1. NAME OF COMMITTEE (in full) USE FEC MALLING LABEL over the lines Example if typing, type North Carolina Medical Society Federal Political Education and Action Committee	FEC FORM 3X	AND	DISBUR	SEMENT	S	Office Use	Only				
ADDRESS (number and street) IPO Box 25834 Check if different than previously reported. (ACC) Image: Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER CITY A 3. IS THIS NEW OR C00003152 3. IS THIS 4. TYPE OF REPORT (b) Monthly (choose One) (b) Monthly (a) Quarterly Reports: April 15 April 15 Ouarterly Report(01) (a) Quarterly Report(02) (b) Monthly (choose One) (choose One) (a) Quarterly Report(02) Mar 20 (M3) (b) Monthly Feb 20 (M2) (choose One) Mar 20 (M3) (choose One) Mar 20 (M3) (a) Quarterly Report(02) Mar 20 (M3) (choose One) Mar 20 (M3) (d) Quarterly Report(02) Mar 20 (M3) (e) T2-Day Preferent (f) Gousteris Gonereril (30G) <t< td=""><td>FORM 3X AND DISBURSEMENTS For Other Than An Authorized Committee 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 Image: Committee ADDRESS (number and street) PO Box 25534 Check if different than previously reported. (ACC) PO Box 25634 2. FEC IDENTIFICATION NUMBER CITY ▲ C000033152 3. IS THIS REPORT NEW (N) 4. TYPE OF REPORT (Choose One) (b) Monthly Report Feb 20 (M2) May 20 (M3) (a) Quarterly Report(Q1) Use On: Mar 20 (M3) Jun 20 (0) Quarterly Report(Q2) Outarterly Report(Q3) January 31 Outarterly Report(Q2) Quarterly Report(Q3) January 31 Convention (12C) Election on Image: Convention (12C) July 31 Mid-Year Report for the: Convention (12C) Election on Image: Convention (12C) July 31 Mid-Year Report for the: Image: Convention (12C) Election on Image: Convention (12C) July 31 Mid-Year Report for the: Convention (12C) Election on Image: Convention (12C) July 31 Mid-Year Report for the: Convention (12C)</td></t<> <td></td> <td colspan="9"></td>	FORM 3X AND DISBURSEMENTS For Other Than An Authorized Committee 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 Image: Committee ADDRESS (number and street) PO Box 25534 Check if different than previously reported. (ACC) PO Box 25634 2. FEC IDENTIFICATION NUMBER CITY ▲ C000033152 3. IS THIS REPORT NEW (N) 4. TYPE OF REPORT (Choose One) (b) Monthly Report Feb 20 (M2) May 20 (M3) (a) Quarterly Report(Q1) Use On: Mar 20 (M3) Jun 20 (0) Quarterly Report(Q2) Outarterly Report(Q3) January 31 Outarterly Report(Q2) Quarterly Report(Q3) January 31 Convention (12C) Election on Image: Convention (12C) July 31 Mid-Year Report for the: Convention (12C) Election on Image: Convention (12C) July 31 Mid-Year Report for the: Image: Convention (12C) Election on Image: Convention (12C) July 31 Mid-Year Report for the: Convention (12C) Election on Image: Convention (12C) July 31 Mid-Year Report for the: Convention (12C)										
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Check if different reported. (ACC) Raleigh 2. FEC IDENTIFICATION NUMBER ✓ CITY ▲ STATE ▲ ZIPCODE ▲ C000003152 3. IS THIS × NEW (N) AMENDED (A) 4. TYPE OF REPORT (Choose One) (b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Nov-Election (Nov-Election) (a) Quarterly Reports: April 15 Quarterly Report(Q1) Due On: Mar 20 (M3) Jun 20 (M5) Sep 20 (M9) Dec 20 (M12) (Veer Ohly) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (d) 30-Day Pref.Election Report for the: Convention (12C) Special (12S) Runoff (12R) (d) 30-Day Pref.Election Report for the: Election on In the State of NC 5. Covering Period 10 0.1 20.10 In the State of NC 5. Covering Period 10 0.1 20.10 In the State of NC 5. Covering Period 10 0.1 20.10 In the State of NC 5. Covering Period 10 0.1 20.10 In the State of NC </td <td>ADDRESS (number and</td> <td>street)</td> <td></td> <td></td> <td></td> <td></td> <td></td>	ADDRESS (number and	street)									
C00003152 3. IS THIS REPORT X NEW (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Nov Eduction Participant Eduction Due On: A pril 15 Quarterly Report(C1) April 15 Quarterly Report(Q2) Mar 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) Quarterly Report(Q2) October 15 Quarterly Report(Q2) Primary (12P) General (12G) Runoff (12R) January 31 Gourterly Report(Q2) October 15 Quarterly Report(Q2) Feb 20 (M2) Primary (12P) General (12G) Runoff (12R) January 31 Gourterly Report(Q2) Convention (12C) Special (12S) In the State of State of July 31 Mid-Year Report(Non-feetion Year Only) (MY) Termination Report (TER) X General (30G) Runoff (30R) Special (30S) Termination Report (TER) 10 01 2010 through 11 22 2010 Scovering Period 10 01 2010 through 11 22 2010 Icertify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type o	than previous	AND DISBURSEMENTS For Other Than An Authorized Committee Office Use Only EE (in full) USE FEC MAILING LABEL OR TYPE OF PRINTY Example: If typing, type over the lines Office Use Only Stand Medical Society Federal Political Education and Action Committee									
A. TYPE OF REPORT (Choose One) (b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Yan Election Due On: (a) Quarterly Reports: (b) Monthly Pepport Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Yan Control War 20 (M3) (a) Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) Pre-Election Report for the: Convention (12C) Special (12G) Runoff (12R) (d) 30-Day Year Only (MY) Election on 11 0.2 20.10 in the State of Special (30S) 5. Covering Period 10 0.1 20.10 through 11 2.2 2.0.10 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 Date 11 2.4 20.10 NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2U.S.C 4379. Feb Control Feb Control Feb Control	2. FEC IDENTIFICAT	ION NUMBER	▼ _ C	ITY 🛋	ST	ATE A Z	IPCODE 🔺				
(a) Quarterly Reports: April 15 Quarterly Report(Q1) Jul 20 (M3) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) July 15 Quarterly Report(Q2) Ctober 15 Quarterly Report(Q2) Primary (12P) General (12G) Runoff (12R) Quarterly Report(Q2) Ctober 15 Quarterly Report(Q3) PRE_Election Convention (12C) Special (12S) Quarterly Report(YE) July 31 Mid-Year Election on In the State of Special (30S) July 31 Mid-Year Termination Report (d) 30-Day Report for the: Convention (12C) Special (30S) Termination Report Termination Report In the State of Special (30G) Runoff (30R) Special (30S) 5. Covering Period 10 01 2010 through 11 22 2010 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 Date 11 24 2010 NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2U.S.C 4379. FEC FORM 3X	C00003152		3.								
Image: Intermination Report (TER) Image:	(Choose One) (a) Quarterly Rep April 15 Quarterly July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N	rts: Report(Q1) Report(Q2) 5 Report(Q3) 1 Report(YE) lid-Year on-election	Report Fe Due On: M (c) 12-Day PRE-Election Report for the: (d) 30-Day Post -Election	ar 20 (M3) or 20 (M4) Primar Convertion on	Jun 20 (M6) Jul 20 (M7) (12P) ation (12C)	Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)	n the State of				
J. Covering Period Initial 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 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		on Report	-	tion on	0220						
Type or Print Name of Treasurer Asst Treasurer Stephen W. Keene Signature of Treasurer Electronically Filed by Asst Treasurer Stephen W. Keene Date 11 24 2010 NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. FEC FORM 3X Office Use Image: Note information may subject the person signing this Report to the penalties of 2 U.S.C 437g.	5. Covering Period	10	01 2010	thro	ugh 11	22 2010					
Office Use FORM 3X	Type or Print Name of T Signature of Treasurer	reasurer As	st Treasurer Stephen	W. Keene	eene Date	e 11 24					
	Office Use					FECI	FORM 3X				

