

**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

Check if different than previously reported. (ACC)

Raleigh

NC

27611

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00003152

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X 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 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2005

through

12

31

2005

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

01

26

2006

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 Use Only

FEC FORM 3X
(Rev. 02/2003)

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

Report Covering the Period: From: ^M07 ^D01 ^Y2005 To: ^M12 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		72311.04
(b) Cash on Hand at Beginning of Reporting Period	106341.32	
(c) Total Receipts (from Line 19)	44811.64	90410.92
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	151152.96	162721.96
<hr/>		
7. Total Disbursements (from Line 31)	17330.00	28899.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	133822.96	133822.96
<hr/>		
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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: ^M07 ⁻01 ⁻2005 To: ^M12 ⁻31 ⁻2005

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)	14750.00	40470.00
(ii) Unitemized	29754.00	49423.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	44504.00	89893.00
(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)	44504.00	89893.00
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 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.)	307.64	507.92
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))	44811.64	90410.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44811.64	90410.92

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)		
(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.....	16330.00	27760.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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	139.00
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 ActMty (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))..	17330.00	28899.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	17330.00	28899.00

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)	44504.00	89893.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44504.00	89893.00
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)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

<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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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) A. Dr. Daniel James Albright		Date of Receipt M / D / Y 10 / 31 / 2005	
Mailing Address 3515 Glenwood Avenue		Transaction ID: SA11A1.9907	
City Raleigh	State NC	Zip Code 27612-4834	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Raleigh Orthopaedic Clinic, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. E. Jackson Allison, Jr.		Date of Receipt M / D / Y 11 / 03 / 2005	
Mailing Address 330 Rugby Road		Transaction ID: SA11A1.9993	
City Syracuse	State NY	Zip Code 13203-1449	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Syracuse VA Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 350.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. John Leonard Almeida, Jr.		Date of Receipt M / D / Y 11 / 08 / 2005	
Mailing Address PO Box 1358		Transaction ID: SA11A1.9994	
City Jacksonville	State NC	Zip Code 28541-1358	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coastal Pathology Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 230.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **440.00**

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: PAGE 7 / 31
(check only one)
 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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Andrew Nicholas Antoszyk		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address 5911 Laurium Road		Transaction ID: SA11A1.9911
City Charlotte	State NC	Zip Code 28226-5615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Charlotte Eye, Ear, Nose & Throat Assn	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert Gillespie Blair, Jr.		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address PO Box 1694		Transaction ID: SA11A1.9914
City New Bern	State NC	Zip Code 28563-1694
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer East Carolina Orthopaedics, PLLC	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen M. Blatt		Date of Receipt M / D / Y 10 / 04 / 2005
Mailing Address 255 Chestnut Flats Lane		Transaction ID: SA11A1.8856
City Waynesville	State NC	Zip Code 28788-6197
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 590.00
Name of Employer Plott Creek Anesthesia Service	Occupation Physician	Aggregate Year-to-Date ▼ 590.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	590.00
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: PAGE 8 / 31

(check only one)

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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) A. Dr. William Edmund Bowman, Jr.		Date of Receipt M / D / Y 11 / 23 / 2005	
Mailing Address 1002 N Church Street Ste 302		Transaction ID: SA11A1.10120	
City Greensboro	State NC	Zip Code 27401-1449	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Central Carolina Surgery, PA	Occupation Physician		Amount of Each Receipt this Period 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		
Full Name (Last, First, Middle Initial) B. Dr. Eric Paul Brasel		Date of Receipt M / D / Y 11 / 21 / 2005	
Mailing Address 1150 E Arlington Boulevard		Transaction ID: SA11A1.10121	
City Greenville	State NC	Zip Code 27658-5866	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Allergy East	Occupation Physician		Amount of Each Receipt this Period 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Anthony Joseph Christiano, Jr.		Date of Receipt M / D / Y 11 / 07 / 2005	
Mailing Address 702 W/H Smith Boulevard		Transaction ID: SA11A1.10013	
City Greenville	State NC	Zip Code 27834-5761	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coastal Carolina Cardiol- ogy, PA	Occupation Physician		Amount of Each Receipt this Period 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 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: PAGE 9 / 31

(check only one)

