

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

North Carolina Medical Society Federal Political Education and Action Committee

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

CITY

STATE

ZIP CODE

C00003152

3. IS THIS REPORT

x

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)

X January 31 Quarterly 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

11

29

2004

through

12

31

2004

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 Electronically Filed by Asst Treasurer Stephen W. Keene

Date

01

11

2005

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: <sup>M</sup> 1 <sup>D</sup> 23 <sup>Y</sup> 2004 To: <sup>M</sup> 12 <sup>D</sup> 31 <sup>Y</sup> 2004

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>Y</sup>		70978.69
(b) Cash on Hand at Beginning of Reporting Period .....	63255.74	
(c) Total Receipts (from Line 19) .....	13555.30	119612.35
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	76811.04	190591.04
<hr/>		
7. Total Disbursements (from Line 31) .....	4500.00	118280.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	72311.04	72311.04
<hr/>		
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. 02/2003)

Page 3

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: <sup>M</sup>11 <sup>-</sup>23 <sup>-</sup>2004 To: <sup>M</sup>12 <sup>-</sup>31 <sup>-</sup>2004

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) .....	5930.00	
(ii) Unitemized .....	7575.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	13505.00	116221.00
(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) .....	13505.00	116221.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	2968.40
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.) .....	50.30	422.95
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 Transfer (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)) .....	13555.30	119612.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13555.30	119612.35

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	122.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	122.00
22. Transfers to Affiliated/Other Party Committees.....	4500.00	42150.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	0.00	76008.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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 ActMty (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))..	4500.00	118280.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4500.00	118280.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	13505.00	116221.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13505.00	116221.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	122.00
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	122.00

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

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

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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) <b>A. Dr. Daniel James Albright</b>		Date of Receipt M / D / Y 11 / 23 / 2004
Mailing Address 3515 Glenwood Avenue		Transaction ID: SA11A1.9025
City Raleigh	State NC	Zip Code 27612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Raleigh Orthopaedic Clinic, PA	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Andrew Nicholas Antoszyk</b>		Date of Receipt M / D / Y 12 / 27 / 2004
Mailing Address 5911 Laurium Road		Transaction ID: SA11A1.9125
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Charlotte Eye Ear Nose & Throat	Occupation Physician	Aggregate Year-to-Date ▼ 290.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Henry Warren Burnett</b>		Date of Receipt M / D / Y 11 / 29 / 2004
Mailing Address 730 Highland Oaks Drive #203		Transaction ID: SA11A1.8034
City Winston-Salem	State NC	Zip Code 27103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Henry W. Burnett, MD	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

<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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. Dr. Gordon Donald Coleman</b>		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address 192D South 18th Street		Transaction ID: SA11A1.9037
City Wilmington	State NC	Zip Code 28401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer The Children's Clinic, PA	Occupation Physician	Aggregate Year-to-Date ▼ 350.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. David Owen Cook</b>		Date of Receipt M / D / Y 12 / 08 / 2004
Mailing Address 140 Kimel Park Drive		Transaction ID: SA11A1.9038
City Winston-Salem	State NC	Zip Code 27103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Carolina Urological Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Gaila B. Entwistle</b>		Date of Receipt M / D / Y 12 / 10 / 2004
Mailing Address 1364 Braeburn Road NW		Transaction ID: SA11A1.9052
City Concord	State NC	Zip Code 28027
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Midatlantic Emergency Med	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

<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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North Carolina Medical Society Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dr. Gary U. Fontana</b>		Date of Receipt M / D / Y Y Y Y 12 / 13 / 2004	
Mailing Address 702 W. H. Smith Boulevard		Transaction ID: SA11A1.9054	
City State Zip Code Greenville NC 27834-2800	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coastal Carolina Cardiology, PA Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. Gilbert Joseph Garcia, Jr.</b>		Date of Receipt M / D / Y Y Y Y 11 / 28 / 2004	
Mailing Address 2811 McLamb Place		Transaction ID: SA11A1.9058	
City State Zip Code Goldsboro NC 27534	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Eastern Carolina Surgical Associates. Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Gilbert Joseph Garcia, Jr.</b>		Date of Receipt M / D / Y Y Y Y 12 / 22 / 2004	
Mailing Address 2811 McLamb Place		Transaction ID: SA11A1.B136	
City State Zip Code Goldsboro NC 27534	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Eastern Carolina Surgical Associates. Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16

