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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines North Carolina Medical Society Federal Political Education and Action Committee PO Box 25834 ADDRESS (number and street) 222 N. Person Street Check if different than previously Raleigh NC 27611 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00003152 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2007 06 30 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. , Asst Treasurer Stephen W. Keene Type or Print Name of Treasurer Electronically Filed by , Asst Treasurer Stephen W. Keene 07 18 2007 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003) Only

FEC Form 3X (Rev. 02/2003)

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name North Carolina Medical Society Federal Political Education and Action Committee <sup>®</sup> D " D 0 1 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2007 36835.52 January 1 (b) Cash on Hand at 36835.52 Begining of Reporting Period ..... 18439.50 18439.50 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 55275.02 55275.02 6(a) and 6(c) for Column B) ..... 212.00 212.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 55063.02 55063.02 (subtract Line 7 from Line 6(d)) ..... 9. 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) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

0 1 3<sup>D</sup>0 м N 0 1 м м 0 6 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 4000.00 4000.00 (i) Itemized (use Schedule A) .......... 14389.00 14389.00 (ii) Unitemized ..... (iii) TOTAL (add 18389.00 18389.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 18389.00 18389.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 50.50 50.50 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 18439.50 18439.50 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 18439.50 18439.50 (subtract Line 18(c) from Line 19) .....

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures:  (a) Shared Federal/Non-Federal	-	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
16	Loan Repayments Made	0.00	0.00
ю.	Loan nepayments Made		
	Loans Made Refunds of Contributions To:	0.00	0.00
.0.	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	man onica committees		
	(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
9.	Other Disbursements	212.00	212.00
ın.	Federal Election Activity (2 U.S.C 431(20))		
٠.	(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		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	212.00	212.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	212.00	212.00

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	18389.00	18389.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18389.00	18389.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 6/11		
•			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Summary Fage	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso			
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$  \rangle$	North Carolina Medical Society Federa	l Political E	ducation and Action Commit	too		
	North Carolina Medical Society Ledera	i i dillicai Li	ducation and Action Commi	iee		
<u>/</u>	Full Name (Last, First, Middle Initial)					
A.	Dr. Jimmie Warren Adcock			Date of Receipt		
	Mailing Address 100 N Tryon Street			M M / D D / Y Y Y Y		
	Ste 75			02 12 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11418		
	Charlotte	NC	28202-4000	Amount of Each Receipt this Period		
				7 thouse of Each Flooding this Folia		
	FEC ID number of contributing federal political committee.	C		250.00		
	rederal political committee.					
	Name of Employer First Charlotte Physicians	Occupation	1			
	First Charlotte Physicians	Physician	1			
	Receipt For: 2008	Aggregate	Year-to-Date <b>V</b>			
	X Primary General	00 0		1		
	Other (specify) ▼		250.00			
				4		
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 934 Cox Road			M M / D D / Y Y Y Y		
	G			01 24 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11396		
	Gastonia	NC	28054-3456	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.			250.00		
	Name of Employer Orthopaedic Specialists	Occupation				
	of Gastonia, P	Physiciar	1			
	Receipt For: 2008	Aggregate	Year-to-Date			
	X Primary General	-	050.00	1		
	Other (specify)		250.00			
_	Full Name (Last, First, Middle Initial)					
C.	Dr. Peter Frederick Blomgren			Date of Receipt		
	Mailing Address 317 W Wendover Aven	iue		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	0::		7: 0 1			
	City	State	Zip Code	Transaction ID: SA11A1.11444		
	Greensboro	NC	27408-8401	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer	Occupation	า	$\dashv$		
	Name of Employer Greensboro Family Practice	Physician				
	Associates Receipt For: 2008		Year-to-Date ▼			
	X Primary General	Aggregate	Tour to Date ¥	,		
	Other (specify)		250.00			
	□ Strict (opcoiny) ♥		0 0 0 0 0 0 0	1		
_				750.00		
Ls	UBTOTAL of Receipts This Page (optional)					
1						