<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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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) A. Dr. William Lord Coleman		Date of Receipt M / D / Y 12 / 20 / 2005	
Mailing Address 809 Smith Level Road		Transaction ID: SA11A1.10243	
City Chapel Hill	State NC	Zip Code 27516-9116	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of North Carolina School of Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 340.00		
Full Name (Last, First, Middle Initial) B. Dr. Robin Gary Cummings		Date of Receipt M / D / Y 12 / 08 / 2005	
Mailing Address 360 Tall Timber Drive		Transaction ID: SA11A1.10188	
City Pinehurst	State NC	Zip Code 28374-8130	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Lawrence McGilbra. Cutelin		Date of Receipt M / D / Y 10 / 18 / 2005	
Mailing Address PO Box 27987		Transaction ID: SA11A1.8922	
City Raleigh	State NC	Zip Code 27611-7587	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Carolina Doctors Care/Health Care Serv Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 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: PAGE 10 / 31
(check only one)
 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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Leo Warren Davidson		Date of Receipt M / D / Y 10 / 07 / 2005
Mailing Address 1841 Quiet Cove		Transaction ID: SA11A1.9840
City Fayetteville	State NC	Zip Code 28304-3857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Village Surgical Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael T. Drakos		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 824 Quaker Lane Ste 105C		Transaction ID: SA11A1.10134
City High Point	State NC	Zip Code 27262-3832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer High Point GI & Pulmonary Associates	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Edward Benedetto Emrini		Date of Receipt M / D / Y 08 / 29 / 2005
Mailing Address 4303 Ludgate Street		Transaction ID: SA11A1.8785
City Lumberton	State NC	Zip Code 28358-2480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Edward B. Emrini, MD, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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: PAGE 11/31

(check only one)

<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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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) A. Dr. Robert Brian Fazio		Date of Receipt M / D / Y 10 / 04 / 2005	
Mailing Address 171B E 4th Street Ste 501		Transaction ID: SA11A1.9864	
City Charlotte	State NC	Zip Code 28204-3288	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wild Carolina Cardiology	Occupation Physician		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		
Full Name (Last, First, Middle Initial) B. Dr. Eric Brian Feinberg		Date of Receipt M / D / Y 11 / 25 / 2005	
Mailing Address 268D Aberdeen Boulevard Ste A		Transaction ID: SA11A1.10135	
City Gastonia	State NC	Zip Code 28054-0637	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. C			
Name of Employer Gaston Women's HealthCare, PA	Occupation Physician		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		
Full Name (Last, First, Middle Initial) C. Dr. Gary U. Fontana		Date of Receipt M / D / Y 10 / 31 / 2005	
Mailing Address 702 W/H Smith Boulevard Ste B		Transaction ID: SA11A1.8929	
City Greenville	State NC	Zip Code 27634-5761	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coastal Carolina Cardiology, PA	Occupation Physician		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶ **430.00**

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: PAGE 12 / 31
(check only one)
 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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Gilbert Joseph Garcia, Jr.		Date of Receipt M / D / Y 12 / 05 / 2005
Mailing Address 2811 McLamb Place		Transaction ID: SA11A1.10194
City Goldsboro	State NC	Zip Code 27534-1647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eastern Carolina Surgical Associates, Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Ned Jay Gross		Date of Receipt M / D / Y 10 / 18 / 2005
Mailing Address 806 Green Valley Road Ste 208		Transaction ID: SA11A1.0934
City Greensboro	State NC	Zip Code 27408-7076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Piedmont Dermatology Center, PC Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. James Bryan Hill		Date of Receipt M / D / Y 10 / 18 / 2005
Mailing Address PO Box 32881		Transaction ID: SA11A1.0935
City Charlotte	State NC	Zip Code 28232-2881
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carolinas Medical Center Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 340.00	

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: PAGE 13 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Walter Douglas Harrison		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address PD Box 7200		Transaction ID: SA11A1.9938
City Rocky Mount	State NC	Zip Code 27804-0200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Boice-Willis Clinic, PA	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Lane Knox Jacobs		Date of Receipt M / D / Y 10 / 18 / 2005
Mailing Address 1000 Blythe Boulevard Fl 5		Transaction ID: SA11A1.9946
City Charlotte	State NC	Zip Code 28203-5812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carolinas Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert Bruce Johnson		Date of Receipt M / D / Y 10 / 28 / 2005
Mailing Address 101 SW Cary Parkway Ste 210		Transaction ID: SA11A1.9949
City Cary	State NC	Zip Code 27511-5562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cary Dermatology Center, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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: PAGE 14 / 31
(check only one)
 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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Scott Richard Johnston		Date of Receipt M / D / Y 12 / 06 / 2005
Mailing Address 12 Office Park Drive		Transaction ID: SA11A1.10201
City Jacksonville	State NC	Zip Code 28546-7325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Johnston Pain Management, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Iarno Mikael Kasanen		Date of Receipt M / D / Y 10 / 27 / 2005
Mailing Address 1899 Tate Boulevard SE Ste 2101		Transaction ID: SA11A1.0950
City Hickory	State NC	Zip Code 28602-4200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Piedmont Nephrology and Hypertension A	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gary Robert Kuzma		Date of Receipt M / D / Y 12 / 16 / 2005
Mailing Address 271B Henry Street		Transaction ID: SA11A1.10258
City Greensboro	State NC	Zip Code 27405-5633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hand Center of Greensboro	Occupation Physician	Aggregate Year-to-Date ▼ 350.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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: PAGE 15 / 31

