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PAGE 1 / 10

FEC FORM 3X	A	EPORT OF ND DISBU Other Than An A	RSEMEN	TS	Offic	ce Use Only
1. NAME OF COMMITTEE (in 1		PE OR PRINT ▼	Example: If over the line		12FE4M5	
North Carolina	Medical S	ociety Federal F	Political Educat	ion and Actic	on Committee	• • • • • • • • • • • • • •
		20 Box 25834				
ADDRESS (number and	I street)					
Check if diffe	rent	22 N. Person Street			<u> </u>	
than previous reported. (AC		Raleigh 			NC 2	7611
2. FEC IDENTIFICA	TION NUME	BER V		S	STATE 🔺	ZIP CODE
C C00003152	2	3.	IS THIS REPORT	NEW (N) OR	× AMEND (A)	ED
4. TYPE OF REP (Choose One)	ORT	Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M	Year Only) Dec 20 (M12)
(a) Quarterly Rep	orts:		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (N	(Non-Election Year Only)
April 15 Quarterly	Report (Q1)					
July 15 Quarterly October	Report (Q2)	(C) 12-Day PRE-Election Report for the	: Convent	on (12C)	General (12G) Special (12S)	Runoff (12R)
Quarterly	Report (Q3)		M	/ D D /	Y Y Y Y	in the
	Report (YE)		ction on			State of
Report (N Year Only	lon-election y) (MY)	(d) 30-Day POST-Election Report for the		(30G)	Runoff (30R)	Special (30S)
Terminati (TER)	on Report	Ele	ction on	/ D D /	Y Y Y Y Y	in the State of
5. Covering Period	M M 11	/ D D / Y Y 29 202	2 throu	gh 12	/ D D / Y 31	2022
I certify that I have ex		eport and to the best Hayes, Rebecca, , ,	of my knowledge a	nd belief it is true	e, correct and con	nplete.
Type or Print Name of	Treasurer	- iayes, iveneuda, , ,				
Signature of Treasurer	Hayes, Re	vbecca, , ,		Da	ate 09 /	D D / Y Y Y Y 21 2023
NOTE: Submission of fa	alse, erroneous	, or incomplete informa	ation may subject the	person signing thi	is Report to the pe	nalties of 52 U.S.C. § 30109
Office Use Only					F	EC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

R	Report Covering the Period: From:	/ D D / Y Y Y Y 29 / 2022 To	12 / D D / Y Y Y Y 12 31 2022
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2022		22585.54
	(b) Cash on Hand at Beginning of Reporting Period	19346.14	
	(c) Total Receipts (from Line 19)	790.04	9750.64
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	20136.18	32336.18
7.	Total Disbursements (from Line 31)	0.00	12200.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20136.18	20136.18
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

