

**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 POLITICAL EDUCATION AND ACTION COMMITTEE

ADDRESS (number and street) **Check if different than previously reported. (ACC)**  
 P.O. BOX 25654  
 222 N. Person Street  
 Raleigh NC 27611

2. **FEC IDENTIFICATION NUMBER** C00003152  
 3. **IS THIS REPORT** X **NEW (N)** OR **AMENDED (A)**  
 CITY STATE ZIP CODE

4. **TYPE OF REPORT (Choose One)**  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Termination Report (TER) (d) 30-Day Post -Election Report for the: Convention (12C) Special (12S)  
 Election on 11 05 2002 in the State of NC

5. **Covering Period** 10 01 2002 through 11 25 2002

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 Assistant Treasurer Stephen W. Keene  
 Signature of Treasurer Electronically Filed by Assistant Treasurer Stephen W. Keene Date 12 04 2002

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 (Revised 1/2001)

Page 2

Write or Type Committee Name

NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Report Covering the Period: From: 10 01 2002 To: 11 25 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		19630.90
(b) Cash on Hand at Beginning of Reporting Period .....	33332.80	
(c) Total Receipts (from Line 19) .....	23583.93	73414.83
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	56916.73	93045.73
7. Total Disbursements (from Line 30) .....	47190.00	83319.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9726.73	9726.73
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**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Report Covering the Period: From: <sup>MM</sup>10 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>11 <sup>DD</sup>25 <sup>YYYY</sup>2002

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) .....	2060.00	
(ii) Unitemized .....	21506.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23566.00	73163.00
(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 32, page 4) .....	23566.00	73163.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	10.00
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 36, page 4) .....	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.) .....	17.93	241.83
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	23583.93	73414.83
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	23583.93	73414.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	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.....	15190.00	51790.00
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.....	32000.00	31529.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	47190.00	83319.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	47190.00	83319.00
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	23566.00	73163.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	23566.00	73163.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 12	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
A. Broxme, James Dale, MD

Mailing Address  
Wake Forest Univ. Sch. of Med. Medical Center Blvd.

City State Zip Code  
Winston-Salem NC 27157-1034

Date of Receipt  
N M / D E / Y Y Y Y  
10 23 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Wake Forest Univ. School of Medicine Physician

Receipt For: 2002 Aggregate Year-to-Date ▼  
 Primary General  
Other (specify) ▼ 260.00

Transaction ID: SA11A1.8364

Full Name (Last, First, Middle Initial)  
B. Cider, Steven Snowden, MD

Mailing Address  
545 Center Street

City State Zip Code  
Bryson City NC 28713

Date of Receipt  
N M / D E / Y Y Y Y  
10 10 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Swain Medical Center Physician

Receipt For: 2002 Aggregate Year-to-Date ▼  
 Primary General  
Other (specify) ▼ 260.00

Transaction ID: SA11A1.8275

Full Name (Last, First, Middle Initial)  
C. D'Guz, O'Neill Francis, MD

Mailing Address  
Department of Neurology CB 7025

City State Zip Code  
Chapel Hill NC 27599-7025

Date of Receipt  
N M / D E / Y Y Y Y  
10 23 2002

Amount of Each Receipt this Period  
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
University of North Carolina School of Physician

Receipt For: 2002 Aggregate Year-to-Date ▼  
 Primary General  
Other (specify) ▼ 210.00

Transaction ID: SA11A1.8381

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **410.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 12	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Grove, David Dwight, MD

Mailing Address  
3560 Willdflower Drive

City Greensboro State NC Zip Code 27410-8802

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Greensboro Medical Associates, PA Occupation Physician

Receipt For: 2002 Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 250.00

Transaction ID: SA11A1.8408

**B.** Full Name (Last, First, Middle Initial)  
Inglefield, Joseph T., III, MD

Mailing Address  
510 11th Avenue Place NW

City Hickory State NC Zip Code 28601

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Hickory Allergy & Asthma Clinic Occupation Physician

Receipt For: 2002 Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 500.00

Transaction ID: SA11A1.8425

**C.** Full Name (Last, First, Middle Initial)  
Moulton, Michael Paul, MD

Mailing Address  
106 Oxmoor Place

City Wilmington State NC Zip Code 28403

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Eastern Carolina Emergency Physicians Occupation Physician

Receipt For: 2002 Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 260.00

Transaction ID: SA11A1.8454

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **950.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 12	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. Pollard, Richard J., MD**

Mailing Address  
2D1 West 10th Avenue

City State Zip Code  
Gastonia NC 28052

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 30 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Southeast Anesthesiology Consultants Physician