(check only one)

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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) A. Dr. Mary Boggs Lane		Date of Receipt M / D / Y 10 / 18 / 2005	
Mailing Address 295 W 27th Street		Transaction ID: SA11A1.9952	
City Lumberton	State NC	Zip Code 28358-3016	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Rozler & Lane Gynecology, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Brian Patrick Lowry		Date of Receipt M / D / Y 10 / 28 / 2005	
Mailing Address 288 Oakleaf Drive		Transaction ID: SA11A1.9954	
City Pine Knoll Shores	State NC	Zip Code 28512-6400	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Emergency Medicine Physi- cians of Care	Occupation Physician	Aggregate Year-to-Date ▼ 340.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. James Whitman Mims		Date of Receipt M / D / Y 09 / 13 / 2005	
Mailing Address Department of Otolaryngology Medical Center Boulevard		Transaction ID: SA11A1.9829	
City Winston-Salem	State NC	Zip Code 27157-0001	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wake Forest University Ba- ptist Medical	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

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: PAGE 16/31
(check only one)
 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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) A. Dr. F. Andrew Marfesis		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 1617A Owen Drive		Transaction ID: SA11A1.9800
City Fayetteville	State NC	Zip Code 28304-3425
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Owen Drive Surgical Clinic, PA	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Susan Elizabeth Murphey		Date of Receipt M / D / Y 09 / 18 / 2005
Mailing Address 154 Hunting Road		Transaction ID: SA11A1.9831
City Boone	State NC	Zip Code 28607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Watauga Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Daniel Thomas Ness		Date of Receipt M / D / Y 12 / 05 / 2005
Mailing Address 959 Cox Road		Transaction ID: SA11A1.10213
City Gastonia	State NC	Zip Code 28054-3455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Piedmont Plastic Surgery & Dermatology	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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: PAGE 17 / 31
(check only one)
 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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Lawrence Ross Nycum		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 101D Bethesda Court		Transaction ID: SA11A1.10084
City Winston Salem	State NC	Zip Code 27103-3019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Piedmont Hematology-Oncology Associate	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Matthew L. Oldroyd		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 165 National Drive		Transaction ID: SA11A1.0960
City Pinehurst	State NC	Zip Code 28374-8166
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pinehurst Anesthesia Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jayash Kancheeril Patel		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 702 W/H Smith Boulevard Ste B		Transaction ID: SA11A1.0982
City Greenville	State NC	Zip Code 27834-5761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Coastal Carolina Cardiology, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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: PAGE 18 / 31
(check only one)
 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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Kevin Michael Patrick		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 1214 Berea Church Road		Transaction ID: SA11A1.9963
City Hendersonville	State NC	Zip Code 28739
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Piedmont Hendersonville Anesthesia Con	Occupation Physician	Aggregate Year-to-Date ▼ 350.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Warren Josef Pendergast		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 220 Horizon Drive Ste 218		Transaction ID: SA11A1.9964
City Raleigh	State NC	Zip Code 27615-4928
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Carolina Physicians Health Progr	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Tucker Haywood Portzer		Date of Receipt M / D / Y 07 / 18 / 2005
Mailing Address 1917 W Park Drive		Transaction ID: SA11A1.9751
City North Wilkesboro	State NC	Zip Code 28659-3564
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wilkes Pediatric Clinic, PLLC	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	600.00
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: PAGE 10 / 31
(check only one)
 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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Douglas Craig Privette		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 702 W/H Smith Boulevard		Transaction ID: SA11A1.9968
City Greenville	State NC	Zip Code 27834-3761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Coastal Carolina Cardiology, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Timothy John Reeder		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address Emergency Medicine PCMH 3ED-348 800 Moye Boulevard		Transaction ID: SA11A1.9968
City Greenville	State NC	Zip Code 27858-4354
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brady School of Medicine at ECU	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David A. Roelwel		Date of Receipt M / D / Y 12 / 19 / 2005
Mailing Address 2701 Medical Office Place		Transaction ID: SA11A1.10285
City Goldshoro	State NC	Zip Code 27534-9458
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Goldshoro Orthopaedic Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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: PAGE 20 / 31

