

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

North Carolina Medical Society Federal Political Education and Action Committee

ADDRESS (number and street) PO Box 25834 222 N. Person Street Raleigh NC 27611

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00003152

3. IS THIS REPORT 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)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 01 2014 through 03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Asst Treasurer Stephen W. Keene

Signature of Treasurer Asst Treasurer Stephen W. Keene [Electronically Filed] Date 04 08 2014

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

Table with columns for Office Use Only and several empty cells.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  |                         | 45589.87                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 45589.87                |                                   |
| (c) Total Receipts (from Line 19) .....  | 8408.05                 | 8408.05                           |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 53997.92                | 53997.92                          |
| 7. Total Disbursements (from Line 31).....   | 25000.00                | 25000.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 28997.92                | 28997.92                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

Write or Type Committee Name

**North Carolina Medical Society Federal Political Education and Action Committee**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 5000.00                       | 5000.00                           |
| (ii) Unitemized .....   | 3405.00                       | 3405.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 8405.00                       | 8405.00                           |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 8405.00                       | 8405.00                           |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 3.05                          | 3.05                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 8408.05                       | 8408.05                           |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 8408.05                       | 8408.05                           |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 25000.00                      | 25000.00                          |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 25000.00                      | 25000.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 25000.00                      | 25000.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 8405.00                       | 8405.00                           |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 8405.00                       | 8405.00                           |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                          | 0.00                              |

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

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

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

**A. Dr. William Byron Barber II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 Saint Andrews Road  
 City Greensboro State NC Zip Code 27408-5812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barber Center of Plastic Surgery Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 17 / 2014**  
**Transaction ID : SA11AI.15517**  
 Amount of Each Receipt this Period **250.00**  
 Voluntary member contribution

**B. Jagadeesh R Ganji**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1002 N. Church Street  
 City Greensboro State NC Zip Code 27401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Piedmont Cardiovascular Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 07 / 2014**  
**Transaction ID : SA11AI.15433**  
 Amount of Each Receipt this Period **250.00**  
 Voluntary member contribution

**C. Dr. Martin Thomas Gessner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 Medical Heights Drive  
 City Morganton State NC Zip Code 28655-5197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Burke Primary Care, PLLC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 17 / 2014**  
**Transaction ID : SA11AI.15442**  
 Amount of Each Receipt this Period **250.00**  
 Voluntary member contribution

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

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

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

**A. Mark D Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 1710 South 17th Street

City State Zip Code  
Wilmington NC 28401

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

Name of Employer Occupation  
Carolina Arthritis Assocs Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2014  
**Transaction ID : SA11AI.15423**

Amount of Each Receipt this Period  
250.00

Voluntary member contribution

**B. David T. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 3410 Executive Drive Ste 103

City State Zip Code  
Raleigh NC 27609

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

Name of Employer Occupation  
Bone & Joint Surgery Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 07 / 2014  
**Transaction ID : SA11AI.15434**

Amount of Each Receipt this Period  
500.00

Voluntary member contribution

**c. Christian T Lige**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 East Dune Street

City State Zip Code  
Nags Head NC 27959

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

Name of Employer Occupation  
Surf Pediatrics and Medicine Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2014  
**Transaction ID : SA11AI.15449**

Amount of Each Receipt this Period  
500.00

Voluntary member contribution

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 OF 17                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. David K. Mertz**  
Full Name (Last, First, Middle Initial)

Mailing Address 530 West Webb Avenue

City Burlington State NC Zip Code 27217

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

Name of Employer Burlington Pediatrics Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2014  
**Transaction ID : SA11AI.15463**

Amount of Each Receipt this Period  
 250.00

Voluntary member contribution

**B. Christopher R Myers**  
Full Name (Last, First, Middle Initial)

Mailing Address 8788 Tilbury Drive

City Wilmington State NC Zip Code 28411

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

Name of Employer Physician Alliance for Mental Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 21 / 2014  
**Transaction ID : SA11AI.15447**

