01/21/2010 09:56

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIW 3X	For Oth	er Than An	Authorized C	Committee		Office Use Only	
NAME OF COMMITTEE (in full)		MAILING LA OR PRINT	BEL Examp over th	le:If typing, type e lines			
North Carolina Medical	Society Federal	Political Educa	tion and Action Co	ommittee			
ADDRESS (number and stree	et)	x 25834 Person Street					
Check if different than previously reported. (ACC)	Raleig				NC	27611	-
2. FEC IDENTIFICATION	NUMBER 1	-	CITY 🛋		STATE	ZIPCO	DDE 🛕
C00003152			3. IS THIS REPORT	X NEW (N) O	_	MENDED A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Reports: July 15 Quarterly Reports: October 15 Quarterly Reports: X January 31 Quarterly Report Non-eyear Only) (Moneyear Only)	port(Q1) (coort(Q2) port(Q3) port(YE) (ear election ly)	PRE-Electi Report for to 30-Day Post -Electi Report for to	en Contain Con	May 20 (M Jun 20 (M Jul 20 (M' imary (12P) onvention (12C)	(6) Se	in the	Special (30S)
5. Covering Period	07 0			through 1	2 31	2009	
Type or Print Name of Treas			my knowledge and hen W. Keene	belief it is true, corr	ect and complete		
Signature of Treasurer NOTE: Submission of false	lectronically Filed		easurer Stephen V		Date 0 1		2 0 1 0
Office Use	,					FEC FOI	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/33

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name North Carolina Medical Society Federal Political Education and Action Committee

D D " D 07 0 1 2009 12 3 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 33360.00 January 1 (b) Cash on Hand at 61509.74 Begining of Reporting Period 42277.56 70547.30 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 103787.30 103907.30 6(a) and 6(c) for Column B) 54640.08 54760.08 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 49147.22 49147.22 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 33

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period:

From: 0 7

D D D

2009

To:

м м 1 2 ^D 3 1

^Y ^Y ^Y ^Y ^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	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
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	42250.00	70487.00
	Fransfers From Affiliated/Other	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	27.56	60.30
	Fransfers 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
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	42277.56	70547.30
	otal Federal Receipts subtract Line 18(c) from Line 19)	42277.56	70547.30

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/33

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	140.00	260.08
	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		
2	Committees Contributions to	0.00	0.00
.0.	Federal Candidates/Committees and Other Political Committees	2500.00	2500.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
.ບ.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(ass concade i)		
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
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	52000.00	52000.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	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
		0.00	34700.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 33

