

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 2009 through 12 31 2009

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 21 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.

Office Use Only **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	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		33360.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	61509.74									
(c) Total Receipts (from Line 19)	42277.56	70547.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	103787.30	103907.30								
7. Total Disbursements (from Line 31)	54640.08	54760.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49147.22	49147.22								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15755.00	34370.00
(ii) Unitemized	26495.00	36117.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	42250.00	70487.00
(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)	42250.00	70487.00
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.)	27.56	60.30
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))	42277.56	70547.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42277.56	70547.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	140.08	260.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	140.08	260.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
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.....	52000.00	52000.00
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))..	54640.08	54760.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54640.08	54760.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	42250.00	70487.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42250.00	70487.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	140.08	260.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	140.08	260.08

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33
(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.

Full Name (Last, First, Middle Initial) Dr. James Norman Atkins		Date of Receipt MM / DD / YYYY 08 / 18 / 2009
Mailing Address 203 Cox Boulevard		Transaction ID: SA11AI.13130
City Goldsboro	State NC	Zip Code 27534-9479
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Southeastern Medical Oncology	Occupation Physician	Voluntary member contribution
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. Scott William Baker		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 3318 Healy Drive		Transaction ID: SA11AI.13468
City Winston-Salem	State NC	Zip Code 27103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Vein Clinic of NC	Occupation Physician	Voluntary member contribution
Receipt For: <input 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. Franc Andy Barada, Jr.		Date of Receipt MM / DD / YYYY 10 / 26 / 2009
Mailing Address 4004 Ben Franklin Boulevard		Transaction ID: SA11AI.13311
City Durham	State NC	Zip Code 27704-2138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Barada, Harrell, Toohey & Belhorn	Occupation Physician	Voluntary member contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

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: (check only one)	PAGE 7 / 33
	<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.	Full Name (Last, First, Middle Initial) Dr. Franc Andy Barada, Jr.		Date of Receipt
	Mailing Address 4004 Ben Franklin Boulevard		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Durham	NC	27704-2138
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13364
Name of Employer Barada, Harrell, Toohey & Belhorn		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 90.00
		<input type="text"/> 430.00	Voluntary member contribution

B.	Full Name (Last, First, Middle Initial) Dr. Daniel Bernstein		Date of Receipt
	Mailing Address 451 Ruin Creek Road Ste 204		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Henderson	NC	27536-5920
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13314
Name of Employer Four County Eye Associates		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input 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	Voluntary member contribution

C.	Full Name (Last, First, Middle Initial) Dr. Gary Leroy Biesecker		Date of Receipt
	Mailing Address 611 N Lindsay Street Ste 100		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	High Point	NC	27262-4318
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13365
Name of Employer Cornerstone Healthcare, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input 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	Voluntary member contribution

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: (check only one)	PAGE 8 / 33
	<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. William Edmund Bowman, Jr.		Date of Receipt
	Mailing Address 1002 North Elm Street Suite 1049		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Greensboro	State NC	Zip Code 27401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13368
	Name of Employer Moses Cone Health System		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
			Voluntary member contribution

B.	Full Name (Last, First, Middle Initial) Chadwick R Brasington		Date of Receipt
	Mailing Address 1016 Kirkpatrick Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Burlington	State NC	Zip Code 27215
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13522
	Name of Employer Alamance Eye Center		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
			Voluntary member contribution

C.	Full Name (Last, First, Middle Initial) Dr. Michael W. Brennan		Date of Receipt
	Mailing Address 2238 Lakeview Terrace		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Burlington	State NC	Zip Code 27215-3332
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13369
	Name of Employer Alamance Eye Center, PA		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="455.00"/>	Amount of Each Receipt this Period <input type="text" value="365.00"/>
			Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="865.00"/>
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 9 / 33
(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.

Full Name (Last, First, Middle Initial) Dr. Laura Devereux Brown		Date of Receipt <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>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	8		2	0	0	9													
Mailing Address 3010 Anderson Drive		Transaction ID: SA11AI.13221																				
City Raleigh	State NC	Zip Code 27609-7796																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>500.00</td></tr></table>	500.00																			
500.00																						
Name of Employer Raleigh Ear, Nose & Throat Head and Neck	Occupation Physician	Voluntary member contribu- tion																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>500.00</td></tr></table>		500.00																			
500.00																						

B.

