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Image# 13960106674

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIW 3X	For Other Than An Au	thorized Committe	е		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	g, type	12FE4M5	
North Carolina Medio	cal Society Federal Po	litical Education	and Actio	n Commit	tee
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 ▼ CI	TY▲	S	TATE 🛦	ZIP CODE ▲
C C00003152		IS THIS X (N	EW) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		ay 20 (M5) un 20 (M6)	-	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports: April 15	Ар	r 20 (M4) Ju	ıl 20 (M7)	Oct 2	Year Only) 20 (M10) Jan 31 (YE)
Quarterly Report July 15 Quarterly Report	(c) 12-Day	Primary (12P)		General (12G) Runoff (12R)
October 15 Quarterly Report	Report for the:	Convention (1	2C)	Special (1	(2S)
X January 31 Year-End Report	(1L)	on on	D D / Y		in the State of
July 31 Mid-Year Report (Non-elec Year Only) (MY)		General (30G)		Runoff (3	OR) Special (30S)
Termination Repo	ort	on on	D D / Y	Y	in the State of
5. Covering Period	11 27 2012	through	12	/ 31 /	2012
I certify that I have examined	this Report and to the best of	f my knowledge and be	elief it is true	, correct and	complete.
Type or Print Name of Treasu	Asst Treasurer Stephen W	. Keene			
Signature of Treasurer $\frac{As}{-}$	sst Treasurer Stephen W. Keene	[Electronically	Filed] Da	ite 01	09 / 2013
NOTE: Submission of false, err	oneous, or incomplete information	on may subject the perso	on signing this	s Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

2012 Report Covering the Period: 2012 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 33516.15 January 1, 2012 (b) Cash on Hand at 9193.57 Beginning of Reporting Period..... 52078.62 3150.20 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 12343.77 85594.77 6(a) and 6(c) for Column B)..... 4000.00 77251.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 8343.77 8343.77 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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. 06/2004)

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	1750.00	22510.00
(i) Itemized (use Schedule A)	1730.00	22010.00
(ii) Uniterpized	1400.00	25557.00
(ii) Unitemized(iii) TOTAL (add	, 1400.00	20001.00
Lines 11(a)(i) and (ii)	3150.00	48067.00
211100 11(d)(i) dild (ii)	7 7 7	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	4000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		5007.00
Totals to Line 33, page 5)	3150.00	52067.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Leave Bessived	0.00	0.00
3. All Loans Received	7	0.00
	0.00	0.00
Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	2.00
(Carry Totals to Line 37, page 5)	7	2.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.20	9.62
Transfers from Non-Federal and Levin Funds		7
(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
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	3150.20	52078.62
Total Fadaval Passints		
. Total Federal Receipts	0450.00	50070.00
(subtract Line 18(c) from Line 19)▶	3150.20	52078.62

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		
. Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11110 1 01100	Calcilual Teal-IO-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
(b) Other Federal Operating Expenditures	0.00	1.00		
(c) Total Operating Expenditures	5.55			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	1.00		
Transfers to Affiliated/Other Party				
ConmitteesContributions to	0.00	0.00		
Federal Candidates/Committees	0.00	0.00		
and Other Political Committees	0.00	0.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures	7			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
-				
Loan Repayments Made	0.00	0.00		
	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
Than I onted Committees	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		
(222 21100 25(2), (2), 2112 (2), 11111111				
Other Disbursements	4000.00	77250.00		
_	7			
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(1) 1 3 3 3 4 5 1 4 1 5 1				
(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	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4000.00	77251.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	4000.00	77051.00		
from Line 31)	4000.00	77251.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3150.00	52067.00		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3150.00	52067.00		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	1.00		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	2.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-1.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOF	PAGE		6	OF		9				
(che	(check only one)									
X	11a		11b		11c		12	2		
	13		14		15		16	6		17