Х

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee D 2022 29 11 12 31 2022 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 720.00 3085.00 (i) Itemized (use Schedule A)..... 70.00 1665.00 (ii) Unitemized (iii) TOTAL (add 4750.00 790.00 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 5000.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 9750.00 790.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.64 (Dividends, Interest, etc.)..... 0.04 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 9750.64 12, 13, 14, 15, 16, 17, and 18(c))...... 790.04 20. Total Federal Receipts 790.04 9750.64 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4				
	II. Disbursements	COLUMN A Total This Period	COLUMN B				
 Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 			Calendar Year-to-Date				
	(i) Federal Share	0.00	0.00				
	(ii) Non-Federal Share	0.00	0.00				
• •	Other Federal Operating Expenditures	0.00	0.00				
(c)	Total Operating Expenditures						
	(add 21(a)(i), (a)(ii), and (b))► sfers to Affiliated/Other Party	0.00	0.00				
Cont	mittees ributions to	0.00	0.00				
Fede and	eral Candidates/Committees Other Political Committees	0.00	0.00				
	pendent Expenditures Schedule E)	0.00	0.00				
Coor (52 l	dinated Party Expenditures J.S.C. § 30116(d))						
(use	Schedule F)	0.00	0.00				
Loan	Repayments Made	0.00	0.00				
	s Made	0.00	0.00				
(a)	nds of Contributions To: Individuals/Persons Other Than Political Committees		0.00				
	Than Tolitical Committees	0.00					
• •	Political Party Committees Other Political Committees	0.00	0.00				
``	(such as PACs)	0.00	0.00				
(-)	Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00				
		0.00	0.00				
	r Disbursements (Including Federal Donations)	0.00	12200.00				
			12200.00				
	eral Election Activity (52 U.S.C. § 30101 Allocated Federal Election Activity	(20))					
	(from Schedule H6)						
	(i) Federal Share	0.00	0.00				
	(ii) "Levin" Share Federal Election Activity Paid	0.00	0.00				
	Entirely With Federal Funds	0.00	0.00				
• •	Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))						
		0.00	0.00				
	Disbursements (add Lines 21(c), 22,						
	24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	12200.00				
	Federal Disbursements ract Line 21(a)(ii) and Line 30(a)(ii)						
		0.00	12200.00				
			12200.00				

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures						
 Total Contributions (other than loans) (from Line 11(d), page 3) 	790.00	9750.00				
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00				
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	790.00	9750.00				
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

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

10

•••			Detailed Summary Page			< 11a		11b	11c		12	<u> </u>				
	y information copied from such Reports and St															
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	address of	any political committee	e to so	olicit co	ntrib	outions f	rom sucl	n co	mmitte	е.				
	North Carolina Medical Society	Federal	Politica	I Education and	Act	ion C	on	nmitte	e							
Α.	Full Name of Individual (Last, First, Middle Init Baggett, Hurshell 'Chip', , , Mailing Address PO Box 27167	ial) or Full C	Organization	n Name	Date of Receipt											
	City	State	Zip C	ode	_	12 12 2022 Transaction ID : SA11AI.17085										
	Raleigh	NC	276	11	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		_	200.0	0				
	Name of Employer (for Individual) North Carolina Medical Society Receipt For:	Ser	upation (fo nior Vice Pr Year-to-Da		(ttem htributior	٦							
	Primary General Other (specify) ▼			2300.00												
в.		ial) or Full C	Organizatio	n Name		Date of Receipt										
	Mailing Address PO Box 27167		12 D D / Y Y Y Y Y 2022													
	City Raleigh	State NC	Zip C 276			Transaction ID : SA11AI.17098 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		200.00												
	Name of Employer (for Individual) North Carolina Medical Society		cupation (fo	or Individual) resident		General Contribution										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Da	ate ▼ 2500.00	1											
с.	Full Name of Individual (Last, First, Middle Init Highsmith, Pamela, , ,	ial) or Full C	Organizatio	n Name		Date o	f Re	eceipt								
	Mailing Address PO Box 27167					12 12 2022										
	City Raleigh	State NC	Zip C 276						SA11AI.							
	FEC ID number of contributing federal political committee.	С						,	eceipt th		25.0	0				
	Name of Employer (for Individual) North Carolina Medical Society		• •	r Individual) ent & Donor Relations				o Item ntributio	n							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Da	ate ▼ 300.00												
s	UBTOTAL of Receipts This Page (optional)				▶ _		-	,	9	-	425.0	0				
т	OTAL This Period (last page this line number of	only)		••••••	•	L.		-y								

