

# 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



Check if different than previously reported. (ACC)

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)

 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

 /

 /

through

 /

 /

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

Keene, Asst Treasurer, Stephen, W, ,

Type or Print Name of Treasurer

Signature of Treasurer

Keene, Asst Treasurer, Stephen, W, ,

[Electronically Filed]

Date

 /

 /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		20334.02
(b) Cash on Hand at Beginning of Reporting Period.....	21474.75	
(c) Total Receipts (from Line 19) .....	1110.79	2251.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	22585.54	22585.54
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	22585.54	22585.54
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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. 05/2016)

Page 3

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2021 To: M M / D D / Y Y Y Y Y 12 / 31 / 2021

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).....	780.00	1180.00
(ii) Unitemized .....	330.00	1070.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1110.00	2250.38
(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) .....	1110.00	2250.38
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.).....	0.79	1.14
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)).....▶	1110.79	2251.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1110.79	2251.52

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B 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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1110.00	2250.38
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1110.00	2250.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
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	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 10
<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**

**A. Baggett, Hurshell 'Chip', , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167

City Raleigh	State NC	Zip Code 27611
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) North Carolina Medical Society	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2021

**Transaction ID : SA11AI.16885**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 General Contribution

**B. Baggett, Hurshell 'Chip', , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167

City Raleigh	State NC	Zip Code 27611
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) North Carolina Medical Society	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2021

**Transaction ID : SA11AI.16877**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 General Contribution

**C. Baggett, Hurshell 'Chip', , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167

City Raleigh	State NC	Zip Code 27611
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) North Carolina Medical Society	Occupation (for Individual) Senior Vice President
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2021

**Transaction ID : SA11AI.16893**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 General Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 7 OF 10
<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

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

**A. Baggett, Hurshell 'Chip', , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167

City Raleigh	State NC	Zip Code 27611
-----------------	-------------	-------------------

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

Name of Employer (for Individual) North Carolina Medical Society	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2021

**Transaction ID : SA11AI.16900**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 General Contribution

**B. Baggett, Hurshell 'Chip', , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167

City Raleigh	State NC	Zip Code 27611
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) North Carolina Medical Society	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2021

**Transaction ID : SA11AI.16901**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 General Contribution

**C. Baggett, Hurshell 'Chip', , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167

City Raleigh	State NC	Zip Code 27611
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) North Carolina Medical Society	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2021

**Transaction ID : SA11AI.16913**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 General Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 10
<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

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

**A. Highsmith, Pamela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167  
 City Raleigh State NC Zip Code 27611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) VP, Advancement & Donor Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 04 / 2021  
**Transaction ID : SA11AI.16896**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 General Contribution

**B. Highsmith, Pamela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167  
 City Raleigh State NC Zip Code 27611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) VP, Advancement & Donor Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2021  
**Transaction ID : SA11AI.16905**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 General Contribution

**C. Highsmith, Pamela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167  
 City Raleigh State NC Zip Code 27611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) VP, Advancement & Donor Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 29 / 2021  
**Transaction ID : SA11AI.16904**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 General Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<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 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Highsmith, Pamela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 27167  
 City Raleigh State NC Zip Code 27611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) VP, Advancement & Donor Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 20 / 2021  
**Transaction ID : SA11AI.16915**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 General Contribution

**B. Keene, Stephen W., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Kettlebridge Drive  
 City Cary State NC Zip Code 27511-6346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) General Counsel, COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 22 / 2021  
**Transaction ID : SA11AI.16888**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 General Contribution

**C. Keene, Stephen W., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Kettlebridge Drive  
 City Cary State NC Zip Code 27511-6346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) General Counsel, COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 13 / 2021  
**Transaction ID : SA11AI.16881**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 General Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<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 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Scott, Shawn, , ,**

Mailing Address **PO Box 27167**

City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27611</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>North Carolina Medical Society</b>	Occupation (for Individual) <b>Deputy EVP, Operations and Administration</b>
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
**12 / 20 / 2021**

**Transaction ID : SA11AI.16917**

Amount of Each Receipt this Period  
**20.00**

Memo Item  
General Contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>20.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>780.00</b>