	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

FE6AN026

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	2 See Separate Soriedate(S)		FOR LINE NUMBER: PAGE 6 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16	
4	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may i	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) North Carolina Medical Society Federa	al Political Edi	ucation and Action Commi	ttee	
	Full Name (Last, First, Middle Initial) Dr. James Norman Atkins			Date of Receipt	
	Mailing Address 203 Cox Boulevard			08 / 08 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.13130	
	Goldsboro	NC	27534-9479	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Southeastern Medical Onco-	Occupation Physician		Voluntary member contribution	
	logy Receipt For: Primary General	. ' - '	Year-to-Date ▼		
	Other (specify)		250.00		
-	Full Name (Last, First, Middle Initial) Dr. Scott William Baker			Date of Receipt	
	Mailing Address 3318 Healy Drive			1 2 1 1 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.13468	
	Winston-Salem	NC	27103	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Vein Clinic of NC	Occupation Physician		Voluntary member contribution	
	Receipt For:	. ' ' '	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
_	Full Name (Last, First, Middle Initial) Dr. Franc Andy Barada, Jr.			Date of Receipt	
	Mailing Address 4004 Ben Franklin Bou	ılevard		M M / D D / Y Y Y Y Y Y 1 1 0 2 6 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.13311	
	<u>Durham</u>	NC	27704-2138	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Barada, Harrell, Toohey & Belhorn	Occupation Physician		Voluntary member contribution	
	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		340.00		
Γ					
- 1	SUBTOTAL of Receipts This Page (optional)			750.00	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	itataments ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/33 (check only one) X 11a 11b 11c 12 13 14 15 16 11
7	NAME OF COMMITTEE (In Full) North Carolina Medical Society Federa	name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Dr. Franc Andy Barada, Jr. Mailing Address 4004 Ben Franklin Bou	ulevard		Date of Receipt 1 1 0 3 2 0 0 9
	City Durham	State NC	Zip Code	Transaction ID: SA11AI.13364
	FEC ID number of contributing federal political committee.	C	27704-2138	Amount of Each Receipt this Period 90.00
	Name of Employer Barada, Harrell, Toohey & Belhorn Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		Voluntary member contribution
3.	Full Name (Last, First, Middle Initial) Dr. Daniel Bernstein Mailing Address 451 Ruin Creek Road Ste 204	l		Date of Receipt 1 0 2 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.13314
	Henderson FEC ID number of contributing federal political committee.	C	27536-5920	Amount of Each Receipt this Period 250.00
	Name of Employer Four County Eye Associates	Occupation Physicia	n	Voluntary member contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Gary Leroy Biesecker Mailing Address 611 N Lindsay Street Ste 100			Date of Receipt 1 1 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.13365
	High Point FEC ID number of contributing federal political committee.	C	27262-4318	Amount of Each Receipt this Period 250.00
	Name of Employer Cornerstone Healthcare, PA	Occupation Physicia		Voluntary member contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	I		590.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 33 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder			
Full Name (Last, First, Middle Initial) Dr. William Edmund Bowman, Jr. Mailing Address 1002 North Elm Stree Suite 1049 City Greensboro FEC ID number of contributing federal political committee. Name of Employer Moses Cone Health System Receipt For: Primary General	State NC C Occupation Physician	Zip Code 27401	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Chadwick R Brasington Mailing Address 1016 Kirkpatrick Road City Burlington FEC ID number of contributing federal political committee. Name of Employer Alamance Eye Center Receipt For: Primary General Other (specify) ▼	State NC C Occupation Physician	Zip Code 27215	Date of Receipt M M D D Z D Q D
Full Name (Last, First, Middle Initial) Dr. Michael W. Brennan Mailing Address 2238 Lakeview Terrace City Burlington FEC ID number of contributing federal political committee. Name of Employer Alamance Eye Center, PA Receipt For: Primary General Other (specify)	State NC C Occupation Physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			865.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Laura Devereux Brown Mailing Address 3010 Anderson Drive City Raleigh FEC ID number of contributing federal political committee. Name of Employer Raleigh Ear, Nose & Throat	State NC C		Date of Receipt M M M
Head and Ne Receipt For: Primary General Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Sandra Brown Mailing Address 201 LePhillip Court, N	IE		Date of Receipt 1 2 3 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.13525
Concord FEC ID number of contributing federal political committee.	NC C	28025	Amount of Each Receipt this Period 250.00
Name of Employer Cabarrus Eye Center	Occupation Physician		Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Timothy Paul Bukowski	1		Date of Receipt
Mailing Address 2406 Blue Ridge Road Ste 190			12 28 2009
City Raleigh	State NC	Zip Code 27607-6680	Transaction ID: SA11AI.13526 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer Pediatric Urology of North Carolina Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		Voluntary member contribution
SUBTOTAL of Receipts This Page (optional) .			840.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Fede	ne name and add	lress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bryan Carducci Mailing Address 5129 Carter Street			Date of Receipt 1 2 0 1 2 0 0 9
City Raleigh	State NC	Zip Code 27612	Transaction ID: SA11AI.13471 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Alamance Regional Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		Voluntary member contribution
Full Name (Last, First, Middle Initial) Ted F. Cash Mailing Address 2616 Oak Grove Roa	ad		Date of Receipt 1 1 0 3 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.13373
Shelby FEC ID number of contributing federal political committee.	C	28150	Amount of Each Receipt this Period 250.00
Name of Employer Upper Cleveland Medical Center	Occupation Physician		Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Melissa Coale			Date of Receipt
Mailing Address 335 Penny Lane			12 09 2009
City Concord	State NC	Zip Code 28025	Transaction ID: SA11AI.13472 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dermatology Group of the Carol	Occupation Physician	1	Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 33 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	al Political E	ducation and Action Commi	ttee
۸.	Full Name (Last, First, Middle Initial) Francis Corrigan			Date of Receipt
	Mailing Address 285 Olmsted Blvd., St	[6]		10 23 2009
	City Pinehurst	State NC	Zip Code 28374	Transaction ID: SA11AI.13320 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20074	250.00
	Name of Employer Pain Management Group of NC	Occupatio Physicia		Voluntary member contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Mary Lou Courrege			Date of Receipt
	Mailing Address 3904 Oleander Drive Ste 102			12 14 2009
	City	State	Zip Code	Transaction ID: SA11AI.13474
	Wilmington FEC ID number of contributing federal political committee.	NC C	28403-6717	Amount of Each Receipt this Period 90.00
	Name of Employer Lower Cape Fear Dermatolo- gy Clinic, PA	Occupatio Physicia		Voluntary member contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	
	Full Name (Last, First, Middle Initial) Dr. Mary Lou Courrege			Date of Receipt
	Mailing Address 3904 Oleander Drive Ste 102			12 / 30 / Y Y Y Y Y Y Y
	City Wilmington	State NC	Zip Code 28403-6717	Transaction ID: SA11AI.13530 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20403-0717	90.00
	Name of Employer Lower Cape Fear Dermatolo- gy Clinic, PA	Occupatio Physicia	n	Voluntary member contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		430.00

