

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** 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 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 (12G)
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 07 01 2007 through 12 31 2007

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 18 2008

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							
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FEC FORM 3X
(Rev. 12/2004)

**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:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		36835.52
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	55063.02									
(c) Total Receipts (from Line 19)	40396.36	58835.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	95459.38	95671.38								
7. Total Disbursements (from Line 31)	2000.00	2212.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	93459.38	93459.38								
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									

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**

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	10310.00	14310.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	29929.00	44318.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	40239.00	58628.00
(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)	40239.00	58628.00
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.)	157.36	207.86
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))	40396.36	58835.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40396.36	58835.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	0.00	0.00
(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 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.....	2000.00	2212.00
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 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))..	2000.00	2212.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	2212.00

DETAILED SUMMARY PAGE
of Disbursements

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	40239.00	58628.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40239.00	58628.00
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 / 22
	<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.	Full Name (Last, First, Middle Initial) Dr. James Norman Atkins	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 203 Cox Boulevard	Transaction ID: SA11AI.12131
	City State Zip Code Goldsboro NC 27534-9479	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Southeastern Medical Oncology Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Perry William Aycocock, Jr.	Date of Receipt MM / DD / YYYY 07 / 18 / 2007
	Mailing Address 660 Summit Crossing Place Suite 301	Transaction ID: SA11AI.11651
	City State Zip Code Gastonia NC 28054-2104	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Gaston Internal Medicine Clinic, PA Occupation Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Perry William Aycocock, Jr.	Date of Receipt MM / DD / YYYY 10 / 04 / 2007
	Mailing Address 660 Summit Crossing Place Suite 301	Transaction ID: SA11AI.11780
	City State Zip Code Gastonia NC 28054-2104	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Gaston Internal Medicine Clinic, PA Occupation Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 590.00	

SUBTOTAL of Receipts This Page (optional)	840.00
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 7 / 22
(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

A. Full Name (Last, First, Middle Initial)
Dr. Franc Andy Barada, Jr.
 Mailing Address 4004 Ben Franklin Boulevard
 City State Zip Code
 Durham NC 27704-2138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Barada, Harrell, Toohey & Belhorn Occupation: Physician
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt: 10 / 23 / 2007
Transaction ID: SA11AI.11842
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. William Byron Barber, II
 Mailing Address 2020 Saint Andrews Road
 City State Zip Code
 Greensboro NC 27408-5812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Barber Center of Plastic Surgery Occupation: Physician
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt: 10 / 01 / 2007
Transaction ID: SA11AI.11781
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. William Byron Barber, II
 Mailing Address 2020 Saint Andrews Road
 City State Zip Code
 Greensboro NC 27408-5812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Barber Center of Plastic Surgery Occupation: Physician
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.00
 Date of Receipt: 10 / 18 / 2007
Transaction ID: SA11AI.11843
 Amount of Each Receipt this Period: 90.00

SUBTOTAL of Receipts This Page (optional) ► 840.00
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 8 / 22

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Anthony Joseph Christiano, Jr.

Mailing Address 850 WH Smith Boulevard

City State Zip Code
Greenville NC 27834

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

Name of Employer
Coastal Carolina Cardiology, PA

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.12019

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Katrina Lynn Conrad

Mailing Address 312 Commerce Avenue
Suite A

City State Zip Code
Morehead City NC 28557-3227

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

Name of Employer
Crystal Coast Care for Women, PC

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.11939

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Anders Crissman

Mailing Address 214 East Elm Street

City State Zip Code
Graham NC 27253-3022

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

Name of Employer
Crissman Family Practice, PA

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.12023

Amount of Each Receipt this Period

250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22
(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

A. Full Name (Last, First, Middle Initial)
Dr. Leo Warren Davidson

Mailing Address 1841 Quiet Cove

City Fayetteville State NC Zip Code 28304-3857

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

Name of Employer Village Surgical Associates, PA Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 03 / 2007
Transaction ID: SA11AI.12082
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Raul Stephen de la Vega

Mailing Address 2936 Grampian Drive

City Gastonia State NC Zip Code 28054-6402

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

Name of Employer Shelby Radiological Associates, PA Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2007
Transaction ID: SA11AI.12024
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. David Neil DuBois

Mailing Address 51 Abbottsford Drive

City Pinehurst State NC Zip Code 28374-9757

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

Name of Employer Sandhills Emergency Physicians Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 29 / 2007
Transaction ID: SA11AI.11854
 Amount of Each Receipt this Period 90.00

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:	PAGE 10 / 22
	(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.	Full Name (Last, First, Middle Initial) Dr. William Michael Eby	Date of Receipt MM / DD / YYYY 08 / 27 / 2007
	Mailing Address 76 Peachtree Road Suite 300	Transaction ID: SA11AI.11710
	City Asheville State NC Zip Code 28803-3131	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Asheville Anesthesia Associates, PA Occupation Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Conrad Lloyd Flick	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 3500 Bush Street Suite 103	Transaction ID: SA11AI.12030
	City Raleigh State NC Zip Code 27609-7509	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Family Medical Associates of Raleigh Occupation Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