Receipt For: 2002 Aggregate Year-to-Date ▼  
X Primary General 500.00  
Other (specify) ▼

Transaction ID: SA11A1.8459

Full Name (Last, First, Middle Initial)  
**B. Vandiver, Scott Lee, MD**

Mailing Address  
212 Birch Street

City State Zip Code  
Boone NC 28607

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 24 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Watauga Anesthesia Associates, PA Physician

Receipt For: 2002 Aggregate Year-to-Date ▼  
X Primary General 400.00  
Other (specify) ▼

Transaction ID: SA11A1.8486

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>2060.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 12	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
A. First Union National Bank

Mailing Address  
PO Box 300B

City State Zip Code  
Raleigh NC 27611

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 31 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation Interest earned in October

Amount of Each Receipt this Period  
17.93

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 241.83

Transaction ID: SA17.8670

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>17.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>17.93</b>



**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 9 / 12

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29
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NAME OF COMMITTEE (In Full)  
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. American Medical Political Action Committee</b>			Date of Disbursement 10 <sup>M</sup> / 19 <sup>D</sup> / 2002 <sup>Y</sup>		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 2450.00		
Purpose of Disbursement Voluntary member contribs 10/1-10/19			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼		Transaction ID: SB22.8318		
State:                  District:					

Full Name (Last, First, Middle Initial) <b>B. American Medical Political Action Committee</b>			Date of Disbursement 11 <sup>M</sup> / 25 <sup>D</sup> / 2002 <sup>Y</sup>		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 6320.00		
Purpose of Disbursement 10/20/02-10/31/02			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼		Transaction ID: SB22.8497		
State:                  District:					

Full Name (Last, First, Middle Initial) <b>C. American Medical Political Action Committee</b>			Date of Disbursement 11 <sup>M</sup> / 25 <sup>D</sup> / 2002 <sup>Y</sup>		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 6420.00		
Purpose of Disbursement voluntary member contributions			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼		Transaction ID: SB22.8869		
State:                  District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>15190.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>15190.00</b>

**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 10 / 12

<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

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NAME OF COMMITTEE (In Full)  
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ballentine, Patrick for NC Senate</b>		Date of Disbursement 10 / 22 / 2002
Mailing Address 6008 Forest Creek Circle City: Wilmington State: NC Zip Code: 28411		Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement NC Senate District 9		Transaction ID: SB29.8328
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Basnight, Marc for NC Senate</b>		Date of Disbursement 10 / 22 / 2002
Mailing Address 16 West Jones Street City: Raleigh State: NC Zip Code: 27601		Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement NC Senate District 1		Transaction ID: SB29.8329
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Forrester, James for NC Senate</b>		Date of Disbursement 10 / 22 / 2002
Mailing Address PO Box 459 City: Stanley State: NC Zip Code: 28164		Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement General Election Contribution		Transaction ID: SB29.8330
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 11 / 12

<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

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NAME OF COMMITTEE (In Full)  
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Hartsell, Fletcher for NC Senate</b>			Date of Disbursement 10 / 22 / 2002	
Mailing Address PO Box 368 City Concord State NC Zip Code 28028			Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement General Election Contribution Candidate Name			Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼			
State: District:			Transaction ID: SB29.8331	

Full Name (Last, First, Middle Initial) <b>B. Hoyle, David for NC Senate</b>			Date of Disbursement 10 / 22 / 2002	
Mailing Address PO Box 2494 City Castonia State NC Zip Code 28053			Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement General Election Contribution Candidate Name			Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼			
State: District:			Transaction ID: SB29.8332	

Full Name (Last, First, Middle Initial) <b>C. NC Senate Democratic Committee</b>			Date of Disbursement 10 / 22 / 2002	
Mailing Address 220 Hillsborough Street City Raleigh State NC Zip Code 27603			Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement General Election Contribution Candidate Name			Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼			
State: District:			Transaction ID: SB29.8334	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>12000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 12 / 12

<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

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NAME OF COMMITTEE (In Full)  
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. NC Senate Republican Committee</b>		Date of Disbursement 10 / 22 / 2002	
Mailing Address 1127 Legislative Building City Raleigh State NC Zip Code 27602		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement General Election Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼	Transaction ID: SB29.8335	
State:                District:			

Full Name (Last, First, Middle Initial) <b>B. Purcell, William for NC Senate</b>		Date of Disbursement 10 / 22 / 2002	
Mailing Address 1301 Dunbar Drive City Laurinburg State NC Zip Code 28352		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement General Election Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼	Transaction ID: SB29.8333	
State:                District:			

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>32000.00</b>