ľ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 11 son for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	e name and ad	dress of any political committee t	o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Marc Darst Mailing Address 8001 Serendipity Lane	Э		Date of Receipt 1 0 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.13323
	Charlotte FEC ID number of contributing federal political committee.	C	28277	Amount of Each Receipt this Period 250.00
	Name of Employer Darst Dermatology Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		Voluntary member contribution
	Full Name (Last, First, Middle Initial) Dr. Lindsey E. de Guehery Mailing Address 1812 Glendale Drive S	SW		Date of Receipt 1 1 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.13379
	Wilson FEC ID number of contributing federal political committee.	NC C	27893-4402	Amount of Each Receipt this Period 90.00
	Name of Employer Wilson Pulmonary & Internal Medicine, Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physicia Aggregate		Voluntary member contribution
- ;.	Full Name (Last, First, Middle Initial) Dr. Myra C. Dove Mailing Address 801 Green Valley Roa	nd		Date of Receipt
	City	State	Zip Code	1 1 3 0 2 0 0 9 Transaction ID: SA11Al.13463
	Greensboro	NC NC	27408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Women's Hospital of Green- sboro	Occupation Physicia	n	Voluntary member contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			590.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 33 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Sam Russell Fulp Mailing Address 1450 Matthews Town:	shin Parkway		Date of Receipt
Suite 400			08 31 2009
City	State	Zip Code	Transaction ID: SA11AI.13166
Matthews	NC	28105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Charlotte Gastroenterology & Hepatolog	Occupation Physician		Voluntary member contribution
Receipt For:	, ' 	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Brian Mingtao Go	1		Date of Receipt
Mailing Address 1037 Stradshire Drive)		1 1 1 1 1 6 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.13428
Raleigh	NC	27614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer Raleigh Cardiology Associ- ates, PA	Occupation Physician		Voluntary member contribution
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		340.00	
Full Name (Last, First, Middle Initial) Dr. Daniel Gottovi			Date of Receipt
Mailing Address 4731 Shannon House	Drive		1 1 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.13430
Raleigh	NC	27612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Retired	Occupation Physician		Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .			590.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 33 (check only one) X
or fo	r information copied from such Reports and Sor commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	al Political E	ducation and Action Commi	ttee
	Full Name (Last, First, Middle Initial) Dr. Robert Samuel Greenwood			Date of Receipt
-	Mailing Address 2141 Physicians Offic	e Bldg.		09 / 29 / 2009
	City Chapel Hill	State NC	Zip Code 27599	Transaction ID: SA11AI.13251
ı	FEC ID number of contributing rederal political committee.	C	27399	Amount of Each Receipt this Period 250.00
Ī	Name of Employer UNC School of Medicine	Occupatio Physicia		Voluntary member contribution
Ī	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 250.00	
. !	Full Name (Last, First, Middle Initial) Dr. Neil Bostram Griffin			Date of Receipt
ľ	Mailing Address 2170 Midland Road			08 21 2009
	City	State	Zip Code	Transaction ID: SA11AI.13169
- I	Southern Pines FEC ID number of contributing rederal political committee.	NC C	28387	Amount of Each Receipt this Period 250.00
(Name of Employer Carolina Eye Associates, PA	Occupatio Physicia		Voluntary member contribution
ſ	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Chris Warren Guest			Date of Receipt
ı	Mailing Address 102 Pomona Drive			12 03 2009
	City	State	Zip Code	Transaction ID: SA11AI.13479
ı	Greensboro FEC ID number of contributing federal political committee.	NC NC	27407-1616	Amount of Each Receipt this Period 250.00
1	Name of Employer Urgent Medical & Family Care, PA	Occupatio Physicia		Voluntary member contribution
	Receipt For: Primary General Other (specify) ▼	, ' ' ' 	e Year-to-Date ▼ 250.00	
SII SII	BTOTAL of Receipts This Page (optional) .	1		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
1 \	deral Political Education and Action Comn	nittee
Full Name (Last, First, Middle Initial) Dr. Richard Dax Hawkins		Date of Receipt
Mailing Address 1729 New Hanover	Medical Park	09 / 09 / 2009
City Wilmington	State Zip Code NC 28403-5345	Transaction ID: SA11AI.13225
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Eye Associates of Wilmington, PA Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	Voluntary member contribution
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Derrick Gerard Hickey	'	Date of Receipt
Mailing Address 6101 Old Branch F	1 1 0 3 2 0 0 9	
City	State Zip Code	Transaction ID: SA11AI.13388
Wilmington	NC 28409	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 Voluntary member contribu-
Name of Employer Port City Orthopaedics	Occupation Physician	tion
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) John B Holt	I	Date of Receipt
Mailing Address 200 Hawthorne Lar	ne	1 2 2 8 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.13538
Charlotte	NC 28204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 Voluntary member contribu-
Name of Employer Presbyterian Pathology Gr- oup,	Occupation Physician	tion voluntary member contribu-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Possints This Poss (antism		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 33 (check only one) X
or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Federa	e name and add	dress of any political committee to	o solicit contributions from such committee.
٨.	Full Name (Last, First, Middle Initial) P. Shannon Hopson Mailing Address 2711 X-ray Drive			Date of Receipt
	City Gastonia	State NC	Zip Code 28054	Transaction ID: SA11AI.13228 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Voluntary member contribu-
	Name of Employer Caromont Endocrinology Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate		tion
3.	Full Name (Last, First, Middle Initial) Dr. Hampton Alexander Howell Mailing Address 1345 Westgate Center # A	r Drive		Date of Receipt 0 8 1 8 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.13174
	Winston Salem FEC ID number of contributing federal political committee.	NC C	27103-2934	Amount of Each Receipt this Period 250.00
	Name of Employer Salem Plastic Surgery, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		Voluntary member contribution
•	Full Name (Last, First, Middle Initial) Dr. Michael Josilevich Mailing Address 1701 Country Club Ro	Date of Receipt 1 1 1 8 2 0 0 9		
	City	State	Zip Code	Transaction ID: SA11AI.13435
	Jacksonville FEC ID number of contributing federal political committee.	NC C	28546-6005	Amount of Each Receipt this Period 90.00
	Name of Employer Internal Medicine & Prima- ry Care Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		Voluntary member contribution
SI	JBTOTAL of Receipts This Page (optional)			590.00