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 7 OF

ITEMIZED RECEIPTS			Use sep	(ch	(check only one)								
11				n category of the I Summary Page		✓ 11a 13		11b	11c 15	12		17	
	y information copied from such Reports and St for commercial purposes, other than using the					for the	purp	ose of	soliciting	g contri	ibutio	ns	
	NAME OF COMMITTEE (In Full)												
\rangle	North Carolina Medical Society	Federal F	Political	Education and	Act	ion C	om	mitte	e				
Α.	Full Name of Individual (Last, First, Middle Initi Highsmith, Pamela, , ,	al) or Full O	rganization	Name		Date of	Rec	eipt					
	Mailing Address PO Box 27167					^M 12	/	D D D 22	/ Y	2022			
	City Raleigh	State NC	Zip Co 2761		_				SA11AI. eceipt th		iod		
	FEC ID number of contributing federal political committee.	С				<u> </u>		,		2	25.00		
	Name of Employer (for Individual)	Оссі	pation (for	r Individual)		M	emo	Item					
	North Carolina Medical Society	VP,	Advancem	ent & Donor Relations		General	Cont	tributio	า				
	Receipt For:	Aggregate	Year-to-Da	te 🔻									
	Primary General			325.00	11								
	Other (specify)			- APA - 1 - APA - 1									
_	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization	Name			_						
В.	· · · · · · · · · · · · · · · · · · ·					Date of	- Kec	ceipt	_			_	
	Mailing Address 2425 North Cente Street #308	State	_	12 12 2022									
	City Hickory	NC	Zip Co 2860		-				SA11AI.		a d		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer (for Individual) North Carolina Medical Society	Occupation (for Individual) VP, Member Services					General Contribution						
	Receipt For:	Aggregate	Year-to-Da	te 🔻									
	Primary General Other (specify) ▼		,	450.00									
с.	Full Name of Individual (Last, First, Middle Initi Newton, Ashley, , ,	al) or Full O	rganization	Name		Date of	Rec	eipt					
	Mailing Address 2425 North Cente Street #308					12 ^M	/	D D D 22	/ Y	2022			
	City Hickory	State NC	Zip Co 2860		_				SA11AI.				
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	FEC ID number of contributing federal political committee.	С				Ľ.		,	,	Ę	50.00		
	Name of Employer (for Individual)	Осси	pation (for	r Individual)		Memo Item							
	North Carolina Medical Society	VP, I	Member Se	ervices		General	Cont	tributio	n				
	Receipt For:	Aggregate	Year-to-Da	te 🔻									
	Other (specify)		-	500.00									
s	UBTOTAL of Receipts This Page (optional)			••••••	- I			,	9	12	25.00		
т	OTAL This Period (last page this line number of	only)		••••••	•	L.		,			-		