(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jose Julio Gujara, Jr.</b>		Date of Receipt M / D / Y Y Y Y 12 / 22 / 2004	
Mailing Address 2811 McLamb Place		Transaction ID: SA11A1.9141	
City State Zip Code Goldsboro NC 27534	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Eastern Carolina Surgical Associates,	Occupation Physician		
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. Charles Stephenson Haworth</b>		Date of Receipt M / D / Y Y Y Y 12 / 28 / 2004	
Mailing Address 2905 North Elm Street		Transaction ID: SA11A1.9145	
City State Zip Code Lumberton NC 28358	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Duke Neurosurgical Associates of Lumbe	Occupation Physician		
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Rex Monroe McCallum</b>		Date of Receipt M / D / Y Y Y Y 12 / 28 / 2004	
Mailing Address Box 2954		Transaction ID: SA11A1.9150	
City State Zip Code Durham NC 27710-2554	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Duke University Private Diagnostic Cl	Occupation Physician		
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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) <b>A. Dr. Douglas Frank Messina</b>		Date of Receipt M / D / Y 12 / 27 / 2004
Mailing Address 1717 Shipyard Boulevard Suite 350		Transaction ID: SA11A1.9154
City Wilmington	State NC	Zip Code 28403-8019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer Carolina Sports Medicine	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2004 Primary    X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Kai Miao</b>		Date of Receipt M / D / Y 11 / 24 / 2004
Mailing Address PO Box 68 137 Medical Lane		Transaction ID: SA11A1.8087
City Pollocksville	State NC	Zip Code 28573-0068
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Eastern Carolina Internal Medicine, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 Primary    X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Rafael Mariano Moreschi</b>		Date of Receipt M / D / Y 12 / 15 / 2004
Mailing Address 105-A Kilmayne Drive		Transaction ID: SA11A1.8090
City Cary	State NC	Zip Code 27511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer Rafael M. Moreschi, MD, PA	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2004 Primary    X General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>430.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
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FOR LINE NUMBER: PAGE 11 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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) <b>A. Dr. Jayesh Kancharlal Patel</b>		Date of Receipt M / D / Y Y Y Y 11 / 29 / 2004
Mailing Address 702 W. H. Smith Boulevard		Transaction ID: SA11A1.9094
City Greenville	State NC	Zip Code 27834-2800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Coastal Carolina Cardiology, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Douglas Craig Privette</b>		Date of Receipt M / D / Y Y Y Y 11 / 29 / 2004
Mailing Address 702 W. H. Smith Boulevard		Transaction ID: SA11A1.9096
City Greenville	State NC	Zip Code 27834-2800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Coastal Carolina Cardiology, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Fernando R. Puente</b>		Date of Receipt M / D / Y Y Y Y 11 / 29 / 2004
Mailing Address 800 Springfield Commons Drive Suite 115		Transaction ID: SA11A1.9097
City Raleigh	State NC	Zip Code 27609
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Raleigh Dermatology Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

<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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 16

(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. Dr. Lee Ann Roberts</b>		Date of Receipt M / D / Y 11 / 20 / 2004
Mailing Address 5818 Creedmoor Road Suite 209		Transaction ID: SA11A1.9100
City Raleigh	State NC	Zip Code 27612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Lee Ann Roberts, MD, PA	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Danny Mikel Rodenberg</b>		Date of Receipt M / D / Y 12 / 28 / 2004
Mailing Address 1011 North Lindsay Suite 200		Transaction ID: SA11A1.9168
City High Point	State NC	Zip Code 27262
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Sovereign Grace Surgical Services, PLLC	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Douglas MacArthur Russell</b>		Date of Receipt M / D / Y 12 / 22 / 2004
Mailing Address 304 Glen Oak Drive		Transaction ID: SA11A1.9189
City Goldsboro	State NC	Zip Code 27534
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Eastern Carolina Surgical	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

<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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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) <b>A. Dr. Clinton Reyes Soriano</b>		Date of Receipt M / D / Y 12 / 15 / 2004
Mailing Address 1901 South Hawthorne Road Suite 340		Transaction ID: SA11A1.9108
City Winston-Salem	State NC	Zip Code 27103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Clinton R. Soriano, MD, PA	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2004 Primary    X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Joey Panackal Thomas</b>		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address PO Box 38		Transaction ID: SA11A1.9174
City Roanoke Rapids	State NC	Zip Code 27870-0039
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Halifax Memorial Hospital	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 Primary    X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Alan Miles Thomley</b>		Date of Receipt M / D / Y 11 / 29 / 2004
Mailing Address 1001 Blythe Boulevard Suite #300		Transaction ID: SA11A1.9111
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer The Sanger Clinic, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 Primary    X General Other (specify) ▼		

<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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 16  
(check only one)

<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

Full Name (Last, First, Middle Initial) A. Dr. Mark Yoffe		Date of Receipt M / D / Y 12 / 15 / 2004
Mailing Address 442D Lake Boone Trail		Transaction ID: SA11A1.9117
City Raleigh	State NC	Zip Code 27607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Cancer Centers of North Carolina	Occupation Physician	
Receipt For: 2004 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	5930.00

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

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

FOR LINE NUMBER: PAGE 15 / 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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) <b>A. Wachovia Bank</b>		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2004
Mailing Address PD Box 563966		Transaction ID: SA17.9121
City	State	Zip Code
Raleigh	NC	28262
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 23.55
Name of Employer	Occupation	Interest earned in November
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 396.20	

Full Name (Last, First, Middle Initial) <b>B. Wachovia Bank</b>		Date of Receipt M / D / Y Y Y Y 12 / 31 / 2004
Mailing Address PD Box 563966		Transaction ID: SA17.9165
City	State	Zip Code
Raleigh	NC	28262
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.75
Name of Employer	Occupation	Interest earned in December
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 422.95	

SUBTOTAL of Receipts This Page (optional) .....	▶	50.30
TOTAL This Period (last page this line number only) .....	▶	50.30

**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)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input checked="" 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 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. American Medical Political Action Committee

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contributions 11/23/04-12/15/04

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.8120  
Date of Disbursement  
12 / 29 / 2004

Amount of Each Disbursement this Period  
2700.00

Full Name (Last, First, Middle Initial)  
B. American Medical Political Action Committee

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contributions 12/16/04-12/31/04

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.8183  
Date of Disbursement  
12 / 31 / 2004

Amount of Each Disbursement this Period  
1800.00

SUBTOTAL of Disbursements This Page (optional) .....	▶	4500.00
TOTAL This Period (last page this line number only) .....	▶	4500.00