Π	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS ny information copied from such Reports and second	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 33 (check only one) X
0	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	e name and ad	dress of any political committee t	o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Jugta Kahai Mailing Address 4734 Long Beach Roa	ad		Date of Receipt
	City Southport	State NC	Zip Code 28461	Transaction ID: SA11AI.13391 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Oak Island Pediatrics Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		Voluntary member contribution
3.	Full Name (Last, First, Middle Initial) Jugta Kahai Mailing Address 4734 Long Beach Roa	ad		Date of Receipt 1 2 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.13487
	Southport FEC ID number of contributing federal political committee.	NC C	28461	Amount of Each Receipt this Period 90.00
	Name of Employer Oak Island Pediatrics Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		Voluntary member contribution
_	Full Name (Last, First, Middle Initial) Dr. Richard David Kaplan Mailing Address 719 Green Valley Roa Suite 201	ad		Date of Receipt 1 2 0 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.13488
	Greensboro FEC ID number of contributing federal political committee.	NC C	27408-7019	Amount of Each Receipt this Period 250.00
	Name of Employer Green Valley OB-GYN & Inf- ertility Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		Voluntary member contribution
Γ.	SUBTOTAL of Receipts This Page (optional) .			640.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)		erson for the purpose of soliciting contributions e to solicit contributions from such committee.
/ North Carolina Medical Society Fede	ral Political Education and Action Com	mittee
Full Name (Last, First, Middle Initial) Dr. Kevin James Kerlin Mailing Address 2802 McLamb Place		Date of Receipt
Walling Address 2802 MCLamb Place		08 31 2009
City	State Zip Code	Transaction ID: SA11AI.13178
Goldsboro	NC 27534-1600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Wayne Radiation Oncology	Occupation Physician	Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark Stuart Kremers		Date of Receipt
Mailing Address 1718 East 4th Street Suite 501		12 16 2009
City	State Zip Code	Transaction ID: SA11AI.13541
Charlotte	NC 28204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Mid Carolina Cardiology	Occupation Physician	Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Dr. Philip H. Lavine		Date of Receipt
Mailing Address 1236 Huffman Mill Ro Suite 2200	oad	10 28 2009
City	State Zip Code	Transaction ID: SA11AI.13333
Burlington	NC 27215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation Physician	Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	1
CURTOTAL of Possints This Poss (antional)		850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	e name and add	dress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Gerri Mattson Mailing Address 402 Sonehill Road City Chapel Hill FEC ID number of contributing federal political committee.	State NC	Zip Code 27516	Date of Receipt M M M
	Name of Employer NC Dept of Health & Human Serv Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		Voluntary member contribution
	Full Name (Last, First, Middle Initial) Dr. Toni Davis Meeks Mailing Address 1843 Quiet Cove			Date of Receipt 1 1 2 5 2 0 0 9
	City Fayetteville FEC ID number of contributing federal political committee.	State NC	Zip Code 28304-3857	Transaction ID: SA11AI.13441 Amount of Each Receipt this Period 250.00
	Name of Employer Village Internal Medicine Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		Voluntary member contribution
	Full Name (Last, First, Middle Initial) Dr. Clinton Louis Meyer Mailing Address 5115 Oleander Drive			Date of Receipt 0 9 2 2 2 0 0 9
	City Wilmington FEC ID number of contributing federal political committee.	State NC	Zip Code 28403	Transaction ID: SA11AI.13262 Amount of Each Receipt this Period 500.00
	Name of Employer Wilmington Gastroenterolo- gy Associates Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		Voluntary member contribution
s	SUBTOTAL of Receipts This Page (optional) .			1000.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (crieck offly offe)
NAME OF COMMITTEE (In Full)		ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
North Carolina Medical Society Federa	ai Political Education and Action C	Committee
Full Name (Last, First, Middle Initial) Dr. F. Andrew Morfesis Mailing Address 513 Owen Drive		Date of Receipt
Mailing Address 513 Owen Drive		11 18 2009
City	State Zip Code	Transaction ID: SA11AI.13443
Fayetteville	NC 28304-3425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Owen Drive Surgical Clinic	Occupation Physician	Voluntary member contribution
of Fayettev Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.	00
Full Name (Last, First, Middle Initial) David Musante	Date of Receipt	
Mailing Address 120 William Penn Pla	za	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13396
Durham	NC 27704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Triangle Orthopaedic Asso- ciate	Occupation Physician	Voluntary member contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.	00
Full Name (Last, First, Middle Initial) Dr. Matthew L. Oldroyd	<u>I</u>	Date of Receipt
Mailing Address 155 Hillside Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13398
Pinehurst	NC 28374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Pinehurst Anesthesia Assoc	Occupation Physician	Voluntary member contribution
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	00
UBTOTAL of Receipts This Page (optional)	1	750.00