C.	Full Name (Last, First, Middle Initial) Dr. Gary U. Fontana	Date of Receipt MM / DD / YYYY 10 / 23 / 2007
	Mailing Address 850 WH Smith Boulevard	Transaction ID: SA11AI.11857
	City Greenville State NC Zip Code 27834	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Coastal Carolina Cardiology, PA Occupation Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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 / 22
	<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.	Full Name (Last, First, Middle Initial) Dr. Andrew Paul Hart	Date of Receipt MM / DD / YYYY 11 / 27 / 2007
	Mailing Address 1075 Hendersonville Road Suite 250	Transaction ID: SA11AI.12037
	City Asheville State NC Zip Code 28803	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Asheville Anesthesia Associates, PA Occupation Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Michael Josilevich	Date of Receipt MM / DD / YYYY 12 / 03 / 2007
	Mailing Address 1701 Country Club Road	Transaction ID: SA11AI.12097
	City Jacksonville State NC Zip Code 28546-6005	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Internal Medicine & Primary Care Occupation Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Joseph William Kittinger, III	Date of Receipt MM / DD / YYYY 10 / 18 / 2007
	Mailing Address 5115 Oleander Drive	Transaction ID: SA11AI.11881
	City Wilmington State NC Zip Code 28403-7018	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Wilmington Gastroenterology Associates Occupation Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

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: PAGE 12 / 22
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Alan Keith Kronhaus

Mailing Address 32405 Archdale Drive

City State Zip Code
Chapel Hill NC 27517-8398

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

Name of Employer Archdale Medical Associates, PA
Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: SA11AI.11966

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Bernard Leroy Langston, III

Mailing Address PO Box 2528
341 Whiteville Road

City State Zip Code
Shalotte NC 28459-2528

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

Name of Employer Chicora Medical Group
Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2007

Transaction ID: SA11AI.11967

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas Courtenay Leitner

Mailing Address 1428-A Ellen Street

City State Zip Code
Monroe NC 28112-5173

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

Name of Employer Leitner Urology, PA
Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
MM / DD / YYYY
10 / 04 / 2007

Transaction ID: SA11AI.11807

Amount of Each Receipt this Period
90.00

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: PAGE 13 / 22

(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

A.

Full Name (Last, First, Middle Initial)

Dr. David Farra Martin

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
Pinehurst Medical Clinic, Inc.

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.11974

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Toni Davis Meeks

Mailing Address 1843 Quiet Cove

City State Zip Code
Fayetteville NC 28304-3857

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

Name of Employer
Village Internal Medicine

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.12045

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven Louis Mendelsohn

Mailing Address 2 Medical Park Drive
Suite 700

City State Zip Code
Asheville NC 28803

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

Name of Employer
Mountain Regional Arthritis Center, PA

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.12106

Amount of Each Receipt this Period

250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 22
(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

A.

Full Name (Last, First, Middle Initial) Dr. Michele Lynn Mercer		Date of Receipt
Mailing Address 327 Fairforest Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Rutherfordton NC 28139-3229		<input type="text"/> 1 2 / <input type="text"/> 1 8 / <input type="text"/> 2 0 0 7
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12159
Name of Employer England & Godfrey Family Practice		Amount of Each Receipt this Period
Occupation Physician		<input type="text"/> 90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 340.00

B.

Full Name (Last, First, Middle Initial) Dr. Rafael Mariano Moreschi		Date of Receipt
Mailing Address 105 Kilmayne Drive Ste A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Cary NC 27511-4433		<input type="text"/> 1 2 / <input type="text"/> 1 0 / <input type="text"/> 2 0 0 7
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12110
Name of Employer Rafael M. Moreschi, MD, PA		Amount of Each Receipt this Period
Occupation Physician		<input type="text"/> 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 250.00

C.

Full Name (Last, First, Middle Initial) Dr. Ziyad H. Mugharbil		Date of Receipt
Mailing Address 4188 E Us Highway 64 Ste 6		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Murphy NC 28906-6857		<input type="text"/> 1 0 / <input type="text"/> 1 7 / <input type="text"/> 2 0 0 7
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11895
Name of Employer Ziyad H. Mugharbil, MD, PA		Amount of Each Receipt this Period
Occupation Physician		<input type="text"/> 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 590.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 22
	(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.	Full Name (Last, First, Middle Initial) Dr. Albert R. Munn, III		Date of Receipt
	Mailing Address 720 W Jones Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2007
	City	State	Zip Code
	Raleigh	NC	27603-1427
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11771
Name of Employer Capital Eye Center, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 280.00	