Full Name (Last, First, Middle Initial) Sandra Brown		Date of Receipt <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>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		3	1		2	0	0	9													
Mailing Address 201 LePhillip Court, NE		Transaction ID: SA11AI.13525																				
City Concord	State NC	Zip Code 28025																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Name of Employer Cabarrus Eye Center	Occupation Physician	Voluntary member contribu- tion																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>250.00</td></tr></table>		250.00																			
250.00																						

C.

Full Name (Last, First, Middle Initial) Dr. Timothy Paul Bukowski		Date of Receipt <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>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	8		2	0	0	9													
Mailing Address 2406 Blue Ridge Road Ste 190		Transaction ID: SA11AI.13526																				
City Raleigh	State NC	Zip Code 27607-6680																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>90.00</td></tr></table>	90.00																			
90.00																						
Name of Employer Pediatric Urology of North Carolina	Occupation Physician	Voluntary member contribu- tion																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>270.00</td></tr></table>		270.00																			
270.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1"><tr><td>840.00</td></tr></table>	840.00
840.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 33
(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.

Full Name (Last, First, Middle Initial) Dr. Bryan Carducci		Date of Receipt MM / DD / YYYY 12 / 01 / 2009
Mailing Address 5129 Carter Street		Transaction ID: SA11AI.13471
City Raleigh	State NC	Zip Code 27612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alamance Regional Medical Center	Occupation Physician	Voluntary member contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

B.

Full Name (Last, First, Middle Initial) Ted F. Cash		Date of Receipt MM / DD / YYYY 11 / 03 / 2009
Mailing Address 2616 Oak Grove Road		Transaction ID: SA11AI.13373
City Shelby	State NC	Zip Code 28150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Upper Cleveland Medical Center	Occupation Physician	Voluntary member contribution
Receipt For: <input 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) Melissa Coale		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
Mailing Address 335 Penny Lane		Transaction ID: SA11AI.13472
City Concord	State NC	Zip Code 28025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Dermatology Group of the Carol	Occupation Physician	Voluntary member contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: (check only one)	PAGE 11 / 33
	<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) Francis Corrigan	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 285 Olmsted Blvd., Ste 1	Transaction ID: SA11AI.13320
	City State Zip Code Pinehurst NC 28374	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
Name of Employer Pain Management Group of NC	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. Mary Lou Courge	Date of Receipt MM / DD / YYYY 12 / 14 / 2009
	Mailing Address 3904 Oleander Drive Ste 102	Transaction ID: SA11AI.13474
	City State Zip Code Wilmington NC 28403-6717	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
Name of Employer Lower Cape Fear Dermatology Clinic, PA	Occupation Physician	
Receipt For: <input 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. Mary Lou Courge	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 3904 Oleander Drive Ste 102	Transaction ID: SA11AI.13530
	City State Zip Code Wilmington NC 28403-6717	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
Name of Employer Lower Cape Fear Dermatology Clinic, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	430.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 33
	<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.	Full Name (Last, First, Middle Initial) Marc Darst	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 8001 Serendipity Lane	Transaction ID: SA11AI.13323
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
	Name of Employer Darst Dermatology 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. Lindsey E. de Guehery	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address 1812 Glendale Drive SW	Transaction ID: SA11AI.13379
	City State Zip Code Wilson NC 27893-4402	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
	Name of Employer Wilson Pulmonary & Internal Medicine Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

C.	Full Name (Last, First, Middle Initial) Dr. Myra C. Dove	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 801 Green Valley Road	Transaction ID: SA11AI.13463
	City State Zip Code Greensboro NC 27408	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Voluntary member contribution
	Name of Employer Women's Hospital of Greensboro Occupation Physician Receipt For: <input 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 13 / 33
	<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.	Full Name (Last, First, Middle Initial) Dr. Sam Russell Fulp		Date of Receipt
	Mailing Address 1450 Matthews Township Parkway Suite 400		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Matthews	NC	28105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13166
Name of Employer Charlotte Gastroenterology & Hepatolog		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