	and statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)	oty Endoral Political Education and	Action Committee
/ North Carollina Medical Soci	ety Federal Political Education and A	
Full Name (Last, First, Middle Initial) 1. Charles E Baker		Date of Receipt
Mailing Address PO Box 130		M = M / D = D / Y = Y = Y
City	State Zip Code	12 10 2012 Transaction ID : SA11AI.14920
Crossnore	NC 28616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Voluntary member contribution
Chalres E. Baker, MD, PA	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	250.00	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) 3. Eric R Frizzell	•	Date of Receipt
Mailing Address Heather Glen		M = M / D = D / Y = Y = Y
15 Regional Drive City	State Zip Code	12 10 2012 Transaction ID : \$A11 A1 11035
Pinehurst	NC 28374	Transaction ID : SA11AI.14925 Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	250.00
Name of Employer	Occupation	Voluntary Member contributrion
Pinehurst Medical Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	0.0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Gilbert Joseph Garcia Jr.	1	Date of Receipt
Mailing Address 2811 McLamb Place		12 10 2012
City	State Zip Code	Transaction ID : SA11AI.14928
Goldsboro	NC 27534-1647	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Voluntary Member contributrion
Eastern Carolina Surgical Associates,	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00
TOTAL This Period (last page this line num	nber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:						PAGE	:	7	OF	9	
	(0	che	ck only	or	ne)						
		X	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) Frank R Gioia Date of Receipt Mailing Address 1333 N. Buffalo Drive Suite 290 2012 City State Zip Code Transaction ID: SA11AI.14929 NV Las Vegas 89144 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Voluntary Member contributrion Name of Employer Occupation Physician Childrens Acute Care Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Caroll Koscheski Date of Receipt Mailing Address 415 N. Center Street 12 12 2012 City State Zip Code Transaction ID: SA11AI.14931 NC Hickory 28601 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Voluntary Member contributrion Name of Employer Occupation Gastroenterology Assocs Physician Receipt For:

Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Dr. Robert Howard McConville Jr		Date of Receipt
Mailing Address 1125 Carthage Street City	State Zip Code	12 14 2012 Transaction ID : SA11AI.14933
Sanford FEC ID number of contributing federal political committee.	NC 27330-4162	Amount of Each Receipt this Period
Name of Employer Sandhills Family Practice, PA Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	Voluntary Member contribution

Aggregate Year-to-Date ▼

750.00

Primary

General

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

TOTAL 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

	_	LINE	_		:	PAGE	8	OF	9
(c	he	ck only	or	ie)					
	X	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.

or for commer	cial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.		
North C		Federal Political Education and A	ction Committee		
A. Dr. Todo	(Last, First, Middle Initial) I Allen Rogers dress PO Box 15386	Date of Receipt			
City Durham		State Zip Code NC 27704-0386	12 18 2012 Transaction ID : SA11AI.14944 Amount of Each Receipt this Period		
federal poli	mber of contributing tical committee.	C	250.00 Voluntary member contribution		
	nergency Physicians, PA	Occupation Physician	voluntary mornoon contribution		
Receipt Fo Prima Other		Aggregate Year-to-Date ▼ 500.00			
Full Name 3. Mailing Add	(Last, First, Middle Initial)	Date of Receipt			
City		State Zip Code	Amount of Each Receipt this Period		
	mber of contributing tical committee.	C	Table of East 1 1550 pt this 1 51150		
Name of E	mployer	Occupation			
Receipt Fo Prima Other		Aggregate Year-to-Date ▼			
Full Name	(Last, First, Middle Initial)		Date of Receipt		
Mailing Add	dress		M = M / D = D / Y = Y = Y		
City		State Zip Code	Amount of Each Receipt this Period		
	mber of contributing tical committee.	C			
Name of E	mployer	Occupation			
Receipt Fo Prima Other		Aggregate Year-to-Date ▼			
SUBTOTAL (of Receipts This Page (optional)		250.00		
TOTAL This	Period (last page this line number	only)	1750.00		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF 9				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)			
	Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c X 29 30b		
Any information conicd from such Departs and Chat	omente mou not be cold as use					
Any information copied from such Reports and State or for commercial purposes, other than using the na	ame and address of any politic	al committee to	solicit contributions f	rom such committee.		
NAME OF COMMITTEE (In Full)						
North Carolina Medical Society Fo	ederal Political Educa	ition and A	ction Committe	е		
Full Name (Last, First, Middle Initial)			Data of Dishame	oont		
A. Harry Brown			Date of Disbursem			
Mailing Address 906 Greenway Drive			11 27	_2012		
City	State Zip Code		Transaction ID :	SB29.14916		
Jacksonville Purpose of Disbursement	NC 28546			0020111010		
NC Senate Contribution			Amount of Each D	isbursement this Period		
Candidate Name		Category/ Type		4000.00		
Office Sought: House Disburs	ement For:	туре				
Senate	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
В.			Date of Disbursem	nent		
Mailing Address			M = M / D = D	/		
Mailing Address						
City	City State Zip Code					
Purpose of Disbursement						
Candidate Name			Amount of Each D	isbursement this Period		
Candidate Name		Category/ Type				
Office Sought: House Disburs	ement For:	,,				
Senate President	Primary General					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C.			Date of Disbursem			
Mailing Address			M M / D D	/ Y Y Y Y		
City	State Zip Code					
Purpose of Disbursement						
·			Amount of Each D	isbursement this Period		
Candidate Name		Category/ Type				
Office Sought: House Disburs	ement For:	- 7				
Senate	Primary General					
President Pictriot:	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)				4000.00		
TOTAL This Period (last page this line number only	y)	·····•		4000.00		