

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
222 N. Person Street
Raleigh NC 27611
 Check if different than previously reported. (ACC)

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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2015 through [MM] / [DD] / [YYYY] 12 / 31 / 2015

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 Stephen W Keene, Asst Treasurer

Signature of Treasurer Stephen W Keene, Asst Treasurer [Electronically Filed] Date 01 / 12 / 2016

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

**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

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="2015"/>	<input type="text" value="20503.11"/>	<input type="text" value="20503.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28736.59"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10859.73"/>	<input type="text" value="19093.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="39596.32"/>	<input type="text" value="39596.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="39596.32"/>	<input type="text" value="39596.32"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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. 06/2004)

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

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

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).....	5770.00	10860.00
(ii) Unitemized	5085.00	8225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10855.00	19085.00
(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)	10855.00	19085.00
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.).....	4.73	8.21
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))..... ▶	10859.73	19093.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10859.73	19093.21

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 (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	0.00
30. Federal Election Activity (2 U.S.C. §431(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

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)	10855.00	19085.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10855.00	19085.00
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
<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. Dr. Gideon Besson
Full Name (Last, First, Middle Initial)
Mailing Address 711 North Dekalb Street

City Shelby	State NC	Zip Code 28150-3911
----------------	-------------	------------------------

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

Name of Employer Shelby Medical Associates, PA	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.15979

Amount of Each Receipt this Period
250.00

Voluntary member contribution

B. Sandra Brown
Full Name (Last, First, Middle Initial)
Mailing Address 201 LePhillip Court, NE

City Concord	State NC	Zip Code 28025
-----------------	-------------	-------------------

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

Name of Employer Cabarrus Eye Center	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : SA11AI.15965

Amount of Each Receipt this Period
250.00

Voluntary member contribution

C. Dr. Marc Ronald Carruth
Full Name (Last, First, Middle Initial)
Mailing Address 2615 East 7th Street

City Charlotte	State NC	Zip Code 28204
-------------------	-------------	-------------------

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

Name of Employer Carolina Skin Surgery Center	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : SA11AI.15998

Amount of Each Receipt this Period
250.00

Voluntary member contribution

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Kirsten Cox
Full Name (Last, First, Middle Initial)
Mailing Address 122 Tannin Way
City Lexington State NC Zip Code 27295
FEC ID number of contributing federal political committee. **C**
Name of Employer Cox Family Practice Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 05 / 2015**
Transaction ID : SA11AI.15943
Amount of Each Receipt this Period **250.00**
Voluntary member contribution

B. Dr. Lolo Allen Dobson Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 270 Copperfield Boulevard NE Ste 201
City Concord State NC Zip Code 28025-2444
FEC ID number of contributing federal political committee. **C**
Name of Employer Cabarrus Family Medicine, PA Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 04 / 2015**
Transaction ID : SA11AI.15917
Amount of Each Receipt this Period **250.00**
Voluntary member contribution

C. Dr. Stephen James Ezzo
Full Name (Last, First, Middle Initial)
Mailing Address 1401 Matthews Township Parkway Suite 100
City Matthews State NC Zip Code 28105
FEC ID number of contributing federal political committee. **C**
Name of Employer Novant Health Matthews Childre Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : SA11AI.15967
Amount of Each Receipt this Period **250.00**
Voluntary member contribution

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Dr. Gilbert Joseph Garcia Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2811 McLamb Place
 City Goldsboro State NC Zip Code 27534-1647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne Health Surgical Assocs Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : SA11AI.15985
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

B. Rebecca Hayes
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Yorktown Street, NW
 City Concord State NC Zip Code 28025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cabarrus Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : SA11AI.16004
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

C. Dr. Janice Huff-Ezzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4243 Country Lane
 City Charlotte State NC Zip Code 28270-0203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Novant Health Presbyterian Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : SA11AI.15970
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
<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. Dr. Joseph T. Inglefield III
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 11th Avenue Place NW
 City State Zip Code
 Hickory NC 28601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hickory Allergy & Asthma Clinic Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : SA11AI.15933
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

