / D / Y 12 / 30 / 2008
Mailing Address 1101 Vermont Avenue, NW		Transaction ID: SA12.6952
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	Scott Marinelli
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	130.00

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	50.00

**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 29 / 31

<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	<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. American Medical Political Action Committee		Transaction ID: SB22.5803
Mailing Address 1101 Vermont Avenue, NW		Date of Disbursement 08 / 14 / 2003
City Washington	State DC	Amount of Each Disbursement this Period
Zip Code 20005		2300.00
Purpose of Disbursement Voluntary contributions 7/1/03-7/31/03		Category/ Type
Candidate Name		
Office Sought: House	Disbursement For: Primary	
Senate	General	
President	Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. American Medical Political Action Committee		Transaction ID: SB22.5702
Mailing Address 1101 Vermont Avenue, NW		Date of Disbursement 08 / 28 / 2003
City Washington	State DC	Amount of Each Disbursement this Period
Zip Code 20005		2300.00
Purpose of Disbursement Voluntary contributions 8/1/03-8/15/03		Category/ Type
Candidate Name		
Office Sought: House	Disbursement For: Primary	
Senate	General	
President	Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee		Transaction ID: SB22.5876
Mailing Address 1101 Vermont Avenue, NW		Date of Disbursement 08 / 10 / 2003
City Washington	State DC	Amount of Each Disbursement this Period
Zip Code 20005		4000.00
Purpose of Disbursement Voluntary contributions 8/16/03-8/31/03		Category/ Type
Candidate Name		
Office Sought: House	Disbursement For: Primary	
Senate	General	
President	Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional) ► **9200.00**

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)

PAGE 30 / 31

<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	<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. American Medical Political Action Committee		Transaction ID: SB22.6056 Date of Disbursement 10 / 08 / 2003	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 3750.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement Contributions 9/1/03-9/30/03	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		Transaction ID: SB22.6370 Date of Disbursement 10 / 29 / 2003	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 5300.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement 10/1/03-10/15/03	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		Transaction ID: SB22.6592 Date of Disbursement 11 / 24 / 2003	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 3250.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement Transfer for 10/18/03-10/31/03	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	12300.00
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)

PAGE 31 / 31

<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	<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. American Medical Political Action Committee		Transaction ID: SB22.6842 Date of Disbursement 12 / 11 / 2003	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 4450.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement member contributions 11/1/03-11/30/03	Category/ Type	
Candidate Name			
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		Transaction ID: SB22.6847 Date of Disbursement 12 / 30 / 2003	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 1800.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement Vol member contribs 12/1/03-12/15/03	Category/ Type	
Candidate Name			
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		Transaction ID: SB22.7051 Date of Disbursement 12 / 31 / 2003	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 1800.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement 12/18/03-12/31/03	Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶ **7850.00**

TOTAL This Period (last page this line number only) ▶ **29350.00**