

**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 POLITICAL EDUCATION AND ACTION COMMITTEE

ADDRESS (number and street) **Check if different than previously reported. (ACC)**
 P.O. BOX 25654
 222 N. Person Street
 Raleigh NC 27611

2. **FEC IDENTIFICATION NUMBER** C00003152
 3. **IS THIS REPORT** NEW (N) OR X **AMENDED (A)**
 CITY STATE ZIP CODE

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 (M13)
 (c) 12-Day **PRE**Election Report for the: Primary (12P) General (12G) Special (12S) Runoff (12R)
 Election on _____ in the State of _____
 (d) 30-Day **Post**-Election Report for the: X General (30G) Runoff (30R) Special (30S)
 Election on 11 05 2002 in the State of NC

5. Covering Period 10 01 2002 through 11 25 2002

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 Assistant Treasurer Stephen W. Keene

Signature of Treasurer Electronically Filed by Assistant Treasurer Stephen W. Keene Date 06 11 2003

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Report Covering the Period: From: 10 01 2002 To: 11 25 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		19630.90
(b) Cash on Hand at Beginning of Reporting Period	33332.80	
(c) Total Receipts (from Line 19)	28490.93	78321.83
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61823.73	97952.73
7. Total Disbursements (from Line 30)	50200.00	86329.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11623.73	11623.73
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Report Covering the Period: From: ^W10 ^D01 ^Y2002 To: ^W11 ^D25 ^Y2002

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)	2460.00	
(ii) Unitemized	26013.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28473.00	78070.00
(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 32, page 4)	28473.00	78070.00
12. Transfers From Affiliated/Other Party Committees	0.00	10.00
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 36, page 4)	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.)	17.93	241.83
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	28490.93	78321.83
20. Total Federal Receipts (subtract Line 18 from Line 19)	28490.93	78321.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	18200.00	54800.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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.....	32000.00	31529.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	50200.00	86329.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	50200.00	86329.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	28473.00	78070.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	28473.00	78070.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 / 14

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 POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Broxme, James Dale, MD

Mailing Address

Wake Forest Univ. Sch. of Med.

Medical Center Blvd.

City

State

Zip Code

Winston-Salem

NC

27157-1034

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer

Wake Forest Univ. School of Medicine

Occupation

Physician

Receipt For:

2002

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

260.00

Transaction ID: SA11A1.8364

Full Name (Last, First, Middle Initial)

B. Cider, Steven Snowden, MD

Mailing Address

545 Center Street

City

State

Zip Code

Bryson City

NC

28713

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 1 0 / 2 0 0 2

Amount of Each Receipt this Period

60.00

FEC ID number of contributing
federal political committee.

Name of Employer

Swain Medical Center

Occupation

Physician

Receipt For:

2002

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

260.00

Transaction ID: SA11A1.8275

Full Name (Last, First, Middle Initial)

C. D'Guz, O'Neill Francis, MD

Mailing Address

Department of Neurology

CB 7025

City

State

Zip Code

Chapel Hill

NC

27599-7025

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer

University of North Carolina School of

Occupation

Physician

Receipt For:

2002

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

210.00

Transaction ID: SA11A1.8381

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 14	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Grove, David Dwight, MD

Mailing Address
3560 Willdflower Drive

City Greensboro State NC Zip Code 27410-8802

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Greensboro Medical Associates, PA Occupation Physician

Receipt For: 2002 Aggregate Year-to-Date ▼
X Primary General 250.00
Other (specify) ▼

Transaction ID: SA11A1.8408

Full Name (Last, First, Middle Initial)
B. Gupta, Rehash, MD

Mailing Address
P. O. Box 87388

City Fayetteville State NC Zip Code 28304-7388

Date of Receipt
M M / D D / Y Y Y Y
11 / 18 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Cape Fear Gastroenterology, PA Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General 200.00
Other (specify) ▼

Individual contribution

Transaction ID: SA11A1.8980

Full Name (Last, First, Middle Initial)
C. Inglefield, Joseph T., III, MD

Mailing Address
510 11th Avenue Place NW

City Hickory State NC Zip Code 28601

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Hickory Allergy & Asthma Clinic Occupation Physician

Receipt For: 2002 Aggregate Year-to-Date ▼
X Primary General 500.00
Other (specify) ▼

Transaction ID: SA11A1.8425

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 14	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Moulton, Michael Paul, MD

Mailing Address
 106 Oxmoor Place

City State Zip Code
 Wilmington NC 28403

Date of Receipt
 N M / D E / Y Y Y Y
 10 / 24 / 2002

Amount of Each Receipt this Period
 200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Eastern Carolina Emergency Physi- Physician
 cians

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Transaction ID: SA11A1.8454

B. Full Name (Last, First, Middle Initial)
 Pollard, Richard J., MD

Mailing Address
 201 West 10th Avenue

City State Zip Code
 Gastonia NC 28052

Date of Receipt
 N M / D E / Y Y Y Y
 10 / 30 / 2002

Amount of Each Receipt this Period
 500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Southeast Anesthesiology Consulta- Physician
 nts