Image# 10991875865

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

١	Vrite or Type Committee Name North Carolina Medical Society Federal Polit	tical Education and Action Comn	nittee
F	Report Covering the Period: From:	D D Y Y Y Y Y 01 2010	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 ^{Y Y Y}		49147.22
	(b) Cash on Hand at Begining of Reporting Period	12767.36	
	(c) Total Receipts (from Line 19)	9910.22	34534.36
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22677.58	83681.58
7.	Total Disbursements (from Line 31)	12000.00	73004.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10677.58	10677.58
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	

X 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

FE6AN026

Image# 10991875866

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

F	eport Covering the Period: From:	01 2010	To: 11 D D Y Y Y Y 2010
	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)	2920.00	19870.00
	(ii) Unitemized	6990.00	14630.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii) ►	9910.00	34500.00
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ►	9910.00	34500.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.22	34.36
8.	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
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9910.22	34534.36
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	9910.22	34534.36

Image# 10991875867

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	4 / 12
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: — (a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share (b) Other Federal Operating	0.00	0.00
Expenditures	0.00	4.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	4.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	5000.00
and Other Political Committees		
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(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
. Other Disbursements	12000.00	68000.00
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 		
(from Schedule H6) (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share (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
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12000.00	73004.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	12000.00	73004.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 12

