

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 Federal Political Education and Action Committee

ADDRESS (number and street) PO Box 25834 222 N. Person Street Raleigh NC 27611 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 11 28 2006 through 12 31 2006

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 Asst Treasurer Stephen W. Keene

Signature of Treasurer Electronically Filed by Asst Treasurer Stephen W. Keene Date 02 09 2007

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**

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		133822.96
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	28103.49									
(c) Total Receipts (from Line 19) .....	8732.03	67180.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	36835.52	201003.52								
7. Total Disbursements (from Line 31) .....	0.00	164168.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36835.52	36835.52								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	2840.00	23565.00
(i) Itemized (use Schedule A) .....	5884.00	42998.00
(ii) Unitemized .....	8724.00	66563.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	8724.00	66563.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
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 37, page 5) .....	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.) .....	8.03	617.56
18. Transfers 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
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	8732.03	67180.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8732.03	67180.56

**DETAILED SUMMARY PAGE**

of Disbursements

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	168.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	168.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	9500.00
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.....	0.00	154500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	164168.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	164168.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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
35. 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

**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 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. James Blake Calderbank		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address 53 Hamby Drive		Transaction ID: SA11A1.11286	
City State Zip Code Asheville NC 28803-8636		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VA Medical Center- Asheville		Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Katrina Lynn Conrad		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 312 Commerce Avenue Ste A		Transaction ID: SA11A1.11288	
City State Zip Code Morehead City NC 28557-3227		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Crystal Coast Care for Women, PC		Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Joseph Charles Contento		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address 3155 Maplewood Avenue		Transaction ID: SA11A1.11289	
City State Zip Code Winston-Salem NC 27103-3903		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Forsyth Radiological Associates, PA		Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
North Carolina Medical Society Federal Political Education and Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gilbert Joseph Garcia, Jr.

Mailing Address 2811 McLamb Place

City State Zip Code  
Goldsboro NC 27534-1647

FEC ID number of contributing federal political committee. **C**

Name of Employer Eastern Carolina Surgical Associates, Inc.  
Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.11293

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Davidson Howard Givens

Mailing Address 186 Kimel Park Drive

City State Zip Code  
Winston Salem NC 27103-6946

FEC ID number of contributing federal political committee. **C**

Name of Employer Winston-Salem Cardiology Associates, Inc.  
Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.11263

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joel Horowitz

Mailing Address 1841 Quiet Cove

City State Zip Code  
Fayetteville NC 28304-3857

FEC ID number of contributing federal political committee. **C**

Name of Employer Village Surgical Associates, PA  
Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.11299

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 8 / 10
	<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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North Carolina Medical Society Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Michael Josilevich		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 1701 Country Club Road		Transaction ID: SA11A1.11339	
City State Zip Code Jacksonville NC 28546-6005		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Internal Medicine & Primary Care		Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Toni Davis Meeks		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 1843 Quiet Cove		Transaction ID: SA11A1.11343	
City State Zip Code Fayetteville NC 28304-3857		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Village Internal Medicine		Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Robert Michael Miller		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 808 Schenck Street		Transaction ID: SA11A1.11306	
City State Zip Code Shelby NC 28150-3934		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Shelby Family Practice, PA		Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	590.00
<b>TOTAL</b> 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 9 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Federal Political Education and Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. F. Andrew Morfesis

Mailing Address 513 Owen Drive

City State Zip Code  
Fayetteville NC 28304-3425

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Owen Drive Surgical Clinic of Fayettev

Occupation  
Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 6

**Transaction ID:** SA11A1.11308

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Zane Thomas Walsh, Jr.

Mailing Address 2810 Huntington Road

City State Zip Code  
Fayetteville NC 28303-5254

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Physicians Total Rehab

Occupation  
Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 6

**Transaction ID:** SA11A1.11271

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Carol J. Ziel

Mailing Address 2025 Frontis Plaza Boulevard Ste 100

City State Zip Code  
Winston-Salem NC 27103-5663

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Duke Eye Center of Winsto-n-Salem McKin

Occupation  
Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

**Transaction ID:** SA11A1.11320

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2840.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 10
	(check only one)	
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
North Carolina Medical Society Federal Political Education and Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Wachovia Bank

Mailing Address PO Box 563966

City Raleigh State NC Zip Code 28262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
612.51

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	6

**Transaction ID:** SA17.11321

Amount of Each Receipt this Period  
2.98

Interest earned in November

**B.** Full Name (Last, First, Middle Initial)  
Wachovia Bank

Mailing Address PO Box 563966

City Raleigh State NC Zip Code 28262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
617.56

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

**Transaction ID:** SA17.11363

Amount of Each Receipt this Period  
5.05

Interest earned in December

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8.03
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8.03