(check only one)

<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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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) A. Dr. Douglas MacArthur Russell		Date of Receipt M / D / Y Y Y Y 12 / 14 / 2005	
Mailing Address 304 Glen Oak Drive		Transaction ID: SA11A1.10218	
City State Zip Code Goldsboro NC 27534-1708	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Carolina Surgical Associates, Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Michael Wesley Russell		Date of Receipt M / D / Y Y Y Y 11 / 28 / 2005	
Mailing Address 480D S Croatan Highway		Transaction ID: SA11A1.10167	
City State Zip Code Nags Head NC 27559-9704	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Outer Banks Hospital Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Jerry Allen Simpson		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005	
Mailing Address 702 W/H Smith Boulevard Ste B		Transaction ID: SA11A1.8979	
City State Zip Code Greenville NC 27834-5761	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coastal Carolina Cardiology, PA Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 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: PAGE 21/31

(check only one)

<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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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) A. Dr. Lance Thayer Sisco		Date of Receipt M / D / Y 10 / 31 / 2005	
Mailing Address 108B Mountain Valley Drive		Transaction ID: SA11A1.9980	
City Asheville	State NC	Zip Code 27205-0548	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lance T. Sisco, MD	Occupation Physician		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. Brian Edward Smith		Date of Receipt M / D / Y 11 / 15 / 2005	
Mailing Address 8 Medical Park Drive		Transaction ID: SA11A1.10094	
City Asheville	State NC	Zip Code 28803-2493	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Asheville Eye Associates, PLLC	Occupation Physician		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Michael Kevin Smith		Date of Receipt M / D / Y 10 / 31 / 2005	
Mailing Address 702 W/H Smith Boulevard Ste B		Transaction ID: SA11A1.8982	
City Greenville	State NC	Zip Code 27834-5761	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coastal Carolina Cardiology, PA	Occupation Physician		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 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: PAGE 22 / 31
(check only one)
 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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Stuart Morris Squires		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address PD Box 53844		Transaction ID: SA11A1.10220
City Fayetteville	State NC	Zip Code 28305-3844
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cumberland Anesthesia Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Walls Stewart, Jr.		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 177 Parkwood Drive		Transaction ID: SA11A1.0984
City Elkin	State NC	Zip Code 28621-2429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Parkwood Eye Center, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John William Stringfield		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address 1272 East Street		Transaction ID: SA11A1.10099
City Waynesville	State NC	Zip Code 28788-5437
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Waynesville Family Practice Center, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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: PAGE 23 / 31
(check only one)
 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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Edwin Russell Swann		Date of Receipt M / D / Y 10 / 18 / 2005
Mailing Address 23 Sunnybrook Road Ste 109		Transaction ID: SA11A1.9985
City Raleigh	State NC	Zip Code 27610-1839
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Edwin Swann, MD, PA	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David E. Tarr		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 304 10th Avenue NE Ste 101		Transaction ID: SA11A1.10100
City Hickory	State NC	Zip Code 28601-3834
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Viewmont Dermatology, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Henry Clayton Thomason, Jr.		Date of Receipt M / D / Y 12 / 14 / 2005
Mailing Address 1021 X-Ray Drive		Transaction ID: SA11A1.10222
City Gastonia	State NC	Zip Code 28054-7489
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gastonia Medical Specialty Clinic, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

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: PAGE 24 / 31
(check only one)
 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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Carol M. Weldon		Date of Receipt M / D / Y 10 / 10 / 2005
Mailing Address 385D Cape Center Drive		Transaction ID: SA11A1.9902
City Fayetteville	State NC	Zip Code 28304-4406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carolina Neurosurgical Services, PA	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Benjamin Evans Weil		Date of Receipt M / D / Y 10 / 28 / 2005
Mailing Address 280D Ashton Drive Ste 100		Transaction ID: SA11A1.9987
City Wilmington	State NC	Zip Code 28412-2486
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Coastal Rehabilitation Medicine Assoc	Occupation Physician	Aggregate Year-to-Date ▼ 270.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Edward Ted W. Westover		Date of Receipt M / D / Y 07 / 22 / 2005
Mailing Address 982D Debnam Road		Transaction ID: SA11A1.9788
City Zebulon	State NC	Zip Code 27567-7613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Halifax Emergency Group	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
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: PAGE 25 / 31

