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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 (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 28 2006 12 3 1 2006 1 1 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 02 09 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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name North Carolina Medical Society Federal Political Education and Action Committee D D D 28 12 2006 3 1 2006 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2006 133822.96 January 1 (b) Cash on Hand at 28103.49 Begining of Reporting Period 8732.03 67180.56 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 36835.52 201003.52 6(a) and 6(c) for Column B) 0.00 164168.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 36835.52 36835.52 (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

м N 1 1 2^D8 м м 1 2 3^D1 2006 2006 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 2840.00 23565.00 (i) Itemized (use Schedule A) 5884.00 42998.00 (ii) Unitemized (iii) TOTAL (add 8724.00 66563.00 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 8724.00 66563.00 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 8.03 617.56 (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), 8732.03 67180.56 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 8732.03 67180.56 (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
21.	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		
	Expenditures	0.00	168.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	168.00
2.	Transfers to Affiliated/Other Party		
13	CommitteesContributions to	0.00	9500.00
.0.	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
4.	Independent Expenditure		
25.	(use Schedule E)	0.00	0.00
٠.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Lagra Mada	0.00	0.00
	Loans Made		
	(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
9.	Other Disbursements	0.00	154500.00
0.	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 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
1.	Total Disbursements (add Lines 21(c), 22,	0.00	164168.00
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	104108.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	0.00	101100.00
	from Line 31)	0.00	164168.00

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)	8724.00	66563.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8724.00	66563.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	168.00
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	168.00