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 11 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  North Carolina Medical Society Federal I	Political E	ducation and Action Commit	tee
Α.	Full Name (Last, First, Middle Initial) Dr. John Keith Earl  Mailing Address 52 12th Avenue NE  City Hickory  FEC ID number of contributing federal political committee.  Name of Employer Hickory Family Practice Associates, PA  Receipt For: 2008  X Primary General Other (specify)	State NC C Occupation Physiciar Aggregate		Date of Receipt  M M M / 23 / 2007  Transaction ID: SA11A1.11400  Amount of Each Receipt this Period  250.00
3.	Full Name (Last, First, Middle Initial) Dr. Paul H. Juengel, III Mailing Address 102 Medical Park Drive	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	City  Mebane  FEC ID number of contributing federal political committee.	State NC	27302	Transaction ID: SA11A1.11534  Amount of Each Receipt this Period  250.00
	Name of Employer Alamance Ear, Nose & Throat and Facial Receipt For: 2008  X Primary General Other (specify) ▼	Occupation Physician Aggregate		
<b>D.</b>	Full Name (Last, First, Middle Initial) Dr. Joseph William Kittinger, III Mailing Address 5115 Oleander Drive City Wilmington	State NC	Zip Code 28403-7018	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Wilmington Gastroenterolo- gy Associates Receipt For: 2008  X Primary General Other (specify)	Occupation Physician Aggregate		
s	UBTOTAL of Receipts This Page (optional)		·····	750.00
T	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 11 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) North Carolina Medical Society Federal	Political E	ducation and Action Commit	tee
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas Courtenay Leitner  Mailing Address 1428A Ellen Street  City  Monroe  FEC ID number of contributing federal political committee.  Name of Employer Leitner Urology, PA  Receipt For: 2008  X Primary General  Other (specify)	State NC C Occupation Physician Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11A1.11485  Amount of Each Receipt this Period  250.00
3.	Full Name (Last, First, Middle Initial) Dr. Michele Lynn Mercer Mailing Address 327 Fairforest Drive  City	State	Zip Code	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Rutherfordton  FEC ID number of contributing federal political committee.	NC C	28139-3229	Amount of Each Receipt this Period  250.00
	Name of Employer England & Godfrey Family Practice Receipt For: 2008  X Primary General Other (specify) ▼	Occupation Physician Aggregate		
<b>D</b> .	Full Name (Last, First, Middle Initial) Dr. Hiren R. Patel Mailing Address PO Box 3479	Obsta	7.0.1	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City <u>Lumberton</u> FEC ID number of contributing federal political committee.	State NC	Zip Code 28359-3479	Transaction ID: SA11A1.11598  Amount of Each Receipt this Period  250.00
	Name of Employer Hiren R. Patel, MD, PC  Receipt For: 2008  X Primary General Other (specify) ▼	Occupation Physician Aggregate		
s	UBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number or			

