

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) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (X), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 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 07 / 10 / 2015

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

Table with 10 columns and 1 row for Office Use Only.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20503.11"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8233.48"/>	<input type="text" value="8233.48"/>
(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="28736.59"/>	<input type="text" value="28736.59"/>
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="28736.59"/>	<input type="text" value="28736.59"/>
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

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).....	5090.00	5090.00
(ii) Unitemized	3140.00	3140.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8230.00	8230.00
(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)	8230.00	8230.00
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.).....	3.48	3.48
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))..... ▶	8233.48	8233.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8233.48	8233.48

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)	8230.00	8230.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8230.00	8230.00
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 12
<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. Daniel Bernstein
Full Name (Last, First, Middle Initial)

Mailing Address 451 Ruin Creek Road
Ste 204

City Henderson State NC Zip Code 27536-5920

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

Name of Employer Four County Eye Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 10 / 2015
Transaction ID : SA11AI.15905

Amount of Each Receipt this Period
250.00

Voluntary member contribution

B. Dr. Martin Thomas Gessner
Full Name (Last, First, Middle Initial)

Mailing Address 103 Medical Heights Drive

City Morganton State NC Zip Code 28655-5197

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

Name of Employer Burke Primary Care, PLLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 26 / 2015
Transaction ID : SA11AI.15867

Amount of Each Receipt this Period
250.00

Voluntary member contribution

C. Dr. Davidson Howard Givens
Full Name (Last, First, Middle Initial)

Mailing Address 186 Kimel Park Drive

City Winston Salem State NC Zip Code 27103-6946

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

Name of Employer Winston-Salem Cardiology Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 26 / 2015
Transaction ID : SA11AI.15868

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:	PAGE 7 OF 12
	(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

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. Brian Mingtao Go
 Full Name (Last, First, Middle Initial)
 Mailing Address 1037 Stradshire Drive
 City Raleigh State NC Zip Code 27614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raleigh Cardiology Associates, PA Occupation 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
 03 / 30 / 2015
Transaction ID : SA11AI.15869
 Amount of Each Receipt this Period
 500.00
 Voluntary member contribution

B. Dr. Frank Adams Hobart
 Full Name (Last, First, Middle Initial)
 Mailing Address 1415 Physicians Drive
 City Wilmington State NC Zip Code 28401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Fear Heart Associates 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
 04 / 17 / 2015
Transaction ID : SA11AI.15895
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

C. David T. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 3410 Executive Drive Ste 103
 City Raleigh State NC Zip Code 27609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bone & Joint Surgery Occupation 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
 04 / 08 / 2015
Transaction ID : SA11AI.15883
 Amount of Each Receipt this Period
 500.00
 Voluntary member contributions

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 12
<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. Christopher K Kessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 Woodlark Lane
 City Charlotte State NC Zip Code 28211
 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 02 / 15 / 2015
Transaction ID : SA11AI.15857
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

B. David J. Koenig
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Hospital Drive NE
 City Bolivia State NC Zip Code 28422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brunswick Novant Medical Cente Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2015
Transaction ID : SA11AI.15858
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

C. Dr. Matthew Brunson Martin
 Full Name (Last, First, Middle Initial)
 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 ▼ 250.00

Date of Receipt 01 / 01 / 2015
Transaction ID : SA11AI.15849
 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 12
	<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	

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

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 ▼
340.00

Date of Receipt
04 / 01 / 2015
Transaction ID : SA11AI.15887

Amount of Each Receipt this Period
90.00

Voluntary member contributions

B. Gerri Mattson
Full Name (Last, First, Middle Initial)

Mailing Address 402 Sonehill Road

City Chapel Hill State NC Zip Code 27516

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

Name of Employer NC Dept of Health & Human Serv Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 29 / 2015
Transaction ID : SA11AI.15896

Amount of Each Receipt this Period
250.00

Voluntary member contribution

c. 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 ▼
250.00

Date of Receipt
03 / 17 / 2015
Transaction ID : SA11AI.15872

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 12
	<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	

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. Thomas Hogeman Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 1450 Matthews Township Parkway
 Ste 350
 City State Zip Code
 Matthews NC 28105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Specialists of the Carolinas, 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
 03 / 29 / 2015
Transaction ID : SA11AI.15873
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

B. Dr. Brian Edward Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Medical Park Drive
 City State Zip Code
 Asheville NC 28803-2493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Asheville Eye Associates, PLLC 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
 02 / 07 / 2015
Transaction ID : SA11AI.15859
 Amount of Each Receipt this Period
 250.00
 Voluntary member contribution

C. Dr. Sarah Elizabeth vonBiberstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 2805 Oleander Drive
 City State Zip Code
 Wilmington NC 28403-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wilmington Ear, Nose & Throat 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
 04 / 17 / 2015
Transaction ID : SA11AI.15901
 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: PAGE 11 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Dr. John Joseph Walker
Mailing Address 1701 Westchester Avenue
Ste 850
City High Point State NC Zip Code 27262-3832
FEC ID number of contributing federal political committee. **C**
Name of Employer Cornerstone Healthcare Occupation Physician
Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
04 / 19 / 2015
Transaction ID : SA11AI.15902
Amount of Each Receipt this Period
250.00
Voluntary member contribution

Full Name (Last, First, Middle Initial)
B. Dr. William Alfred Walker
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 ▼ **250.00**

Date of Receipt
02 / 15 / 2015
Transaction ID : SA11AI.15860
Amount of Each Receipt this Period
250.00
Voluntary member contribution

Full Name (Last, First, Middle Initial)
C. Dr. Thomas Raymond Walsh
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 ▼ **250.00**

Date of Receipt
06 / 04 / 2015
Transaction ID : SA11AI.15912
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: PAGE 12 OF 12
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Tracy Wang
Full Name (Last, First, Middle Initial)
Mailing Address 111 Strangford Lane
City Durham State NC Zip Code 27713
FEC ID number of contributing federal political committee. **C**
Name of Employer UNC Subacute Rehab Occupation Physician Assistant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2015
Transaction ID : SA11AI.15863
Amount of Each Receipt this Period 250.00
Voluntary member contribution

B.
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

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).....▶	250.00
TOTAL This Period (last page this line number only).....▶	5090.00