S	CHEDULE A (FEC Form 3X)		Llos concrete cobadulo(o)	FOR LINE NUMBER: PAGE 6 / 10
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	North Carolina Medical Society Federal	Political E	ducation and Action Commi	ttee
A.	Full Name (Last, First, Middle Initial) Dr. James Blake Calderbank			Date of Receipt
	Mailing Address 53 Hamby Drive			12 / 11 / 2006
	City	State	Zip Code	Transaction ID: SA11A1.11286
	Asheville	NC	28803-8636	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer VA Medical Center- Ashevi- lle	Occupation Physician		
	Receipt For: 2006	Aggregate	e Year-to-Date ▼	
	Primary X General		250.00	1
	Other (specify)	0 0	230.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Katrina Lynn Conrad			Date of Receipt
	Mailing Address 312 Commerce Avenue Ste A			12 06 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: SA11A1.11288
	Morehead City	NC	28557-3227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Crystal Coast Care for Wo- men, PC	Occupation Physician		
	Receipt For: 2006	Aggregate	e Year-to-Date ▼	
	Primary X General		250.00	1
	Other (specify)	0 0	250.00	
_	Full Name (Last, First, Middle Initial)			5
C.	Dr. Joseph Charles Contento			Date of Receipt
	Mailing Address 3155 Maplewood Avenu	e 		12 11 2006
	City	State	Zip Code	Transaction ID: SA11A1.11289
	Winston-Salem	NC	27103-3903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Forsyth Radiological Asso-	Occupation Physician		
	ciates, PA Receipt For: 2006	<u> </u>	Year-to-Date ▼	
	Primary X General	, iggi ogaic	7 . Su. to Buto ¥	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 10 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any in or for	formation copied from such Reports and Stat commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) orth Carolina Medical Society Federal I	Political Ed	ducation and Action Commit	ree
4. <u>Dr</u> .	I Name (Last, First, Middle Initial) Gilbert Joseph Garcia, Jr.			Date of Receipt
IVIA	iling Address 2811 McLamb Place			12 05 2006
Cit		State	Zip Code	Transaction ID: SA11A1.11293
FE	oldsboro C ID number of contributing leral political committee.	C	27534-1647	Amount of Each Receipt this Period 250.00
<u>As</u>	me of Employer stern Carolina Surgical sociates, ceipt For: 2006 Primary X General Other (specify) •	Occupation Physician Aggregate		
3. Dr.	I Name (Last, First, Middle Initial) Davidson Howard Givens illing Address 186 Kimel Park Drive	State	Zip Code	Date of Receipt M
<u>W</u> FE	inston Salem C ID number of contributing eral political committee.	NC C	27103-6946	Amount of Each Receipt this Period 250.00
Mı <u>As</u>	me of Employer nston-Salem Cardiology sociates ceipt For: 2006 Primary X General Other (specify) Other (specify)	Occupation Physician Aggregate		
_	I Name (Last, First, Middle Initial) Joel Horowitz			Date of Receipt
Ma	iling Address 1841 Quiet Cove			1 2 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit		State	Zip Code	Transaction ID: SA11A1.11299
FE	yetteville C ID number of contributing leral political committee.	C	28304-3857	Amount of Each Receipt this Period 250.00
Vil <u>es</u>	me of Employer age Surgical Associat- PA	Occupation Physician	l	
Re	ceipt For: 2006 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	
SUB	FOTAL of Receipts This Page (optional)			750.00
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SCHEDULE A (FEC Form 3X)			l la a a su a vata a ala alcila (a)	FOR LINE NUMBER: PAGE 8 / 10
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
II EIVIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
<u>\</u>	NAME OF COMMITTEE (In Full)	ario ario ade	reso of any political committee to	Soliot contributions from such committee.
$ \rangle$	North Carolina Medical Society Federal	Political E	ducation and Action Commit	tee
	North Carolina Medical Society Federal	i Ullicai Li	ducation and Action Commit	100
	Full Name (Last, First, Middle Initial)			
A.	Dr. Michael Josilevich			Date of Receipt
	Mailing Address 1701 Country Club Roa	d		12 27 2006
	City	State	Zip Code	Transaction ID: SA11A1.11339
	Jacksonville	NC	28546-6005	Amount of Each Receipt this Period
		110	20040 0000	Amount of Each neceipt this Feriod
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Internal Medicine & Prima-	Occupation		
	ry Care Receipt For: 2006	Physician	Year-to-Date ▼	_
	Primary X General	Aggregate	Teal-to-Date V	1
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 1843 Quiet Cove			12 27 2006
	City	State	Zip Code	Transaction ID: SA11A1.11343
	Fayetteville	NC	28304-3857	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	_
	Village Internal Medicine	Physician		
	Receipt For: 2006	· · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼	_
	Primary X General	00 0		1
	Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Robert Michael Miller			Date of Receipt
٠.	Mailing Address 808 Schenck Street			M M / D D / Y Y Y Y
				12 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.11306
	Shelby	NC	28150-3934	Amount of Each Receipt this Period
	FEC ID number of contributing	С		90.00
	federal political committee.	<u> </u>		56.60
	Name of Employer Shelby Family Practice,	Occupation	1	7
	Shelby Family Practice, PA	Physiciar		
	Receipt For: 2006	Aggregate	Year-to-Date ▼	
	Primary X General	1 1	340.00	
	Other (specify)	0 0	0.00	
	UBTOTAL of Receipts This Page (optional)			590.00
\vdash	ODITION OF THE OFFICE THIS FAGE (OPTIONAL)		•••••••••••••••••••••••••••••••••••••••	
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SCHED	ULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/10
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any inform	ation copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for comr	nercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from such committee.
1 \	OF COMMITTEE (In Full)	D-11:411 F-		.
North	Carolina Medical Society Federal	Political Ed	ducation and Action Commit	tee
_	me (Last, First, Middle Initial)			
	ndrew Morfesis			Date of Receipt
iviailing	Address 513 Owen Drive			12 11 2006
City		State	Zip Code	Transaction ID: SA11A1.11308
<u>Fayett</u>	eville	NC	28304-3425	Amount of Each Receipt this Period
	number of contributing	С		250.00
federal	political committee.			
Name o	f Employer Drive Surgical Clinic	Occupation	1	7
<u>of Faye</u>	ttev	Physician		
Receipt	For: 2006 rimary X General	Aggregate	Year-to-Date ▼	
	ther (specify)		500.00	
	· · · · · · ·			
	me (Last, First, Middle Initial)			Data of Bassist
	e Thomas Walsh, Jr. Address 2810 Huntington Road			Date of Receipt
	2010 Huntington Hoad			11 30 2006
City		State	Zip Code	Transaction ID: SA11A1.11271
<u>Fayett</u>	eville	NC	28303-5254	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
	pontical committee.			
Name o Physici	f Employer ans Total Rehab	Occupation		
Receipt		Physician	Year-to-Date ▼	_
	rimary X General	Aggregate		1
o	ther (specify) ▼		500.00	
C. Dr. Card	ne (Last, First, Middle Initial) ol J. Ziel			Date of Receipt
Mailing	Address 2025 Frontis Plaza Boule	evard		M M / D D / Y Y Y Y
0''	Ste 100		7: 0 1	12 08 2006
City	on-Salem	State NC	Zip Code 27103-5663	Transaction ID: SA11A1.11320
	number of contributing		27103-3003	Amount of Each Receipt this Period
	political committee.	C		250.00
Name o	f Employer	Occupation		
Duke E	ye Center of Winsto- n McKin	Physician		
Receipt	-		Year-to-Date ▼	7
	rimary X General	' '	250.00	
	ther (specify) ▼		200.00	
SUBTOTA	AL of Receipts This Page (optional)			750.00
				2840.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 10 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress 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	ee
۹.	Full Name (Last, First, Middle Initial) Wachovia Bank			Date of Receipt
	Mailing Address PO Box 563966			11 30 7 2006
	City	State	Zip Code	Transaction ID: SA17.11321
	Raleigh	NC	28262	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2.98
	Name of Employer	Occupation	n	Interest earned in November
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 612.51	
3.	Full Name (Last, First, Middle Initial) Wachovia Bank			Date of Receipt
	Mailing Address PO Box 563966			12 29 2006
	City	State	Zip Code	Transaction ID: SA17.11363
	Raleigh	NC	28262	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5.05
	Name of Employer	Occupation	n	Interest earned in December
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 617.56	

SUBTOTAL of Receipts This Page (optional)	•	8.03
TOTAL This Period (last page this line number only)	•	8.03