SCH	EDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 11 (check only one)
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Any into	formation copied from such Reports and State commercial purposes, other than using the na	n for the purpose of soliciting contributions solicit contributions from such committee.		
\	ME OF COMMITTEE (In Full)			
) No	orth Carolina Medical Society Federal	Political Ed	ducation and Action Commit	tee
_	l Name (Last, First, Middle Initial) Thai Tien Phan			Date of Receipt
Mai	iling Address 1134 Melrose Street			01 19 2007
City		State	Zip Code	Transaction ID: SA11A1.11411
	inston Salem	NC	27103	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
Nar Asl	me of Employer hleybrook Clinic, PA	Occupation Physician		
Red	ceipt For: 2008		Year-to-Date ▼	
X		-	250.00	
	Other (specify) ▼		0 0 0 0 0 0 0	
_	l Name (Last, First, Middle Initial) David A. Rockwell			Date of Receipt
Mai	iling Address 2808 McLamb Place	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City		State	Zip Code	Transaction ID: SA11A1.11383
	oldsboro	NC	27534-9458	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
Nai Go	me of Employer Idsboro Orthopaedic Ass-	Occupation		
<u>oci</u>	ates, PA ceipt For: 2008	Physiciar Aggregate	n e Year-to-Date ▼	_
X	7	/ iggi ogaic		
L	Other (specify) ▼		250.00	
_	I Name (Last, First, Middle Initial) Todd Allen Rogers			Date of Receipt
Mai	iling Address PO Box 15386			0 1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11A1.11412
	ırham	NC	27704-0386	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
Nai Du	me of Employer rham Emergency Physicia- PA	Occupation Physician		
Red	ceipt For: 2008		e Year-to-Date ▼	1
X	C Primary General Other (specify) ▼	· · ·	250.00	
	Salet (Specify) \		0 0 0 0 0 0 0	
SUBT	TOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/11
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	North Carolina Medical Society Federal Pol	litical Ed	lucation and Action Commit	tee
۹.	Full Name (Last, First, Middle Initial) Dr. John Hinnes Tinga			Date of Receipt
	Mailing Address 801 McCarthy Boulevard			05 11 2007
	City	State	Zip Code	Transaction ID: SA11A1.11543
	New Bern	NC	28562-5237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Eastern Carolina Women's	occupation hysician		
	OCHICI NEW BC		Year-to-Date ▼	
	X Primary General Other (specify) ▼	1 1	500.00	
	Full Name (Last, First, Middle Initial)	• •		
3.	Dr. James Edward Tomblin			Date of Receipt
	Mailing Address 1507 Westover Terrace Ste C	02 23 7 2007		
	•	State	Zip Code	Transaction ID: SA11A1.11449
		NC	27408-7121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Physicians for Women of	ccupation		
	Greensboro	hysician	Year-to-Date ▼	_
	X Primary General	rggregate	Teal-10-Date ▼	
	Other (specify) ▼	0 0	250.00	
).	Full Name (Last, First, Middle Initial) Dr. Mathew F Yetter			Date of Receipt
	Mailing Address 2825 Lyndhurst Avenue Suite 103			04 24 2007
		State	Zip Code	Transaction ID: SA11A1.11521
	Winston Salem	NC	27104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Ann Ouinn Bogard MD DA	occupation hysician		
			Year-to-Date ▼	$\dashv$
	X Primary General	33 13		1
	Other (specify)	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
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T	OTAL This Period (last page this line number only)		<b>•</b>	7000.00

SI	CHEDULE B (FEC Form 3)	Λ		LEGRUNE	NUMBER .	D105 44 /44
		Use sepe	rate schedule(s)	(check only	NUMBER: v one)	PAGE 11/11
П	EMIZED DISBURSEMENT		ategory of the Summary Page	21b	☐ 22 ☐ 23 ☐	24 25 26
		Detailed	diffillary rage	27	28a 28b	28c X 29 30b
	y Information copied from such Reports an					
or	for commercial purposes, other than using	the name and addres	s of any political	committee to so	licit contributions from s	such committee
$\mathbb{N}$	NAME OF COMMITTEE (In Full)					
17	North Carolina Medical Society Fed	deral Political Educ	cation and Acti	on Committee	е	
<u></u>	Full Name (Last First Middle Initial)					
A.	Full Name (Last, First, Middle Initial) Internal Revenue Service				Transaction ID: SB	
	internal Revenue Service				Date of Disburseme	
	Mailing Address N/A				03	<sup>'</sup> 2007
	City	State	Zip Code		Amount of Each Dis	bursement this Period
	Odgen	UT	84201			
	Purpose of Disbursement 2006 Income Tax			•		169.00
	Candidate Name			Category/ Type		
	Office Sought: House	Disbursement For:		Турс		
	Senate	Primary	General			
	President	Other (spec				
	State: District:		, <b>,</b>			
	Full Name (Last, First, Middle Initial)				Transaction ID: SB	 29 11442
В.	NC Department of Revenue				Date of Disburseme	-
					03 / 12	2007
	Mailing Address PO Box 25000				03 12	2007
	City	State	Zip Code		Amount of Each Dis	bursement this Period
	Raleigh	NC	27640			
	Purpose of Disbursement					43.00
	2006 Income Tax					
	Candidate Name			Category/ Type		
	Office Sought: House	Disbursement For:		туре		
	Senate	Primary	General			
	President	Other (spec				
	State: District:		-/ <del>▼</del>			

SUBTOTAL of Disbursements This Page (optional)	•	212.00
TOTAL This Period (last page this line number only)	•	212.00