B.	Full Name (Last, First, Middle Initial) Dr. Brian Mingtao Go		Date of Receipt
	Mailing Address 1037 Stradshire Drive		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Raleigh	NC	27614
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13428
Name of Employer Raleigh Cardiology Associates, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="90.00"/>
		<input type="text" value="340.00"/>	Voluntary member contribution

C.	Full Name (Last, First, Middle Initial) Dr. Daniel Gottovi		Date of Receipt
	Mailing Address 4731 Shannon House Drive		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Raleigh	NC	27612
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13430
Name of Employer Retired		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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 14 / 33
(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

A. Full Name (Last, First, Middle Initial)
Dr. Robert Samuel Greenwood

Mailing Address 2141 Physicians Office Bldg.

City State Zip Code
Chapel Hill NC 27599

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

Name of Employer Occupation
UNC School of Medicine Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.13251

Amount of Each Receipt this Period
250.00

Voluntary member contribution

B. Full Name (Last, First, Middle Initial)
Dr. Neil Bostram Griffin

Mailing Address 2170 Midland Road

City State Zip Code
Southern Pines NC 28387

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

Name of Employer Occupation
Carolina Eye Associates, PA Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.13169

Amount of Each Receipt this Period
250.00

Voluntary member contribution

C. Full Name (Last, First, Middle Initial)
Dr. Chris Warren Guest

Mailing Address 102 Pomona Drive

City State Zip Code
Greensboro NC 27407-1616

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

Name of Employer Occupation
Urgent Medical & Family Care, PA Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.13479

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 15 / 33
	<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.	Full Name (Last, First, Middle Initial) Dr. Richard Dax Hawkins		Date of Receipt
	Mailing Address 1729 New Hanover Medical Park		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 09 / 2009
	City	State	Zip Code
	Wilmington	NC	28403-5345
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13225
Name of Employer Eye Associates of Wilmington, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Voluntary member contribution

B.	Full Name (Last, First, Middle Initial) Dr. Derrick Gerard Hickey		Date of Receipt
	Mailing Address 6101 Old Branch Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 03 / 2009
	City	State	Zip Code
	Wilmington	NC	28409
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13388
Name of Employer Port City Orthopaedics		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Voluntary member contribution

C.	Full Name (Last, First, Middle Initial) John B Holt		Date of Receipt
	Mailing Address 200 Hawthorne Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 28 / 2009
	City	State	Zip Code
	Charlotte	NC	28204
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13538
Name of Employer Presbyterian Pathology Group		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Voluntary member contribution

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 / 33

(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.

Full Name (Last, First, Middle Initial)

P. Shannon Hopson

Mailing Address 2711 X-ray Drive

City State Zip Code
Gastonia NC 28054

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

Name of Employer Occupation
Caromont Endocrinology Physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2009

Transaction ID: SA11AI.13228

Amount of Each Receipt this Period
250.00

Voluntary member contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Hampton Alexander Howell

Mailing Address 1345 Westgate Center Drive
A

City State Zip Code
Winston Salem NC 27103-2934

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

Name of Employer Occupation
Salem Plastic Surgery, Inc. Physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2009

Transaction ID: SA11AI.13174

Amount of Each Receipt this Period
250.00

Voluntary member contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Josilevich

Mailing Address 1701 Country Club Road

City State Zip Code
Jacksonville NC 28546-6005

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

Name of Employer Occupation
Internal Medicine & Primary Care Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 18 / 2009

Transaction ID: SA11AI.13435

Amount of Each Receipt this Period
90.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional) ►

590.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 / 33
<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) Jugta Kahai		Date of Receipt
	Mailing Address 4734 Long Beach Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Southport	NC	28461
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13391
Name of Employer Oak Island Pediatrics		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 390.00	<input type="text"/> 300.00
			Voluntary member contribution

B.	Full Name (Last, First, Middle Initial) Jugta Kahai		Date of Receipt
	Mailing Address 4734 Long Beach Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Southport	NC	28461
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13487
Name of Employer Oak Island Pediatrics		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 480.00	<input type="text"/> 90.00
			Voluntary member contribution

C.	Full Name (Last, First, Middle Initial) Dr. Richard David Kaplan		Date of Receipt
	Mailing Address 719 Green Valley Road Suite 201		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Greensboro	NC	27408-7019
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13488
Name of Employer Green Valley OB-GYN & Infertility		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00
			Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 640.00
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 18 / 33

(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.