B. Dr. Joseph T. Inglefield III
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 11th Avenue Place NW
 City State Zip Code
 Hickory NC 28601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hickory Allergy & Asthma Clinic Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2015
Transaction ID : SA11AI.15988
 Amount of Each Receipt this Period
 90.00
 Voluntary member contribution

c. David J. Koenig
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Hospital Drive NE
 City State Zip Code
 Bolivia NC 28422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brunswick Novant Medical Cente Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA11AI.16009
 Amount of Each Receipt this Period
 250.00
 Voluntary Member Contribution

SUBTOTAL of Receipts This Page (optional).....▶	590.00
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		FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
<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. Margaret Lewis

Mailing Address 1000 Blythe Boulevard
3rd Floor MEB

City Charlotte State NC Zip Code 28203

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

Name of Employer Carolinas Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 02 / 2015
Transaction ID : SA11AI.15991

Amount of Each Receipt this Period
250.00

Voluntary member contribution

Full Name (Last, First, Middle Initial)
B. Stephen Lucey

Mailing Address 3517 Primrose Avenue

City Greensboro State NC Zip Code 27408

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

Name of Employer Sports Medicine & Joint Replac Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 06 / 2015
Transaction ID : SA11AI.15946

Amount of Each Receipt this Period
250.00

Voluntary member contribution

Full Name (Last, First, Middle Initial)
C. Dr. Matthew Brunson Martin

Mailing Address 1002 North Church Street
Suite 302

City Greensboro State NC Zip Code 27401-1449

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

Name of Employer Central Carolina Surgery, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt
07 / 01 / 2015
Transaction ID : SA11AI.15916

Amount of Each Receipt this Period
90.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 590.00

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	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dr. Sanjay Chandranath Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 West Grover Street
 City Shelby State NC Zip Code 28150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanger Heart & Vascular Instit Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2015
Transaction ID : SA11AI.15972
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

B. Dr. John Gardiner Richard Roddey
 Full Name (Last, First, Middle Initial)
 Mailing Address 2015 Randolph Road Suite 208
 City Charlotte State NC Zip Code 28207-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charlotte Gastro & Hep Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.15922
 Amount of Each Receipt this Period 500.00
 Voluntary member contribution

C. Hans Roethling
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Pineneedles Court
 City Goldsboro State CA Zip Code 27534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne Women's Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 02 / 2015
Transaction ID : SA11AI.16001
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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	FOR LINE NUMBER: (check only one)	PAGE 12 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Dr. William Reginald Sigmon Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 43rd Avenue Drive, NW
 City State Zip Code
 Hickory NC 28601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southeast Radiation Oncology Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : SA11AI.15924
 Amount of Each Receipt this Period
 500.00
 Voluntary member contribution

B. Dr. Patrick Joseph Simpson
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Page Road
 City State Zip Code
 Pinehurst NC 28374-8749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pinehurst Medical Clinic, Inc. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2015
Transaction ID : SA11AI.15996
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

C. John F. Vullo
 Full Name (Last, First, Middle Initial)
 Mailing Address 927 East Boulevard
 City State Zip Code
 Charlotte NC 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southeast Anesthesiology Consu Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA11AI.16010
 Amount of Each Receipt this Period
 250.00
 Voluntary Member Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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	FOR LINE NUMBER:	PAGE 13 OF 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. Dr. William Alfred Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3033 Valencia Terrace
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Novant Health PMC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2015
Transaction ID : SA11AI.15975
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

B. Dr. Thomas Raymond Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 Lindsay Street Suite 100
 City High Point State NC Zip Code 27262-3832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Novant Health Bariatric and Ge Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 12 / 2015
Transaction ID : SA11AI.15957
 Amount of Each Receipt this Period 90.00
 Voluntary member contribution

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	340.00
TOTAL This Period (last page this line number only).....▶	5770.00