SCHEDULE A (FITEMIZED RECE	IPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 33 (check only one) X
or for commercial purpose NAME OF COMMITTE	es, other than using the name and a EE (In Full)	ddress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Dr. Warren Josef Pende Mailing Address 220 Sui City	rgast	Zip Code	Date of Receipt 0 9 1 1 2 0 0 9 Transaction ID: SA11AI.13235
Raleigh FEC ID number of corfederal political commi		27615-4928	Amount of Each Receipt this Period 250.00
Name of Employer North Carolina Physici Health Progr Receipt For: Primary Other (specify)	Aggregation General Aggregation		Voluntary member contribution
Full Name (Last, First, Dr. Liana Puscas Mailing Address Du	Middle Initial) ke South Box 3805		Date of Receipt 10 02 2009
City	State	Zip Code	Transaction ID: SA11AI.13300
Durham FEC ID number of cor federal political commi		27710-3805	Amount of Each Receipt this Period 90.00
Name of Employer Duke University Medic Center Receipt For: Primary Other (specify)	General Aggrega		Voluntary member contribution
	•		Date of Receipt 1 1 0 3 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.13404
Greenville FEC ID number of cor federal political commi		27858-4354	Amount of Each Receipt this Period 500.00
Name of Employer Brody School of Medic at ECU Receipt For:	Aggrega		Voluntary member contribution
Primary Other (specify)	General	500.00	
SUBTOTAL of Receipts	This Page (optional)		840.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 33 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Owen T. Regan Mailing Address PO Box 679 City Supply FEC ID number of contributing federal political committee. Name of Employer Brunswick OB-GYN, PA	State NC C Occupation Physician	Zip Code 28462-0679	Date of Receipt M M D D 2009 Transaction ID: SA11Al.13503 Amount of Each Receipt this Period 250.00 Voluntary member contribution 100
Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Owen T. Regan Mailing Address PO Box 679			Date of Receipt 1 2 3 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.13552
Supply	NC	28462-0679	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00 Voluntary member contribu-
Name of Employer Brunswick OB-GYN, PA	Occupation Physician		tion
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Joel Crist Reynolds			Date of Receipt
Mailing Address 210 N Broad Street			11 23 2009
City	State	Zip Code	Transaction ID: SA11AI.13446
Edenton	NC	27932-1904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Edenton Urology Clinic	Occupation Physician		Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 11: FOR LINE NUMBER: PAGE 23 / 33 11c 12 11c 15 16 11: FOR LINE NUMBER: PAGE 23 / 33 11c 12 11c 15 16 11:
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Federal	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Dr. John Laurence Reynolds Mailing Address 209 Deerchase Road			Date of Receipt 1 1 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.13405
	Shelby FEC ID number of contributing federal political committee.	C	28150	Amount of Each Receipt this Period 250.00
	Name of Employer Shelby Anesthesiology Associates, PA Receipt For: Primary General Other (specify)	Occupation Physicia Aggregate		Voluntary member contribution
_ 3.	Full Name (Last, First, Middle Initial) Frank Rinaldo Mailing Address 8524 Pine Lake Road	1		Date of Receipt 1 2 2 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.13504
	Denver	NC	28037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Western Piedmont Anesthes- ia	Occupation Physicia	n	Voluntary member contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
- :.	Full Name (Last, First, Middle Initial) Dr. Garrett Lee Rogers Mailing Address 29 Office Park Drive			Date of Receipt 0 7 1 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.13040
	Jacksonville FEC ID number of contributing federal political committee.	NC C	28546	Amount of Each Receipt this Period 250.00
	Name of Employer Sea Coast Cardiology Con	Occupation Physicia		Voluntary member contribution
	Receipt For: Primary General Other (specify)	, ' ' ' 	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

ITEMIZE	ULE A (FEC Form 3X) ED RECEIPTS	atomonte ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions
or for comm	percial purposes, other than using the DF COMMITTEE (In Full) Carolina Medical Society Federa	name and add	dress of any political committee to	o solicit contributions from such committee.
Dr. Garre Mailing A City Jackso FEC ID federal p	ne (Last, First, Middle Initial) ett Lee Rogers Address 29 Office Park Drive nville number of contributing olitical committee. Employer ast Cardiology Con	State NC C Occupation Physician		Date of Receipt M M M
	For: imary General her (specify) ▼		e Year-to-Date ▼ 340.00	
Jeffrey S	ne (Last, First, Middle Initial) egal Address 1 Staunton Court			Date of Receipt 1 1 0 3 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.13410
	boro number of contributing olitical committee.	C	27410	Amount of Each Receipt this Period 250.00
Receipt Pri		Occupation Physician Aggregate		Voluntary member contribution
Full Nam John A. A	ne (Last, First, Middle Initial) A. Seldomridge Address 31 Office Park Drive	0 0		Date of Receipt 1 2 3 1 2 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.13558
<u>Jackso</u>	nville	NC	28546	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		250.00
Eastern dic C Receipt Pri	Employer Carolina Orthopae- For: imary General her (specify) •	Occupation Physician Aggregate		Voluntary member contribution
SURTOTA	L of Receipts This Page (optional)			590.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	eral Political Education and Action Comn	
Full Name (Last, First, Middle Initial) Dr. Merritt John Seshul		Date of Receipt
Mailing Address 304 10th Avenue NE		0 9 1 0 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.13237
Hickory	NC 28601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Carolina ENT/HNSC	Occupation Physician	Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Merritt John Seshul		Date of Receipt
Mailing Address 304 10th Avenue NE		12 11 YYYYY 12 11 2009
City	State Zip Code	Transaction ID: SA11AI.13506
Hickory	NC 28601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer Carolina ENT/HNSC	Occupation Physician	Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial)		
Dr. Lance Thayer Sisco Mailing Address 1088 Mountain Valle	y Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13270
Asheboro	NC 27205-0548	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopedic Surgery Center	Occupation Physician	Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
-		590.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Feder	e name and addres	ss of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Brian Edward Smith Mailing Address 8 Medical Park Drive			Date of Receipt 1 2 1 4 2 0 0 9
City Asheville	State NC	Zip Code 28803-2493	Transaction ID: SA11AI.13508 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20003-2493	250.00
Name of Employer Asheville Eye Associates, PLLC Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Ye	ear-to-Date ▼ 250.00	Voluntary member contribution
Full Name (Last, First, Middle Initial) William L. Spivey Mailing Address 245 Charlois Bouleval	rd		Date of Receipt 1 1 2 5 2 0 0 9
Suite C City	State	Zip Code	Transaction ID: SA11AI.13451
Winston-Salem FEC ID number of contributing federal political committee.	NC C	27103	Amount of Each Receipt this Period 250.00
Name of Employer Piedmont Community Physic- ians	Occupation Physician		Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Martin Wade Stallings			Date of Receipt
Mailing Address 108 Edgemont Drive			12 31 2009
City Kings Mountain	State NC	Zip Code 28086-2702	Transaction ID: SA11AI.13560 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Kings Mountain Pediatrics	Occupation Physician		Voluntary member contribution
Receipt For: Primary General Other (specify) ▼	<u>, , </u>	ear-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .			750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Medical Society Fede	Statements ma ne name and ad	dress of any political committee	to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr. Stephen Bradley Tatter Mailing Address Medical Center Boule	evard		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.13210
	Winston-Salem	NC	27157-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Wake Forest University Sc- hool of Medic	Occupation Physicia		Voluntary member contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Carol J. Ziel			Date of Receipt
	Mailing Address 2025 Frontis Plaza B Ste 100	oulevard		1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.13460
	Winston-Salem	NC	27103-5663	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Duke Eye Center of Winsto- n-Salem M	Occupation Physicia		Voluntary member contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		340.00	

