

**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 25634
 222 N. Person Street
 Raleigh NC 27611

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

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
X April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on			in the State of

5. Covering Period 01 01 2002 through 03 31 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 04 09 2002

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: ^h 0 1 ^d 0 1 ^y 2 0 0 2 To: ^h 0 3 ^d 3 1 ^y 2 0 0 2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2 0 0 2		19630.90
(b) Cash on Hand at Beginning of Reporting Period	19630.90	
(c) Total Receipts (from Line 19)	18493.95	18493.95
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	38124.85	38124.85
7. Total Disbursements (from Line 30)	14719.00	14719.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23405.85	23405.85
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: ^{MM}01 ^{DD}01 ^{YYYY}2002 To: ^{MM}03 ^{DD}31 ^{YYYY}2002

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)	0.00	
(ii) Unitemized	18412.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	18412.00	18412.00
(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)	18412.00	18412.00
12. Transfers From Affiliated/Other Party Committees	10.00	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.)	71.95	71.95
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)	18493.95	18493.95
20. Total Federal Receipts (subtract Line 18 from Line 19)	18493.95	18493.95

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.....	15190.00	15190.00
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.....	-471.00	-471.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	14719.00	14719.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	14719.00	14719.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	18412.00	18412.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	18412.00	18412.00
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 / 8	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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. American Medical Political Action Committee

Mailing Address
1101 Vermont Ave., NW

City State Zip Code
Washington DC 20005

Date of Receipt
 N M / D E / Y Y Y Y
02 / 08 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Chad McCall contribution transfer

Amount of Each Receipt this Period
10.00

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **10.00**

Transaction ID: SA12.7022

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	10.00
TOTAL This Period (last page this line number only)	▶	10.00

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

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

FOR LINE NUMBER:
(check only one)

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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"/> 29
<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 02 / 06 / 2002
Mailing Address 1101 Vermont Ave., NW City: Washington State: DC Zip Code: 20005		Amount of Each Disbursement this Period 6330.00
Purpose of Disbursement transfer 1/1/02-1/31/02		Transaction ID: SB22.7018
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Medical Political Action Committee		Date of Disbursement 03 / 06 / 2002
Mailing Address 1101 Vermont Ave., NW City: Washington State: DC Zip Code: 20005		Amount of Each Disbursement this Period 4020.00
Purpose of Disbursement Transfer NCMS & Alliance conts 2/1-2/28		Transaction ID: SB22.7224
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee		Date of Disbursement 03 / 25 / 2002
Mailing Address 1101 Vermont Ave., NW City: Washington State: DC Zip Code: 20005		Amount of Each Disbursement this Period 300.00
Purpose of Disbursement Alliance member contributions		Transaction ID: SB22.7226
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	10650.00
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 03 / 31 / 2002	
Mailing Address 1101 Vermont Ave., NW City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 4540.00	
Purpose of Disbursement transfer to AMPAC		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: SB22.7420	
State:	District:		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	4540.00
TOTAL This Period (last page this line number only)	▶	15190.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 8

<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. Internal Revenue Service		Date of Disbursement 03 / 11 / 2002
Mailing Address N/A		Amount of Each Disbursement this Period 17.00
City Ogden	State UT	
Zip Code 84201		
Purpose of Disbursement 2001 Income Tax		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.7243
State: District:		

Full Name (Last, First, Middle Initial) B. William Martin for NC Senate		Date of Disbursement 02 / 28 / 2002
Mailing Address PO Box 21363		Amount of Each Disbursement this Period -500.00
City Greensboro	State NC	
Zip Code 27420		
Purpose of Disbursement Voided Ck#1345, 9/25/00-check lost		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.7246
State: District:		

Full Name (Last, First, Middle Initial) C. North Carolina Department of Revenue		Date of Disbursement 03 / 22 / 2002
Mailing Address PO Box 25000		Amount of Each Disbursement this Period 12.00
City Raleigh	State NC	
Zip Code 27640		
Purpose of Disbursement 2001 Income Tax		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.7242
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	-471.00
TOTAL This Period (last page this line number only)	▶	-471.00