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE

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Detailed Summary Page X 11a 11b 11c 12 16 11c 12 16 11c					Use separate schedule(s)	(cł	(check only one)									
rev information codied from such Reports and Statements may not be sold or used by any person for the purpose of solding contributions from such committee. NAME OF COMMITTEE (In Full) Name of individual (Last, First, Middle Initial) or Full Organization Name A. Rodriguez, Ashley, H., . Malling Address 52 Sleepy Creek Drive City Prinnage Beand Theoret Middual North Carolina Medical Society Readinguez, Ashley, H., . Beand Theoret Middual North Carolina Medical Society Pull Name of Individual (Last, First, Middle	ITEMIZED RECEIPTS						_						17			
North Carolina Medical Society Federal Political Education and Action Committee A. Rodriguez, Ashley, H., Maiing Address es Steepy Creek Drive 12 2022 City State Zfp Code Rodriguez, Ashley, H., Date of Receipt 2020 Clayton Not Zfp Code 2020 FEG ID number of contributing C Image: State	Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay n ddre	ot be sold or used by any pe ess of any political committee	rson to s	for the	pur ntrit	pose of	soliciting	g conti	ributio	ons			
✓ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. Rodriguez, Ashley, H., . Mailing Address of Slove Drive 12 12 2022 City State Zip Code 12 12 2022 City State Zip Code Transaction ID S Ast1AL17083 20.00 FEC 1D number of contributing federal political committee. Quote of Receipt Time 20.00 Memo Item B. Rodriguez, Ashley, H., . Mailing Address 62 Sleepy Creek Drive Quote of Receipt Time 20.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt Rodriguez, Ashley, H., . Mailing Address 62 Sleepy Creek Drive City Date of Receipt City City to Individual political committee. Nc 27520 City 20.00 Receipt For:		NAME OF COMMITTEE (In Full)														
A. Redriguez, Ashley, H., Date of Receipt Mailing Address 62 Sleepy Creek Drive 12 12 2022 City Clayton No 27520 Transaction ID is SA11AL17093 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date V Primary 20.00 Mailing Address 62 Sleepy Creek Drive C C C C C B. Rodriguez, Ashley, H., Memo Item General 20.00 Memo Item B. Rodriguez, Ashley, H., Mailing Address 62 Sleepy Creek Drive C C 22 2022 City Gaytan NC 27520 C <	$\langle \rangle$	North Carolina Medical Society F	ederal F	Pol	litical Education and	Ac	tion C	on	nmitte	e						
City State Zip Code 12 12 2222 Transaction ID: SAT1A17083 Amount of Each Receipt this Period 20.00 10 10 20.00 FEC ID number of contributing federal political committee. C 20.00 10 Memo Item Maine of Employer (for Individual) Occupation (for Individual) Chief Legal Officer General Contribution Preceipt For: Primary General Aggregate Year-to-Date ▼ 240.00 Date of Receipt Mailing Address 62 Stepy Creek Drive C Transaction ID: SAT1A17206 Amount of Each Receipt this Period Receipt City State Zip Code Transaction ID: SAT1A17206 Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt this Period Receipt Groin Medical Society Chief Legal Officer 20.00 Receipt Groin Medical Society Chief Legal Officer Receipt Transaction ID: SAT1A17206 Name of Employer (for Individual) Occupation (for Individual) Chief Legal Officer 20.00 Receipt Mame of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Transaction ID: SAT1A17206 Rateigh Name of Individual (Last, First, Middle I	Α.	Rodriguez, Ashley, H., ,	al) or Full O	rgar	nization Name		Date of Receipt									
Clayton NC 27520 FEC ID number of contributing federal political committee. C 20.00 Name of Employer (for Individual) North Carolina Medical Society Chief Legal Officer General Contribution Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Adgregate Year-to-Date ▼ Date of Receipt B. Rodriguez, Ashley, H, Maling Address 62 Steepy Creek Drive Transaction ID: SA11AL17105 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 20.00 Date of Receipt Name of Employer (for Individual) Chief Legal Officer Date of Receipt this Period Transaction ID: SA11AL17105 Name of Employer (for Individual) North Carolina Medical Society Chief Legal Officer General Contribution Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C Society, Shaven,, Maling Address PO Box 27167 Date of Receipt City City City Receipt For: Primary City Releging State NC Zip Code NC Transaction ID: SA11AL17094 Name of Individual North Carolina Medical Society Not Zifs11 Amount of Each Receipt this Period Fiel Name of Individual North Carolina Medical Society Deputy EVP, Operations and Administre Receipt For: Primary C 20.00			1					1) / Y						
rederal political committee. 2000 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) Chief Legal Officer General Contribution Becipt For: Chief Legal Officer Aggregate Year-to-Date ▼ Date of Receipt B. Rodriguez, Ashley, H., Mailing Address 62 Sleepy Creek Drive Date of Receipt City City City City City 					-	_										