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

Image# 10990089925

IT	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS / Information copied from such Reports and	S for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) 21b 22 X 23 27 28a 28	8b 28c 29 30b
	or commercial purposes, other than using			•
\rangle	NAME OF COMMITTEE (In Full) North Carolina Medical Society Fed	eral Political Education and Action	Committee	
	Full Name (Last, First, Middle Initial) Long Leaf Pine PAC Mailing Address 426 C Street, NE		Transaction Date of Disbu	ID: SB23.13043 ursement
	City Washington Purpose of Disbursement	State Zip Code DC 20002	Amount of Ea	ach Disbursement this Period 2500.00
	Hagan reception 7-24-09, Greensboro, NC Candidate Name		egory/ ype	
	Senate President	Disbursement For: Primary General Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	•	2500.00

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one)] 22
	Detailed Summary Page	27	28a 28b 28c X 29 3
Any Information copied from such Reports and Statement			
or for commercial purposes, other than using the name	and address of any political c	ommittee to soli	cit contributions from such committee
NAME OF COMMITTEE (In Full) North Carolina Medical Society Federal Pol	itical Education and Actic	on Committee	
Full Name (Last, First, Middle Initial) Harry Brown			Transaction ID: SB29.13350 Date of Disbursement
Mailing Address 906 Greenway Drive			$\begin{bmatrix}\begin{smallmatrix}M\\1&1\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\0&4\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2&0&0&9\end{smallmatrix}$
•	State Zip Code NC 28546		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary election -NC Senate			4000.00
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
Pete Brunstetter			Transaction ID: SB29.13351 Date of Disbursement
Mailing Address 3054 Panther Ridge Lane			11 7 0 4 7 2 0 0 9
,	State Zip Code NC 27023		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary election -NC Senate		•	4000.00
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Debbie Clary			Transaction ID: SB29.13352 Date of Disbursement
Mailing Address 105 D 02 Northshore Cou			111 D D D Y Y Y O O 9
Cherryville	State Zip Code NC 28021		Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement 2010 Primary election -NC Senate			4000.00
Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	nent For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			12000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC FOIII 3X)		Use separate schedule(s)			NUMBER: PAGE 30 / 33 yone)			
TEMIZED DISBURSEMENTS	Detailed	category of the Summary Page		21b 27	22 23 24 25 28a 28b 28c X 29			
Any Information copied from such Reports and State of for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	ame and addre	ss of any political	commi	ttee to so	olicit contributions from such committee			
/ North Carolina Medical Society Federal	Political Edu	ication and Acti	ion Co	ommille	ee			
Full Name (Last, First, Middle Initial) Daniel Clodfelter					Transaction ID: SB29.13343 Date of Disbursement 11			
Mailing Address 523 Clement Avenue					11 04 2009			
City Charlotte	State NC	Zip Code 28204			Amount of Each Disbursement this Perio			
Purpose of Disbursement 2010 Primary election -NC Senate					4000.00			
Candidate Name			Cate Ty	gory/ pe				
Senate President	rsement For: Primary Other (spe	General ecify) ▼						
State: District:								
Full Name (Last, First, Middle Initial) Dr. James Summers Forrester					Transaction ID: SB29.13353 Date of Disbursement			
Mailing Address PO Box 459					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
City Stanley	State NC	Zip Code 28164-0459			Amount of Each Disbursement this Period			
Purpose of Disbursement 2010 Primary election -NC Senate					4000.00			
Candidate Name			Cate Ty					
Senate President	rsement For: Primary Other (spe	General ecify) ▼						
State: District: Full Name (Last, First, Middle Initial)					Transaction ID: CD00 10044			
Linda Garrou					Transaction ID: SB29.13344 Date of Disbursement			
Mailing Address 3910 Camerille Farm I	Road				111 004 2009			
City Winston-Salem	State NC	Zip Code 27106			Amount of Each Disbursement this Perio			
Purpose of Disbursement 2010 Primary election -NC Senate			·		4000.00			
Candidate Name			Cate Ty					
Office Sought: House Disbu Senate President	rsement For: Primary Other (spe	General ecify) ▼						
State: District:		· 						

