



FEDERAL ELECTION COMMISSION  
WASHINGTON, D. C. 20463

MS-F

JAN 16 1998

Michael R. Towarnicky MD, Treasurer  
North Carolina Medical Society Political  
Education and Action Committee  
P.O. Box 25834, 222 N. Person St.  
Raleigh, NC 27611

Identification Number: C00003152

Dear Mr. Towarnicky:

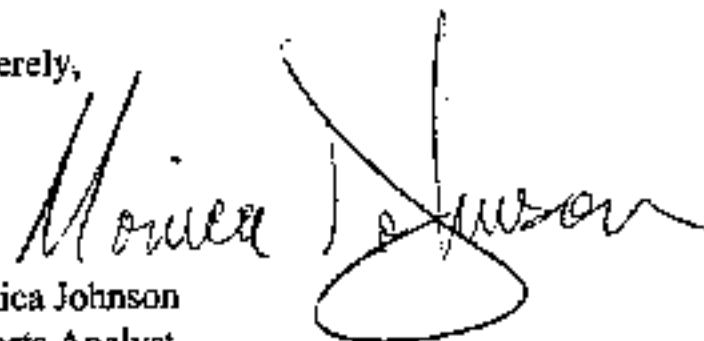
This letter is prompted by the Commission's review of documents filed by your committee. Certain information disclosed on your Statement of Organization (FEC FORM 1) may not comply with 11 CFR §102.14(c). This section states, "The name of a separate segregated fund...shall include the full name of its connected organization. Such fund may also use a clearly recognized abbreviation or acronym by which the connected organization is commonly known" (emphasis added). The Statement of Organization filed by your committee indicates that your committee is a separate segregated fund. Commission records indicate the name of your connected organization as North Carolina Medical Association and the name of your political committee as North Carolina Medical Society Political Education and Action Committee. Please amend your Statement of Organization (form enclosed) to comply with 11 CFR §102.14.

Should your committee not be a separate segregated fund as defined by 11 CFR §114.5 (i.e., the political committee of a corporation, labor organization, national bank, incorporated membership organization, corporation without capital stock, incorporated trade association, or incorporated cooperative), please amend your Statement of Organization by checking the appropriate box (Type of Committee) in question 5 on the FORM 1 enclosed.

A written response or an amendment to your Statement of Organization addressing this matter should be filed with the Federal Election Commission within fifteen (15) days

of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

A handwritten signature in cursive script that reads "Monica Johnson". The signature is written in black ink and is positioned to the right of the typed name.

Monica Johnson  
Reports Analyst  
Reports Analysis Division

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Enclosure

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)	2. DATE
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed)	3. FEC IDENTIFICATION NUMBER
(c) City, State and ZIP Code	4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

**5. TYPE OF COMMITTEE (Check one)**

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District
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- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

**Type of Connected Organization**

- Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

**7. Custodian of Records:** Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
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**8. Treasurer:** List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
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**9. Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
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*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-376-3120

**FEC FORM 1**  
(revised 4/87)