Full Name (Last, First, Middle Initial)

Dr. Kevin James Kerlin

Mailing Address 2802 McLamb Place

City State Zip Code
Goldsboro NC 27534-1600

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

Name of Employer Occupation
Wayne Radiation Oncology Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.13178

Amount of Each Receipt this Period

250.00

Voluntary member contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Stuart Kremers

Mailing Address 1718 East 4th Street
Suite 501

City State Zip Code
Charlotte NC 28204

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

Name of Employer Occupation
Mid Carolina Cardiology Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13541

Amount of Each Receipt this Period

350.00

Voluntary member contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Philip H. Lavine

Mailing Address 1236 Huffman Mill Road
Suite 2200

City State Zip Code
Burlington NC 27215

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

Name of Employer 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 Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.13333

Amount of Each Receipt this Period

250.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional) ▶

850.00

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 / 33
(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

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

Mailing Address 402 Sonehill Road

City State Zip Code
Chapel Hill NC 27516

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2009

Transaction ID: SA11AI.13232

Amount of Each Receipt this Period
250.00

Voluntary member contribution

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 Occupation
Village Internal Medicine Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 25 / 2009

Transaction ID: SA11AI.13441

Amount of Each Receipt this Period
250.00

Voluntary member contribution

C. Full Name (Last, First, Middle Initial)
Dr. Clinton Louis Meyer

Mailing Address 5115 Oleander Drive

City State Zip Code
Wilmington NC 28403

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

Name of Employer Occupation
Wilmington Gastroenterology Associates Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2009

Transaction ID: SA11AI.13262

Amount of Each Receipt this Period
500.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 33
(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.

Full Name (Last, First, Middle Initial)
Dr. F. Andrew Morfesis

Mailing Address 513 Owen Drive

City State Zip Code
Fayetteville NC 28304-3425

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

Name of Employer
Owen Drive Surgical Clinic of Fayettev

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2009

Transaction ID: SA11AI.13443

Amount of Each Receipt this Period
250.00

Voluntary member contribu-
tion

B.

Full Name (Last, First, Middle Initial)
David Musante

Mailing Address 120 William Penn Plaza

City State Zip Code
Durham NC 27704

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

Name of Employer
Triangle Orthopaedic Asso-
ciate

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2009

Transaction ID: SA11AI.13396

Amount of Each Receipt this Period
250.00

Voluntary member contribu-
tion

C.

Full Name (Last, First, Middle Initial)
Dr. Matthew L. Oldroyd

Mailing Address 155 Hillside Road

City State Zip Code
Pinehurst NC 28374

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

Name of Employer
Pinehurst Anesthesia Assoc

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2009

Transaction ID: SA11AI.13398

Amount of Each Receipt this Period
250.00

Voluntary member contribu-
tion

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 / 33
(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

A. Full Name (Last, First, Middle Initial)
Dr. Warren Josef Pendergast

Mailing Address 220 Horizon Drive
Suite 218

City Raleigh State NC Zip Code 27615-4928

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

Name of Employer North Carolina Physicians Health Progr
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
0	9	/	1	1	/	2	0	0	9

Transaction ID: SA11AI.13235

Amount of Each Receipt this Period
250.00

Voluntary member contribu-
tion

B. Full Name (Last, First, Middle Initial)
Dr. Liana Puscas

Mailing Address Duke South Box 3805

City Durham State NC Zip Code 27710-3805

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

Name of Employer Duke University Medical Center
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt

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

Transaction ID: SA11AI.13300

Amount of Each Receipt this Period
90.00

Voluntary member contribu-
tion

C. Full Name (Last, First, Middle Initial)
Dr. Timothy John Reeder

Mailing Address Emergency Medicine PCMH
3ED-346 600 Moye Boulevard

City Greenville State NC Zip Code 27858-4354

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

Name of Employer Brody School of Medicine at ECU
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	9

Transaction ID: SA11AI.13404

Amount of Each Receipt this Period
500.00

Voluntary member contribu-
tion

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 22 / 33
(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.