TEMIZED DISBURSEMENTS for each category of the Detailed Summary Page for each category of the Detailed Summary Page 21b	SCHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)	FOR LINE	
NAME OF COMMITTEE (In Full) North Carolina Medical Society Federal Political Education and Action Committee Full Name (Last, First, Middle Initial) Fletcher Hartsell Mailing Address 129 Overbrook Drive, NE City State Zip Code On NC 28025 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House Senate Candidate Name City State Zip Code NC 28025 Purpose of Disbursement District: Full Name (Last, First, Middle Initial) Martin Nesbitt Mailing Address 180 Robinhood Road, Apt. 3 City State Zip Code Other (specify) ▼ Transaction ID: SB29.13346 Date of Disbursement this Perior Catopory/ Type Transaction ID: SB29.13346 Date of Disbursement III Name (Last, First, Middle Initial) Martin Nesbitt Mailing Address 180 Robinhood Road, Apt. 3 City State Zip Code NC 28804 Purpose of Disbursement Condidate Name City State Zip Code NC 28352 Purpose of Disbursement District: Full Name (Last, First, Middle Initial) District: Full Name (Last, First, Middle Initial) Dr. William Robert Purcell Mailing Address 1301 Dunbar Drive City State Zip Code NC 28352 Purpose of Disbursement Condidate Name Crategory/ Type Crategory/ Type Crategory/ Type Crategory/ Type Crategory/ Type Office Sought: House Senate Condidate Name Office Sought: House President District: City State Zip Code NC 28352 Purpose of Disbursement District: Crategory/ Type Crategory/ Type Crategory/ Type Crategory/ Type Crategory/ Type Office Sought: House President District Primary General Dist	FEMIZED DISBURSEMENTS	for each	category of the '	21b	22 23 24 25
NAME OF COMMITTEE (in Full) North Carolina Medical Society Federal Political Education and Action Committee Full Name (Last, First, Middle Initial) Fletcher Hartsell Mailing Address 129 Overbrook Drive, NE City State Zip Code Concord NC 28025 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Martin Nesbitt Mailing Address 180 Robinhood Road, Apt. 3 City State: Zip Code NC 28804 Purpose of Disbursement 2010 Primary Senate Candidate Name Office Sought: House President Presi					
Date of Disbursement	NAME OF COMMITTEE (In Full)				
City State Zip Code NC 28025 Purpose of Disbursement 2010 Primary election -NC Senate					
Concord Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Martin Nesbitt Mailing Address 180 Robinhood Road, Apt. 3 City State Zip Code Asheville NC 28804 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House Primary General Other (specify) ▼ Office Sought: House Primary General Other (specify) ▼ Transaction ID: SB29, 13346 Date of Disbursement 111 M	Mailing Address 129 Overbrook Drive,	NE			M°M / D°D / V°V°V
Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Marlin Nesbitt Mailing Address 180 Robinhood Road, Apt. 3 City Asheville NC 28804 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House President NC 28804 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House President NC 28352 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House President NC 28352 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House NC 28352 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House NC 28352 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House NC 28352 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House NC 28352 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House Disbursement For: Primary General President Other (specify) ▼					Amount of Each Disbursement this Period
Office Sought: House Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Martin Nesbitt Mailing Address 180 Robinhood Road, Apt. 3 City State Zip Code Asheville NC 28804 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House Primary General Primary General Other (specify) ▼ City Senate Primary General Other (specify) ▼ Transaction ID: SB29.13346 Date of Disbursement Ibis Perior Category/ Type Amount of Each Disbursement this Perior General Other (specify) ▼ Transaction ID: SB29.13346 Date of Disbursement this Perior Category/ Type Transaction ID: SB29.13346 Date of Disbursement Ibis Perior Category/ Type Transaction ID: SB29.13347 Date of Disbursement Init Perior Category/ Type Transaction ID: SB29.13347 Date of Disbursement Init Perior Category/ Type Office Sought: House Disbursement Ibis Perior Category/ Type Office Sought: House Disbursement Ibis Perior Category/ Type Office Sought: House Disbursement For: Senate Primary General Primary General Category/ Type Office Sought: House Disbursement For: Senate Primary General Primary General Category/ Type Office Sought: House Disbursement For: Senate Primary General Quiter (specify) ▼	Purpose of Disbursement				4000.00
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Martin Nesbitt Mailing Address 180 Robinhood Road, Apt. 3 City State Zip Code NC 28804 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House President President State: District: Full Name (Last, First, Middle Initial) Dr. William Robert Purcell Mailing Address 1301 Dunbar Drive City State Zip Code Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Dr. William Robert Purcell Mailing Address 1301 Dunbar Drive City State Zip Code NC 28352 Purpose of Disbursement State: Disbursement For: Category/ Type Office Sought: House NC 28352 Purpose of Disbursement Candidate Name Office Sought: House Senate Candidate Name Other (specify) ▼ Amount of Each Disbursement this Period Advanced Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Primary General Other (specify) ▼ Other (specify) ▼	Candidate Name				
Full Name (Last, First, Middle Initial) Martin Nesbitt Mailing Address 180 Robinhood Road, Apt. 3 City State Zip Code NC 28804 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name District: Full Name (Last, First, Middle Initial) Dr. William Robert Purcell Mailing Address 1301 Dunbar Drive City State Zip Code NC 28804 Primary General Other (specify) ▼ Transaction ID: SB29.13346 Amount of Each Disbursement this Period Category/ Type Transaction ID: SB29.13347 Date of Disbursement ID: SB29.13347 Date of Disbursement Transaction ID: SB29.13347 Date of Disbursement District: Full Name (Last, First, Middle Initial) Dr. William Robert Purcell Mailing Address 1301 Dunbar Drive City State Zip Code NC 28352 Purpose of Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Disbursement For: Senate Primary General Other (specify) ▼	Senate President	Primary			
Martin Nesbitt Mailing Address 180 Robinhood Road, Apt. 3 City State Zip Code Asheville NC 28804 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House Primary General Other (specify) ▼ City State Zip Code NC 28804 Amount of Each Disbursement this Period Advanced Primary General Other (specify) ▼ Transaction ID: SB29.13347 Date of Disbursement this Period Primary General Other (specify) ▼ Transaction ID: SB29.13347 Date of Disbursement Mailing Address 1301 Dunbar Drive City State Zip Code Laurinburg NC 28352 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Disbursement Transaction ID: SB29.13347 Date of Disbursement This Period Patent This Period Primary election -NC Senate Candidate Name Office Sought: House Primary General Other (specify) ▼					Transaction ID: SP20 12246
City					Date of Disbursement
Asheville Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House Senate Primary General President President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Dr. William Robert Purcell Mailing Address 1301 Dunbar Drive City State Zip Code Laurinburg NC 28352 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House Office Sought: House Senate Primary General Other (specify) ▼ Category/ Type Office Sought: House Office Senate Primary General Other (specify) ▼ Other (specify) ▼ Amount of Each Disbursement this Perior Category/ Type Office Sought: House Office Senate Primary General Other (specify) ▼ Other (specify) ▼	Mailing Address 180 Robinhood Road,	Apt. 3			11 2009
2010 Primary election -NC Senate Candidate Name Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Dr. William Robert Purcell Mailing Address 1301 Dunbar Drive City State Zip Code Laurinburg NC 28352 Purpose of Disbursement NC Senate Candidate Name Category/ Type Transaction ID: SB29.13347 Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Other (specify) ▼					
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Dr. William Robert Purcell Mailing Address 1301 Dunbar Drive City State Zip Code Laurinburg NC 28352 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Disbursement For: General Other (specify) ▼	2010 Primary election -NC Senate				4000.00
Full Name (Last, First, Middle Initial) Dr. William Robert Purcell Mailing Address 1301 Dunbar Drive City State Zip Code Laurinburg NC 28352 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Disbursement For: Senate Primary General Other (specify) Other (specify)	Senate President	Primary		71	
City State Zip Code Laurinburg NC 28352 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) Other (specify)	Full Name (Last, First, Middle Initial)				
Laurinburg NC 28352 Purpose of Disbursement 2010 Primary election -NC Senate Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	Mailing Address 1301 Dunbar Drive				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Q \\ Y & 2 & 0 & Q & Q \end{bmatrix}^Y$
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State: District:					
	Senate	Primary			