Amount of Each Receipt this Period  
 250.00

Voluntary member contribution

**c. Dr. Sanjay Chandranath Patel**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 West Grover Street

City Shelby State NC Zip Code 28150

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

Name of Employer Sanger Heart & Vascular Instit Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2014  
**Transaction ID : SA11AI.15458**

Amount of Each Receipt this Period  
 250.00

Voluntary member contribution

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

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

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

**A. Dr. Todd Allen Rogers**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 15386

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Durham | State<br>NC | Zip Code<br>27704-0386 |
|----------------|-------------|------------------------|

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

|   |                         |
|---|-------------------------|
| Name of Employer<br>Durham Emergency Physicians, PA | Occupation<br>Physician |
|---|-------------------------|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  | / | 23  | / | 2014    |

**Transaction ID : SA11AI.15448**

Amount of Each Receipt this Period  
250.00

Voluntary member contribution

**B. James Santangelo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 355 Edinburg Drive

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Fayetteville | State<br>NC | Zip Code<br>28313 |
|----------------------|-------------|-------------------|

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

|  |                         |
|--|-------------------------|
| Name of Employer<br>Womack Army Hospital | Occupation<br>Physician |
|--|-------------------------|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  | / | 07  | / | 2014    |

**Transaction ID : SA11AI.15435**

Amount of Each Receipt this Period  
250.00

Voluntary member contribution

**C. Dr. Gregory F. Schimizzi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1710 South 17th Street

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Wilmington | State<br>NC | Zip Code<br>28401 |
|--------------------|-------------|-------------------|

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

|   |                         |
|---|-------------------------|
| Name of Employer<br>Carolina Arthritis Associates, PA | Occupation<br>Physician |
|---|-------------------------|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  | / | 15  | / | 2014    |

**Transaction ID : SA11AI.15425**

Amount of Each Receipt this Period  
250.00

Voluntary member contribution

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 OF 17                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

Full Name (Last, First, Middle Initial)  
**A. Wendy Simmons**

Mailing Address 1710 South 17th Street

City State Zip Code  
Wilmington NC 27410

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

Name of Employer Occupation  
Carolina Arthritis Assocs Physician Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2014  
**Transaction ID : SA11AI.15426**

Amount of Each Receipt this Period  
250.00

Voluntary member contribution

Full Name (Last, First, Middle Initial)  
**B. Dr. Patrick Joseph Simpson**

Mailing Address 205 Page Road

City State Zip Code  
Pinehurst NC 28374-8749

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

Name of Employer Occupation  
Pinehurst Medical Clinic, Inc. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2014  
**Transaction ID : SA11AI.15462**

Amount of Each Receipt this Period  
250.00

Voluntary member contribution

Full Name (Last, First, Middle Initial)  
**C. Dr. Brian Edward Smith**

Mailing Address 8 Medical Park Drive

City State Zip Code  
Asheville NC 28803-2493

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

Name of Employer Occupation  
Asheville Eye Associates, PLLC Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2014  
**Transaction ID : SA11AI.15453**

Amount of Each Receipt this Period  
250.00

Voluntary member contribution

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

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

**A. Dr. David Howey Snow**  
Full Name (Last, First, Middle Initial)

Mailing Address 1710 South 17th Street

City State Zip Code  
Wilmington NC 28401

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

Name of Employer Occupation  
Carolina Arthritis Associates, PA Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 15 / 2014  
**Transaction ID : SA11AI.15428**

Amount of Each Receipt this Period  
250.00

Voluntary member contribution

**B. Dr. Charlie Louis Sykes , Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Doctors Drive

City State Zip Code  
Boone NC 28607

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

Name of Employer Occupation  
Appalachian Internal Medicine Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 17 / 2014  
**Transaction ID : SA11AI.15464**

Amount of Each Receipt this Period  
250.00

Voluntary member contribution

**C. Dr. John Joseph Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 1701 Westchester Avenue  
Ste 850

City State Zip Code  
High Point NC 27262-3832

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

Name of Employer Occupation  
Cornerstone Healthcare Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 27 / 2014  
**Transaction ID : SA11AI.15471**