Full Name (Last, First, Middle Initial) Dr. Owen T. Regan		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address PO Box 679		Transaction ID: SA11AI.13503
City Supply	State NC	Zip Code 28462-0679
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brunswick OB-GYN, PA	Occupation Physician	Voluntary member contribution
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. Owen T. Regan		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address PO Box 679		Transaction ID: SA11AI.13552
City Supply	State NC	Zip Code 28462-0679
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brunswick OB-GYN, PA	Occupation Physician	Voluntary member contribution
Receipt For: <input 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. Joel Crist Reynolds		Date of Receipt MM / DD / YYYY 11 / 23 / 2009
Mailing Address 210 N Broad Street		Transaction ID: SA11AI.13446
City Edenton	State NC	Zip Code 27932-1904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Edenton Urology Clinic	Occupation Physician	Voluntary member contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: (check only one)	PAGE 23 / 33
<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. John Laurence Reynolds		Date of Receipt
	Mailing Address 209 Deerchase Road		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Shelby	NC	28150
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13405
Name of Employer Shelby Anesthesiology Associates, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

B.	Full Name (Last, First, Middle Initial) Frank Rinaldo		Date of Receipt
	Mailing Address 8524 Pine Lake Road		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Denver	NC	28037
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13504
Name of Employer Western Piedmont Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

C.	Full Name (Last, First, Middle Initial) Dr. Garrett Lee Rogers		Date of Receipt
	Mailing Address 29 Office Park Drive		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Jacksonville	NC	28546
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13040
Name of Employer Sea Coast Cardiology Con		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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 24 / 33

(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.

Full Name (Last, First, Middle Initial)

Dr. Garrett Lee Rogers

Mailing Address 29 Office Park Drive

City State Zip Code
Jacksonville NC 28546

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

Name of Employer Occupation
Sea Coast Cardiology Con Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.13449

Amount of Each Receipt this Period

90.00

Voluntary member contribution

B.

Full Name (Last, First, Middle Initial)

Jeffrey Segal

Mailing Address 1 Staunton Court

City State Zip Code
Greensboro NC 27410

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

Name of Employer Occupation
Medical Justice Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.13410

Amount of Each Receipt this Period

250.00

Voluntary member contribution

C.

Full Name (Last, First, Middle Initial)

John A. A. Seldomridge

Mailing Address 31 Office Park Drive

City State Zip Code
Jacksonville NC 28546

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

Name of Employer Occupation
Eastern Carolina Orthopaedic C Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.13558

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: PAGE 25 / 33
(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

A. Full Name (Last, First, Middle Initial)
Dr. Merritt John Seshul

Mailing Address 304 10th Avenue NE

City State Zip Code
Hickory NC 28601

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

Name of Employer Occupation
Carolina ENT/HNSC Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2009

Transaction ID: SA11AI.13237

Amount of Each Receipt this Period
250.00

Voluntary member contribution

B. Full Name (Last, First, Middle Initial)
Dr. Merritt John Seshul

Mailing Address 304 10th Avenue NE

City State Zip Code
Hickory NC 28601

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

Name of Employer Occupation
Carolina ENT/HNSC Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 11 / 2009

Transaction ID: SA11AI.13506

Amount of Each Receipt this Period
90.00

Voluntary member contribution

C. Full Name (Last, First, Middle Initial)
Dr. Lance Thayer Sisco

Mailing Address 1088 Mountain Valley Drive

City State Zip Code
Asheboro NC 27205-0548

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

Name of Employer Occupation
Orthopedic Surgery Center Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2009

Transaction ID: SA11AI.13270

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: PAGE 26 / 33

(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.

Full Name (Last, First, Middle Initial)

Dr. Brian Edward Smith

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
Asheville Eye Associates,
PLLC

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 2 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.13508

Amount of Each Receipt this Period

250.00

Voluntary member contribu-
tion

B.

Full Name (Last, First, Middle Initial)

William L. Spivey

Mailing Address 245 Charlois Boulevard
Suite C

City State Zip Code
Winston-Salem NC 27103

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

Name of Employer
Piedmont Community Physic-
ians

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 1 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.13451

Amount of Each Receipt this Period

250.00

Voluntary member contribu-
tion

C.

