REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

NAME OF COMMITTEE (in full)

NC Society of Anesthesiologists Political Action Committee

ADDRESS (number and street) Check if different than previously reported

621 West Jones Street

CITY, STATE and ZIP CODE

Raleigh, North Carolina 27603

FEC IDENTIFICATION NUMBER

C 00217588

This committee qualified as a multicandidate committee DURING THIS Reporting Period

4. TYPE OF REPORT

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
- March 20
- April 20
- May 20
- June 20
- July 20
- August 20
- September 20
- October 20
- November 20
- December 20
- January 20

Twelfth day report preceding (Type of Election) election on in the State of

Thirtieth day report following the General Election on in the State of

Is this Report an Amendment? X YES NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5	Covering Period 01/01/93 through 06/30/93		
6	(a) Cash on Hand January 1, 19 93		$ 3288.89
	(b) Cash on Hand at Beginning of Reporting Period	$ 3288.89	
	(c) Total Receipts (from Line 19)	$ 1200.00	$ 1200.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 4488.89	$ 4488.89
7	Total Disbursements (from Line 30)	$ 500.00	$ 500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3988.89	$ 3988.89
9	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Signature of Treasurer

Date

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 7/1/91)

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

(revised 01/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD
FROM TO:

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)	1200.00	1200.00
ii. Unitemized		
iii. Total (add i and ii) ➤	1200.00	1200.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	1200.00	1200.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17 and 18) ➤	1200.00	1200.00
20. Total Federal Receipts (subtract line 15 from line 19) ➤		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	500.00	500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1200.00	1200.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE / OF /

FOR LINE NUMBER

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)

NC Society of Anesthesiologists Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code B. Martin Lancaster 2436 Rayburn House Office Bldg Washington, DC 20515	Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	6/17/93	500.00
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
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)	500.00
TOTAL This Period (last page this line number only)	500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

NC Society of Anesthesiologists Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bruce H. Janson 7301 Tanbark Way Raleigh, NC 27615 Receipt For: Primary General Other (specify)	Wake Anesthesiology Associates Occupation: Physician Aggregate Year-to-Date > $	5/14/93	100.00
B. Lawrence B. Haynes 728 Lakestone Dr Raleigh, NC 27609 Receipt For: Primary General Other (specify)	Wake Anesthesiology Associates Occupation: Physician Aggregate Year-to-Date > $	"	100.00
C. Robert E. Seymour 109 Dalrymple Ln Cary, NC 27511 Receipt For: Primary General Other (specify)	" Occupation: Physician Aggregate Year-to-Date > $	"	100.00
D. James B. Collawn 304 Shaftsberry Court Raleigh, NC 27609 Receipt For: Primary General Other (specify)	" Occupation: Physician Aggregate Year-to-Date > $	"	100.00
E. Peter A. Modrow, MD 805 Faulkner Place Raleigh 27609 Receipt For: Primary General Other (specify)	" Occupation: Physician Aggregate Year-to-Date > $	"	100.00
F. William R. Bolding, MD 2032 Thorpshire Dr Raleigh, NC 27615 Receipt For: Primary General Other (specify)	" Occupation: Physician Aggregate Year-to-Date > $	"	100.00
G. J. M. Shick 7321 Grist Mill Rd Raleigh 27615 Receipt For: Primary General Other (specify)	" Occupation: Physician Aggregate Year-to-Date > $	"	100.00

SUBTOTAL of Receipts This Page (optional) 700.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

NC Society of Anesthesiologists Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Walter E. Daniel 312 Buncombe St Raleigh 27609 Receipt For: Primary General Other (specify)	Wake Anesthesiology Associates Physician Aggregate Year-to-Date $	5/14/93	100.00
B. Earl H. Crumpler, Jr. 7212-7 Stonecliff Drive Raleigh, NC 27615 Receipt For: Primary General Other (specify)	" Physician Aggregate Year-to-Date $	"	100.00
C. Leroy King 5420 Deer Forest Tr Raleigh 27614 Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date $	"	100.00
D. Paul R. Woodard 1825 St. Mary's Street Raleigh 27608 Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date $	"	100.00
E. Charles F. Lanning 14208 Allison Dr Raleigh 27615 Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date $	"	100.00
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify)	Occupation Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify)	Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	1200.00

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 8-28-95
☐	Registered/Certified Mail	POSTMARKED
☐	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

JMN
PREPARER

8-28-95
DATE PREPARED

FEC FORM 70-2 (12/92)