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Transaction ID: SA11A1.8459

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

Mailing Address
 Brody Sch. of Medicine at ECU Brody Bldg. 4W54

City State Zip Code
 Greenville NC 27858-4354

Date of Receipt
 N M / D E / Y Y Y Y
 11 / 19 / 2002

Amount of Each Receipt this Period
 200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Brody School of Medicine at ECU Physician

Receipt For: 2002 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Transaction ID: SA11A1.8746

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<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
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NAME OF COMMITTEE (In Full)

NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Vandiver, Scott Lee, MD

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 0 / 2 4 / 2 0 0 2

212 Birch Street

City

State

Zip Code

Boone

NC

28607

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

200.00

Name of Employer

Watauga Anesthesia Associates, PA

Occupation

Physician

Receipt For:

2002

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

400.00

Transaction ID: SA11A1.8486

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	2460.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 9 / 14
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. First Union National Bank

Mailing Address
PO Box 300B

City State Zip Code
Raleigh NC 27611

Date of Receipt
N M / D E / Y Y Y Y
10 / 31 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation Interest earned in October

Amount of Each Receipt this Period
17.93

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 241.83

Transaction ID: SA17.8670

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	17.93
TOTAL This Period (last page this line number only)	▶	17.93

**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)

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<input type="checkbox"/> 21b	<input checked="" 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 type="checkbox"/> 29
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NAME OF COMMITTEE (In Full)
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. American Medical Political Action Committee			Date of Disbursement 10 / 19 / 2002		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 2450.00		
Purpose of Disbursement Voluntary member contribs 10/1-10/19 Candidate Name			Category/ Type		
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.8318		

Full Name (Last, First, Middle Initial) B. American Medical Political Action Committee			Date of Disbursement 11 / 25 / 2002		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 6320.00		
Purpose of Disbursement 10/20/02-10/31/02 Candidate Name			Category/ Type		
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.8497		

Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee			Date of Disbursement 11 / 25 / 2002		
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 6420.00		
Purpose of Disbursement voluntary member contributions Candidate Name			Category/ Type		
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.8869		

SUBTOTAL of Disbursements This Page (optional)	15190.00
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)

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<input type="checkbox"/>	21b	<input checked="" 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 type="checkbox"/>	29
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NAME OF COMMITTEE (In Full)
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. American Medical Political Action Committee		Date of Disbursement 11 / 25 / 2002
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 3010.00
Purpose of Disbursement voluntary contributions 11/16/02-11/25/02		Category/ Type
Candidate Name		
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 5B22.8766

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	3010.00
TOTAL This Period (last page this line number only)	▶	18200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Ballentine, Patrick for NC Senate		Date of Disbursement 10 / 22 / 2002	
Mailing Address 6008 Forest Creek Circle City: Wilmington State: NC Zip Code: 28411		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement NC Senate District 9 Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB29.8328	
State: District:			

Full Name (Last, First, Middle Initial) B. Basnight, Marc for NC Senate		Date of Disbursement 10 / 22 / 2002	
Mailing Address 16 West Jones Street City: Raleigh State: NC Zip Code: 27601		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement NC Senate District 1 Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB29.8329	
State: District:			

Full Name (Last, First, Middle Initial) C. Forrester, James for NC Senate		Date of Disbursement 10 / 22 / 2002	
Mailing Address PO Box 459 City: Stanley State: NC Zip Code: 28164		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement General Election Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB29.8330	
State: District:			

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Hartsell, Fletcher for NC Senate		Date of Disbursement 10 / 22 / 2002	
Mailing Address PO Box 368 City Concord State NC Zip Code 28028		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement General Election Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB29.8331	
State: District:			

Full Name (Last, First, Middle Initial) B. Hoyle, David for NC Senate		Date of Disbursement 10 / 22 / 2002	
Mailing Address PO Box 2494 City Castonia State NC Zip Code 28053		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement General Election Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB29.8332	
State: District:			

Full Name (Last, First, Middle Initial) C. NC Senate Democratic Committee		Date of Disbursement 10 / 22 / 2002	
Mailing Address 220 Hillsborough Street City Raleigh State NC Zip Code 27603		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement General Election Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB29.8334	
State: District:			

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)

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<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

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA MEDICAL SOCIETY POLITICAL EDUCATION AND ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. NC Senate Republican Committee		Date of Disbursement 10 / 22 / 2002	
Mailing Address 1127 Legislative Building City Raleigh State NC Zip Code 27602		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement General Election Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB29.8335	
State: District:			

Full Name (Last, First, Middle Initial) B. Purcell, William for NC Senate		Date of Disbursement 10 / 22 / 2002	
Mailing Address 1301 Dunbar Drive City Laurinburg State NC Zip Code 28352		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement General Election Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB29.8333	
State: District:			

C.

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	32000.00