	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)	9910.00	34500.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	9910.00	34500.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	4.00
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	4.00

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 12 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) North Carolina Medical Society Federa	I Political E	ducation and Action Commit	tee
۷ A.	, Full Name (Last, First, Middle Initial) Dr. Perry William Aycock, Jr.			Date of Receipt
	Mailing Address 660 Summit Crossing I Suite 301	Place		M M / D D / Y Y Y Y 10 27 2010
	City Gastonia	State NC	Zip Code	Transaction ID: SA11AI.13781
	FEC ID number of contributing federal political committee.	C	28054-2104	Amount of Each Receipt this Period 500.00
	Name of Employer Gaston Internal Medicine Clinic. PA	Occupation Physiciar		Voluntary member contribu- tion
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Daniel Bernstein			Date of Receipt
	Mailing Address 451 Ruin Creek Road Ste 204			M M / D D / Y
	City Henderson	State NC	Zip Code 27536-5920	Transaction ID: SA11AI.13843
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Four County Eye Associates	Occupation Physician		 Voluntary member contribu- tion
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00]
- C.	Full Name (Last, First, Middle Initial) Chadwick R Brasington			Date of Receipt
	Mailing Address 1016 Kirkpatrick Road			M M / D D / Y Y Y Y 111 02 2010
	City	State	Zip Code	Transaction ID: SA11AI.13844
	Burlington FEC ID number of contributing federal political committee.	NC C	27215	Amount of Each Receipt this Period
	Name of Employer Alamance Eye Center	Occupation Physiciar		Voluntary member contribu- tion
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 500.00]
ſ	SUBTOTAL of Receipts This Page (optional)		•••••	1250.00
f	TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 12 (check only one)
	r for commercial purposes, other than using t	Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) North Carolina Medical Society Fede	eral Political Education and Action Commit	tee
	Full Name (Last, First, Middle Initial) Dr. David Harry Cook		Date of Receipt
	Mailing Address 4207 Lake Boone Tra Suite 200	ail	10 ^{D D} / Y Y Y Y 10 ²⁷ 2010
	City	State Zip Code	Transaction ID: SA11AI.13788
	Raleigh	NC 27609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	240.00
	Name of Employer Raleigh Neurology Associa- tes, PA	Occupation Physician	 Voluntary member contribu- tion
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	240.00]
. —	Full Name (Last, First, Middle Initial) Dr. Vinay Deshmukh		Date of Receipt
	Mailing Address 526 Oakland Avenue Apartment D		M M / D D / Y Y Y Y 111 / 19 / 2010
	City	State Zip Code	Transaction ID: SA11AI.13888
	Charlotte	NC 28204-2374	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 Voluntary member contribu-
	Name of Employer Carolina Neurosurgery & Spine Associat	Occupation Physician	tion
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Dr. Richard James Forsyth		Date of Receipt
	Mailing Address 3320 Executive Drive Suite 214		M M / D D / Y Y Y Y 10 21 2010
	City Raleigh	State Zip Code NC 27609-7445	Transaction ID: SA11AI.13798
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 90.00
	Name of Employer Capital Family Medicine,	Occupation Physician	Voluntary member contribu- tion
	PA Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	350.00]
Γ			580.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 12 (check only one) Image: Check only one in the image: Check on
	s and Statements may not be sold or used by any perso sing the name and address of any political committee to	
NAME OF COMMITTEE (In Full) North Carolina Medical Society	Federal Political Education and Action Commit	tee
Full Name (Last, First, Middle Initial) Dr. Michael Josilevich		Date of Receipt
Mailing Address 1701 Country Cl	IUD ROAD	1 1 1 5 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.13862
Jacksonville	NC 28546-6005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Internal Medicine & Prima- ry Care	Occupation Physician	 Voluntary member contribu- tion
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00]
Full Name (Last, First, Middle Initial) Stephen Klein		Date of Receipt
Mailing Address 5115 Oleander [Drive	M M / D D / Y Y Y Y 11 1 03 2010
City	State Zip Code	Transaction ID: SA11AI.13865
Wilmington	NC 28403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		90.00
Name of Employer Wilmington Gastroenterolo- gy	Occupation Physician	 Voluntary member contribu- tion
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	210.00]
Full Name (Last, First, Middle Initial) Dr. Matthew Brunson Martin	I	Date of Receipt
Mailing Address 1002 North Chur Suite 302	rch Street	M M / D D / Y Y Y Y 11 1 02 2010
City	State Zip Code	Transaction ID: SA11AI.13866
Greensboro	NC 27401-1449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Central Carolina Surgery, PA	Occupation Physician	Voluntary member contribu- tion
Receipt For:	Aggregate Year-to-Date V	
Other (specify) ▼	590.00	
SUBTOTAL of Receipts This Page (opti	ional)	840.00
	number only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(for each category of the Detailed Summary Page	
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Federa	name and add	lress of any political commi	
Α.	Full Name (Last, First, Middle Initial) Dr. Brian Edward Smith Mailing Address 8 Medical Park Drive			Date of Receipt
	City Asheville	State NC	Zip Code 28803-2493	Transaction ID: SA11AI.13825 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Asheville Eye Associates, PLLC	Occupation Physician		Voluntary member contribu- tion
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 250.0	00