Amount of Each Receipt this Period  
250.00

Voluntary member contribution

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 750.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 5000.00 |

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**North Carolina Medical Society Federal Political Education and Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hugh Blackwell**

Mailing Address 321 Mountain View Ave., SE

City Valdese State NC Zip Code 27613

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 11    |   | 2014      |

**Transaction ID : SB29.15495**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Bill Brawley**

Mailing Address 13612 O'Toole Drive

City Matthews State NC Zip Code 28105

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 11    |   | 2014      |

**Transaction ID : SB29.15498**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Dana Bumgardner**

Mailing Address 3517 Lincoln Lane

City Gastonia State NC Zip Code 28056

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 11    |   | 2014      |

**Transaction ID : SB29.15499**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

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

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

|         |
|---------|
| 4000.00 |
|---------|

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**North Carolina Medical Society Federal Political Education and Action Committee**

Full Name (Last, First, Middle Initial)

**A. Debra Conrad**

Mailing Address 4004 Pemberton Ct

City Winston-Salem State NC Zip Code 27106

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2014

**Transaction ID : SB29.15492**

Amount of Each Disbursement this Period

1000.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. John Faircloth**

Mailing Address 4456 Orchard Knob Lane

City High Point State NC Zip Code 27265

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2014

**Transaction ID : SB29.15489**

Amount of Each Disbursement this Period

1000.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. Michael Hager**

Mailing Address 342 Walking Horse Trail

City Rutherfordton State NC Zip Code 28139

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2014

**Transaction ID : SB29.15501**

Amount of Each Disbursement this Period

1000.00

Category/Type

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**North Carolina Medical Society Federal Political Education and Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julia Howard**

Mailing Address 330 S. Salisbury street

City Mocksville State NC Zip Code 27028

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 11    | / | 2014      |

**Transaction ID : SB29.15494**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Bert Jones**

Mailing Address 299 Fairfield Road

City Reidsville State NC Zip Code 27320

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 11    | / | 2014      |

**Transaction ID : SB29.15491**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Donny Lambeth**

Mailing Address 4627 S. Main Street

City Winston-Salem State NC Zip Code 27127

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 11    | / | 2014      |

**Transaction ID : SB29.15493**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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

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

|         |
|---------|
| 5000.00 |
|---------|

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**North Carolina Medical Society Federal Political Education and Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Lewis**

Mailing Address PO Box 1152

City State Zip Code  
Dunn NC 28335

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2014

**Transaction ID : SB29.15490**

Amount of Each Disbursement this Period

2000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Chuck McGrady**

Mailing Address PO BOX 723

City State Zip Code  
Hendersonville NC 28793

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2014

**Transaction ID : SB29.15504**

Amount of Each Disbursement this Period

2000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Tim Moffitt**

Mailing Address 3182 Sweeten Creek Road

City State Zip Code  
Asheville NC 28803

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2014

**Transaction ID : SB29.15503**

Amount of Each Disbursement this Period

2000.00

Category/  
Type

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**North Carolina Medical Society Federal Political Education and Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim Moore**

Mailing Address 305 East King St.

City Kings Mountain State NC Zip Code 28086

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 11    | / | 2014      |

**Transaction ID : SB29.15505**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Thomas Murry**

Mailing Address PO Box 1054

City Morrisville State NC Zip Code 27560

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 11    | / | 2014      |

**Transaction ID : SB29.15488**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Nathan Ramsey**

Mailing Address 26 Ramsey Farm Road

City Fairview State NC Zip Code 28730

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 11    | / | 2014      |

**Transaction ID : SB29.15502**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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

|         |
|---------|
| 5000.00 |
|---------|

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**North Carolina Medical Society Federal Political Education and Action Committee**

Full Name (Last, First, Middle Initial)

### A. Mitchell Setzer

Mailing Address PO Box 416

City Catawba State NC Zip Code 28609

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.15497

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

### B. Rena Turner

Mailing Address 247 Gethsemane Road

City Olin State NC Zip Code 28660

Purpose of Disbursement  
2014 NC House Primary Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.15496

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Disbursement this Period

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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