Full Name (Last, First, Middle Initial)

Dr. Martin Wade Stallings

Mailing Address 108 Edgemont Drive

City State Zip Code
Kings Mountain NC 28086-2702

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

Name of Employer
Kings Mountain Pediatrics

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.13560

Amount of Each Receipt this Period

250.00

Voluntary member contribu-
tion

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 27 / 33
	(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.

Full Name (Last, First, Middle Initial) Dr. Stephen Bradley Tatter		Date of Receipt MM / DD / YYYY 08 / 18 / 2009
Mailing Address Medical Center Boulevard		Transaction ID: SA11AI.13210
City Winston-Salem	State NC	Zip Code 27157-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Wake Forest University School of Medicine	Occupation Physician	Voluntary member contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. Carol J. Ziel		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 2025 Frontis Plaza Boulevard Ste 100		Transaction ID: SA11AI.13460
City Winston-Salem	State NC	Zip Code 27103-5663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Duke Eye Center of Winston-Salem M	Occupation Physician	Voluntary member contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	15755.00

**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 28 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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	<input type="checkbox"/> 30b

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)

Long Leaf Pine PAC

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Hagan reception 7-24-09, Greensboro, NC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.13043

Date of Disbursement

07 / 22 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

2500.00

**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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) Harry Brown</p> <p>Mailing Address 906 Greenway Drive</p> <p>City Jacksonville State NC Zip Code 28546</p> <p>Purpose of Disbursement 2010 Primary election -NC Senate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13350 Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Pete Brunstetter</p> <p>Mailing Address 3054 Panther Ridge Lane</p> <p>City Lewisville State NC Zip Code 27023</p> <p>Purpose of Disbursement 2010 Primary election -NC Senate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13351 Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Debbie Clary</p> <p>Mailing Address 105 D 02 Northshore Court</p> <p>City Cherryville State NC Zip Code 28021</p> <p>Purpose of Disbursement 2010 Primary election -NC Senate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13352 Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

TOTAL 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)

<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

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) Daniel Clodfelter <hr/> Mailing Address 523 Clement Avenue <hr/> City State Zip Code Charlotte NC 28204 <hr/> Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.13343 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Dr. James Summers Forrester <hr/> Mailing Address PO Box 459 <hr/> City State Zip Code Stanley NC 28164-0459 <hr/> Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.13353 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Linda Garrou <hr/> Mailing Address 3910 Camerille Farm Road <hr/> City State Zip Code Winston-Salem NC 27106 <hr/> Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.13344 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	Category/ Type

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

**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 31 / 33

<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

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

<p>A. Full Name (Last, First, Middle Initial) Fletcher Hartsell</p> <p>Mailing Address 129 Overbrook Drive, NE</p> <p>City Concord State NC Zip Code 28025</p> <p>Purpose of Disbursement 2010 Primary election -NC Senate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13354 Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Martin Nesbitt</p> <p>Mailing Address 180 Robinhood Road, Apt. 3</p> <p>City Asheville State NC Zip Code 28804</p> <p>Purpose of Disbursement 2010 Primary election -NC Senate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13346 Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Dr. William Robert Purcell</p> <p>Mailing Address 1301 Dunbar Drive</p> <p>City Laurinburg State NC Zip Code 28352</p> <p>Purpose of Disbursement 2010 Primary election -NC Senate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.13347 Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

TOTAL 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)

<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

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) Bob Rucho	Transaction ID: SB29.13355 Date of Disbursement
	Mailing Address 305 Trafalgar Place	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Matthews State NC Zip Code 28105	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary election -NC Senate	<input type="text" value="4000.00"/>
	Candidate Name	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Richard Stevens	Transaction ID: SB29.13356 Date of Disbursement
	Mailing Address 132 Lochwood West Drive	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Cary State NC Zip Code 27511	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary election -NC Senate	<input type="text" value="4000.00"/>
	Candidate Name	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) AB Swindell	Transaction ID: SB29.13348 Date of Disbursement
	Mailing Address 700 Birchwood Drive	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Nashville State NC Zip Code 27856	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary election -NC Senate	<input type="text" value="4000.00"/>
	Candidate Name	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 33 / 33

<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

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)

Don Vaughan

Mailing Address 612 W. Friendly Avenue

City Greensboro State NC Zip Code 27401

Purpose of Disbursement
2010 Primary election -NC Senate

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.13349

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

52000.00