North Carolina Medical Society Chief Legal Officer General Contribution Receipt For:		8	С				_		-			20.00)			
Receipt For: Aggregate Year-to-Date ▼ Contribution B. Rodriguez, Ashley, H., Aggregate Year-to-Date ▼ Date of Receipt B. Rodriguez, Ashley, H., Mailing Address 62 Sleepy Creek Drive Date of Receipt City State Zip Code Clayton NC 27520 FEC ID number of contributing federal policial committee. C 20.00 Name of Employer (for Individual) Occupation (for Individual) Chiel Legal Officer Receipt For: Primary General General Officer General Other (specify) ▼ Aggregate Year-to-Date ▼ General Contribution City State Zip Code Transaction ID : SA11AL17105 Amount of Each Receipt for: 20.00 Memo Item General Other (specify) ▼ C 260.00 Date of Receipt FEC ID number of contributing federal political committee. C 210 Officer Raleigh State Zip Code Transaction ID : SA11AL17094 Raleigh Name of Individual) Occupation (for Individual) Date of Receipt Name of Employer (for Individual) Occupation (for Individual) Code Transaction		Name of Employer (for Individual)	Оссі	upat	ion (for Individual)		М	emo	o Item							
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□ Other (specify) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Rodriguez, Ashley, H., , Mailing Address 62 Steepy Creek Drive Date of Receipt City State Zip Code City State Zip Code City Clayton NC 27520 FEC ID number of contributing C Aggregato (for Individual) Aggregato (for Individual) North Carolina Medical Society Chief Legal Officer General General Mailing Address PO Box 27167 Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Transaction ID: SAt1AL1706 Mailing Address PO Box 27167 Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Transaction ID: SAt1AL17094 Mailing Address PO Box 27167 City Sate of Receipt Date of Receipt City State Zip Code Transaction ID: SAt1AL17094 Amount of Each Individual Deputy EVP, Operations and Administre General Ontor Contribution FeEC ID number of contributing C 20.00 Memo Item		Receipt For:	Aggregate	Yea	ır-to-Date ▼											
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B. Rodriguez, Ashley, H., , Mailing Address 62 Sleepy Creek Drive City State Zip Code Clayton NC 27520 FEC ID number of contributing C Amount of Each Receipt this Period Moti Carolina Medical Society Occupation (for Individual) Occupation Name Name of Employer (for Individual) Occupation Name General Other (specify) ▼ Aggregate Year-to-Date ▼ Memo Item Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City State Zip Code Raleigh Nc Zf60,00 FEC ID number of contributing tederal political committee. Nc Zf611 Mailing Address PO Box 27167 City Z022 City State Zip Code Raleigh Nc Zf611 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. Occupation (for Individual) Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item General Contribution Name of Employer (for Individual) Occupation (for Individual) Memo		Other (specify) ▼		-1	240.00											
City State Zip Code Zr520 Transaction ID: SA11AL17105 City NC 27520 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 20.00 Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) Chief Legal Officer Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item City Aggregate Year-to-Date ▼ Date of Receipt Mailing Address PO Box 27167 Zip Code 27611 City State Zip Code 27611 FEC ID number of contributing federal political committee. C 20.00 Memo Item Name of Employer (for Individual) North Carolina Medical Society Deputy EVP, Operations and Administra Aggregate Year-to-Date ▼ 12 20.00 Receipt For: C Aggregate Year-to-Date ▼ 20.00 Memo Item General North Carolina Medical Society Deputy EVP, Operations and Administra General Contribution General 00.00 Memo Item General Other (specify) Aggregate Year-to-Date ▼ 60.00 60.00 SUBTOTAL of Receipts This Page (optional)	В.		al) or Full O	rgar	nization Name		Date o	f Re	eceipt							
Clayton NC 27520 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) North Carolina Medical Society Occupation (for Individual) Chief Legal Officer Memo Item Receipt For: Primary General Other (specify) ▼ Ceneral Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Scott, Shawn, , , Date of Receipt Malling Address PO Box 27167 City Raleigh State Zip Code Transaction ID: SA11AL17094 FEC ID number of contributing federal political committee. C Occupation (for Individual) Deputy EVP, Operations and Administre Receipt this Period Memo Item Name of Employer (for Individual) North Carolina Medical Society Deputy EVP, Operations and Administre Receipt This Page (optional)		Mailing Address 62 Sleepy Creek Drive														
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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SCHEDULE A (FEC Form 3X)

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