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\rangle		Medical Society Fed	deral Polit	ical Edu	cation and Act	tion (Cor	nmitte	e						
	Full Name (Last,	First, Middle Initial)							Tran	sactio	n ID:	SB29	.13355	5	_
	Bob Rucho								Date	of Dis	bursen	nent			7
	Mailing Address	305 Trafalgar Pla	ce						1 1		0 4	<u> </u>	20	ŏ9	_
	City Matthews		St N	ate IC	Zip Code 28105				Amo	unt of I	Each D	Disburs	ement th	nis Pe	rio
	Purpose of Disbu	ursement ction -NC Senate				Г			L				4000	0.00	_
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	Full Name (Last,	First, Middle Initial)							Tran	sactio	n ID:	SB29	.13356	 3	
	Richard Steve	ns							Date	of Dis					
	Mailing Address	132 Lochwood W	est Drive						1 1		0 4	1 /	Ý Ž0	ŏ9	
	City Cary		St N	ate	Zip Code 27511				Amo	unt of I	Each D	Disburs	ement th	nis Pe	rio
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	Mailing Address	700 Birchwood D	rive						1 1	M /	0 4	4	20	ŏ9	
	City Nashville		St N	ate IC	Zip Code 27856				Amo	unt of I	Each D	Disburs	ement th	nis Pe	rio
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS Any Information copied from such Reports and Statement	for each category of the Detailed Summary Page (check only 21b 27)	22 23 24 25 26 28a 28b 28c X 29 30b
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) North Carolina Medical Society Federal Pol		
Full Name (Last, First, Middle Initial) Don Vaughan Mailing Address 612 W. Friendly Avenue		Transaction ID: SB29.13349 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Greensboro Purpose of Disbursement 2010 Primary election -NC Senate	State Zip Code NC 27401	Amount of Each Disbursement this Period 4000.00
Candidate Name Office Sought: House Disburser Senate President State: District:	Category/ Type ment For: Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	>	4000.00
TOTAL This Period (last page this line number only)	•	52000.00