B.	Full Name (Last, First, Middle Initial) Dr. Daniel Thomas Ness		Date of Receipt
	Mailing Address 959 Cox Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 19 / 2007
	City	State	Zip Code
	Gastonia	NC	28054-3455
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12050
Name of Employer Piedmont Plastic Surgery & Dermatology		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Jayesh Kancharlal Patel		Date of Receipt
	Mailing Address 850 WH Smith Boulevard		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 23 / 2007
	City	State	Zip Code
	Greenville	NC	27834
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11902
Name of Employer Coastal Carolina Cardiology, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 22
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Douglas Craig Privette

Mailing Address 850 WH Smith Boulevard

City Greenville State NC Zip Code 27834-3763

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

Name of Employer Coastal Carolina Cardiology, PA Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 23 / 2007
Transaction ID: SA11AI.11904
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. David A. Rockwell

Mailing Address 2808 McLamb Place

City Goldsboro State NC Zip Code 27534-9458

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

Name of Employer Goldsboro Orthopaedic Associates, PA Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 12 / 17 / 2007
Transaction ID: SA11AI.12167
 Amount of Each Receipt this Period: 90.00

C.

Full Name (Last, First, Middle Initial)
Dr. Sarvesh Rao Sathiraju

Mailing Address PO Box 309

City Rutherford College State NC Zip Code 28671

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

Name of Employer Broughton Hospital Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 11 / 13 / 2007
Transaction ID: SA11AI.11984
 Amount of Each Receipt this Period: 250.00

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: PAGE 17 / 22

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Rony L. Shammas

Mailing Address 850 WH Smith Boulevard

City State Zip Code
Greenville NC 27834

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

Name of Employer
Coastal Carolina Cardiology, PA

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.11913

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jerry Allen Simpson

Mailing Address 850 WH Smith Boulevard

City State Zip Code
Greenville NC 27834

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

Name of Employer
Coastal Carolina Cardiology, PA

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.11914

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Kevin Smith

Mailing Address 850 WH Smith Boulevard

City State Zip Code
Greenville NC 27834-3761

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

Name of Employer
Coastal Carolina Cardiology, PA

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.11927

Amount of Each Receipt this Period

250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 22

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Christian John Streck

Mailing Address 1002 N Church Street
Ste 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: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2007

Transaction ID: SA11AI.11662

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David E. Tart

Mailing Address 304 10th Avenue NE
Suite 101

City Hickory State NC Zip Code 28601-3834

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

Name of Employer
Viewmont Dermatology, PA

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 16 / 2007

Transaction ID: SA11AI.11921

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sidney Earl Thompson

Mailing Address 110 Barcelona Drive

City Fayetteville State NC Zip Code 28303-5464

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

Name of Employer
Ravenhill Dermatology

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 19 / 2007

Transaction ID: SA11AI.12060

Amount of Each Receipt this Period

250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 22
(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

A. Full Name (Last, First, Middle Initial)
Dr. Steven Michael Tomski

Mailing Address 617 6th Avenue West

City Hendersonville State NC Zip Code 28739-3503

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

Name of Employer Western Carolina Chest Consultants Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 12 / 2007
Transaction ID: SA11AI.11992

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert Harvey Weinstein

Mailing Address 2595 South 17th Street

City Wilmington State NC Zip Code 28401-7765

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

Name of Employer Crystal River Psychiatric Group, PC Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2007
Transaction ID: SA11AI.12061

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Edward Ted W. Westover

Mailing Address 9820 Debnam Road

City Zebulon State NC Zip Code 27597-7613

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

Name of Employer Halifax Emergency Group, PLLC Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2007
Transaction ID: SA11AI.11999

Amount of Each Receipt this Period 250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 22	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Wachovia Bank		Date of Receipt																					
	Mailing Address PO Box 563966		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		3	1		2	0	0	7														
	City Raleigh		State NC	Zip Code 28262																				
	FEC ID number of contributing federal political committee.		<input type="checkbox"/> C																					
Name of Employer		Occupation																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="checkbox"/> 207.86																						
			Transaction ID: SA17.12180																					
			Amount of Each Receipt this Period																					
			<input type="checkbox"/> 35.63																					

SUBTOTAL of Receipts This Page (optional)	<input type="checkbox"/> 35.63
TOTAL This Period (last page this line number only)	<input type="checkbox"/> 35.63

**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 22 / 22

<input type="checkbox"/> 21b	<input 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 checked="" 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

A. Full Name (Last, First, Middle Initial) Judge John Martin Campaign Mailing Address PO Box 1351 City Raleigh State NC Zip Code 27602 Purpose of Disbursement Campaign Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11703 Date of Disbursement 08 / 24 / 2007
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) Judge Linda Stephens Campaign Mailing Address 5524 North Hills Drive City Raleigh State NC Zip Code 27612 Purpose of Disbursement Campaign Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11702 Date of Disbursement 08 / 24 / 2007
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00