REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
North Carolina Medical Society Federal Political Education & Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
PO Box 25834
222 N. Person Street

CITY, STATE and ZIP CODE
Raleigh, NC 27611

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM
JUL 28 12 58 PM '99

2. FEC IDENTIFICATION NUMBER
C-00003152

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
prior to 1/94

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☒ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/99 through 6/30/99		
6. (a) Cash on Hand January 1, 19 99		$ 6,365.54
(b) Cash on Hand at Beginning of Reporting Period	$ 6,365.54	
(c) Total Receipts (from Line 19)	$ 43,039.14	$ 43,039.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 49,404.68	$ 49,404.68
7. Total Disbursements (from Line 30)	$ 32,227.00	$ 32,227.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 17,177.68	$ 17,177.68
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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, Assistant Treasurer

Signature of Treasurer
Stephen W. Keene

Date
7-26-99

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

FEC FORM 3X
(revised 9/93)

FE8AR121

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE North Carolina Medical Society Federal Political Education and Action Committee

REPORT COVERING PERIOD FROM 1/1/99 TO: 6/30/99

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	-0-	-0-	11(a)(i)
ii. Unitemized	39,695.00	39,695.00	11(a)(ii)
iii. Total (add i and ii) ➤	39,695.00	39,695.00	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) ➤	39,695.00	39,695.00	11(d)
12. Transfers From Affiliated/Other Party Committees	3,240.00	3,240.00	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	104.14	104.14	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	43,039.14	43,039.14	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	43,039.14	43,039.14	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	307.00	307.00	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	-0-	-0-	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	307.00	307.00	21(c)
22. Transfers to Affiliated/Other Party Committees	32,900.00	32,900.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	20.00	20.00	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	20.00	20.00	28(d)
29. Other Disbursements	-1,000.00	-1,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	32,227.00	32,227.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	32,227.00	32,227.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	39,695.00	39,695.00	32
33. Total Contribution Refunds (from line 28d)	20.00	20.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	39,675.00	39,675.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	307.00	307.00	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	307.00	307.00	37

FE8AN121

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 12

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Medical Political Action Committee 1101 Vermont Ave., NW Washington, DC 20005	Transfer	3/25/99	3,240.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 3,240.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	3,240.00

FEPAN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE I OF I

FOR LINE NUMBER 17

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. First Union National Bank, PO Box 3008, Raleigh, NC 27601	Interest earned in January	1/29/99	8.92
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 8.92		
B. First Union National Bank, PO Box 3008, Raleigh, NC 27601	Interest earned in February	2/26/99	10.79
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 19.71		
C. First Union National Bank, PO Box 3008, Raleigh, NC 27601	Interest earned in March	3/31/99	13.39
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 33.10		
D. First Union National Bank, PO Box 3008, Raleigh, NC 27601	Interest earned in April	4/30/99	19.55
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 52.65		
E. First Union National Bank, PO Box 3008, Raleigh, NC 27601	Interest earned in May	5/28/99	22.96
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 75.61		
F. First Union National Bank, PO Box 3008, Raleigh, NC 27601	Interest earned in June	6/30/99	28.53
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 104.14		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 104.14

FE7AN047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

North Carolina Medical Society Federal Political Education and Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Internal Revenue Service Memphis, TN 37501	Federal Income Tax	3/5/99	115.00
B. NC Dept. of Revenue PO Box 25000 Raleigh, NC 27640	State Income Tax	3/5/99	33.00
C. First Union National Bank PO Box 3008 Raleigh, NC 27601	Estimated 1999 Tax	3/22/99	159.00
D.			
E.			
F.			
G.			
H.			
I.			

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

TOTAL This Period (last page this line number only) 307.00

FE7AN047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Medical Political Action Committee 1101 Vermont Ave., NW Washington, DC 20005	Voluntary membership Contributions Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/22/99 2/15/99 2/15/99	100.00 4,475.00 150.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Medical Political Action Committee 1101 Vermont Ave., NW Washington, DC 20005	Voluntary membership Contributions Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/5/99 3/8/99 3/15/99	5,100.00 300.00 9,710.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Medical Political Action Committee 1101 Vermont Ave., NW Washington, DC 20005	Voluntary Membership Contributions Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/16/99 3/31/99 4/22/99	400.00 200.00 100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Medical Political Action Committee 1101 Vermont Ave., NW Washington, DC 20005	Voluntary Membership Contributions Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/11/99 6/11/99 6/11/99	3,000.00 100.00 5,110.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Medical Political Action Committee 1101 Vermont Ave., NW Washington, DC 20005	Voluntary Membership Contributions Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/99	4,155.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	32,900.00

FE7/N047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 28

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Ornitz, MD 4420 Lake Boone Trail Raleigh, NC 27607	Refund of Contribution	4/22/99	$10.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
John B. Mason, MD PO Box 35228 Charlotte, NC 28235	Refund of Contribution	4/30/99	$10.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$20.00

FE8AN121

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Voided check # 1256 dated 11/13/98 Eric Reeves for NC Senate 206 E. Park Drive Raleigh, NC 27605	Contribution not delivered Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/29/99	-500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Voided check #12677dated 11/13/98 John Carrington for NC Senate 14209 Cross Creek Drive Raleigh, NC 27615	Contribution not delivered Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/29/99	-500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) ..... -1,000.00

FEBAN064

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED 7/26/99
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

ENT — PREPARER

7-28-99 — DATE PREPARED

(4/98)