SUBTOTAL of Receipts This Page (optional)	►	250.00
TOTAL This Period (last page this line number only)	►	2920.00

remized Disbursements ny Information copied from such Reports and State r for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) North Carolina Medical Society Federal F	for each Detailed ments may n ne and addre	ess of any political	d by a	any		22 28a or the pu		23 28b		24 28c		25 29	
r for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	ne and addre	ess of any political					rpos						
,			ion	Cc									3
Full Name (Last, First, Middle Initial) Pete Brunstetter		Date	of Di	sburs			-	73 0 1 (Y				
Mailing Address One W. Fourth Street		10			00			010	,				
City Winston-Salem	State NC	Zip Code 27101				Amou	nt o	f Each	n Di	isburse			
Purpose of Disbursement NC Senate District 31 Candidate Name			C	ate	gory/	L.					200	00.00	,
	sement For:			Ту									
State: District:	Primary Other (spe	ecify)											
Full Name (Last, First, Middle Initial) Debbie Clary						Trans Date of		sburs	sem		137	76	
Mailing Address 214 S. Lafayette Street		1 ^M 0	М	^D (06) / Y	ž	οìα) Y				
City Shelby	State NC	Zip Code 28150				Amou	nt o	f Each	n Di	isburse			
Purpose of Disbursement NC Senate district 46 Candidate Name			C	ate	gory/	L.				<u> </u>	200	00.00)
Office Sought: House Disburs Senate President State: District:	sement For: Primary Other (spe	General ecify) ▼		Ту									
Full Name (Last, First, Middle Initial) Kathy Harrington						Trans Date of		sburs	sem		137	75	
Mailing Address 3324 Lincoln Lane						[™] 0	M	^D (05) / Y	ž	οìα) Y
City Gastonia	State NC	Zip Code 28056				Amou	nt o	f Each	n Di	isburse			
Purpose of Disbursement NC Senate district 43 Candidate Name	NC Senate district 43										100	00.00	
	sement For: Primary Other (spe	General ecify) ▼		ateș Tyj	gory/ pe								
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TOTAL This Period (last page this line number only	y)				►					B (For			

FEC Schedule B (Form 3X) (Revised 02/2003)

		B (FEC Form	-		arate schedule(s)			R LINE		R:			PA	AGE	11 /	12			
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		ed from such Reports														3			
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$\left \right\rangle$		Medical Society F	ederal Pol	litical Edu	cation and Act	ion	Cor	nmittee)										
<u> </u>	Full Name (Last, First, Middle Initial) Neal, for NC Senate Hunt									Transaction ID: SB29.13772 Date of Disbursement									
	Mailing Address	2608 Sherborne	e Place						[™] 0	М	/ D	0 0	^D [/]	ź	0 Ì () Y			
	City Raleigh			State NC	Zip Code 27612				Amou	int o	f Eacl	h [Disburse	-					
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	Full Name (Last, Martin Nesbitt	First, Middle Initial)							Date	of D	isburs	ser		-	-				
	Mailing Address 180 Robinhood Road, Apt. 3								[™] 0	М	/ D	0 0	^D ⁽	ź	0 ľ () `			
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FEC Schedule B (Form 3X) (Revised 02/2003)

	SCHEDULE B (FEC Form 3 ITEMIZED DISBURSEMENT	S Use separate schedule(s) for each category of the Detailed Summary Page	(check onl 21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
	Any Information copied from such Reports a or for commercial purposes, other than using			
	NAME OF COMMITTEE (In Full) North Carolina Medical Society Fe	deral Political Education and Acti	on Committe	e
Α.	Full Name (Last, First, Middle Initial) David Rouzer Mailing Address PO Box 2267			Transaction ID:SB29.13771Date of Disbursement 10^{M} 10^{M} 10^{M} 10^{M}
	City Smithfield	State Zip Code NC 27577		Amount of Each Disbursement this Period
	Purpose of Disbursement NC Senate district 12			2000.00
	Candidate Name		Category/ Type	
	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
	State: District:			

	SUBTOTAL of Disbursements This Page (optional)	•	2000.00
	TOTAL This Period (last page this line number only)	►	12000.00
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