(check only one)

<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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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) A. Dr. Edward Ted W. Westover		Date of Receipt M / D / Y 10 / 07 / 2005
Mailing Address 9820 Debnam Road		Transaction ID: SA11A1.9897
City Zebulon	State NC	Zip Code 27597-7613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Halifax Emergency Group	Occupation Physician	Aggregate Year-to-Date ▼ 350.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John David Wooten, III		Date of Receipt M / D / Y 07 / 27 / 2005
Mailing Address 154D Sunday Drive		Transaction ID: SA11A1.9771
City Raleigh	State NC	Zip Code 27607-6000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Raleigh Neurology Associates, PA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Carol J. Ziel		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 2025 Frontis Plaza Boulevard Ste 100		Transaction ID: SA11A1.10113
City Winston-Salem	State NC	Zip Code 27103-5883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Duke Eye Center of Winston-Salem McKlin	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	440.00
TOTAL This Period (last page this line number only)	▶	14750.00

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

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

FOR LINE NUMBER: PAGE 26 / 31

(check only one)
 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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) A. Wachovia Bank		Date of Receipt M / D / Y 07 / 31 / 2005
Mailing Address PD Box 563966		Transaction ID: SA17.9776
City	State	Zip Code
Raleigh	NC	28262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.13
Name of Employer	Occupation	Interest earned in July
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 239.41	

Full Name (Last, First, Middle Initial) B. Wachovia Bank		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address PD Box 563966		Transaction ID: SA17.9816
City	State	Zip Code
Raleigh	NC	28262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.68
Name of Employer	Occupation	Interest earned in August
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 293.09	

Full Name (Last, First, Middle Initial) C. Wachovia Bank		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address PD Box 563966		Transaction ID: SA17.9839
City	State	Zip Code
Raleigh	NC	28262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 49.73
Name of Employer	Occupation	interest earned in September
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 342.82	

SUBTOTAL of Receipts This Page (optional)	142.54
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: PAGE 27 / 31

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
13	14	15	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 Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial) A. Wachovia Bank Mailing Address PD Box 563966 City State Zip Code Raleigh NC 28262 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 395.32		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005 Transaction ID: SA17.9990 Amount of Each Receipt this Period 52.50 Interest earned in October
Full Name (Last, First, Middle Initial) B. Wachovia Bank Mailing Address PD Box 563966 City State Zip Code Raleigh NC 28262 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.23		Date of Receipt M / D / Y Y Y Y 11 / 30 / 2005 Transaction ID: SA17.10281 Amount of Each Receipt this Period 54.91 Interest earned in November
Full Name (Last, First, Middle Initial) C. Wachovia Bank Mailing Address PD Box 563966 City State Zip Code Raleigh NC 28262 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 507.92		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005 Transaction ID: SA17.10281 Amount of Each Receipt this Period 57.69 Interest earned in December

SUBTOTAL of Receipts This Page (optional)	▶	165.10
TOTAL This Period (last page this line number only)	▶	307.64

**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 28 / 31

<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	<input type="checkbox"/> 30b

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)
A. American Medical Political Action Committee

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
contributions 7/1/05-7/31/05

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.9775
Date of Disbursement
08 / 08 / 2005

Amount of Each Disbursement this Period
1450.00

Full Name (Last, First, Middle Initial)
B. American Medical Political Action Committee

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions 8/1/05-8/31/05

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.9815
Date of Disbursement
08 / 12 / 2005

Amount of Each Disbursement this Period
900.00

Full Name (Last, First, Middle Initial)
C. American Medical Political Action Committee

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions 9/1/05-9/30/05

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.9838
Date of Disbursement
10 / 05 / 2005

Amount of Each Disbursement this Period
360.00

SUBTOTAL of Disbursements This Page (optional) ▶ **2710.00**

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)

PAGE 29 / 31

<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	<input type="checkbox"/> 30b

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)
A. American Medical Political Action Committee

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions 10/1/05-10/15/05

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.9906
Date of Disbursement
10 / 27 / 2005

Amount of Each Disbursement this Period
2400.00

Full Name (Last, First, Middle Initial)
B. American Medical Political Action Committee

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions 10/16/05-10/31/05

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.9991
Date of Disbursement
11 / 10 / 2005

Amount of Each Disbursement this Period
2220.00

Full Name (Last, First, Middle Initial)
C. American Medical Political Action Committee

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions 11/1/05-11/15/05

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.10115
Date of Disbursement
11 / 23 / 2005

Amount of Each Disbursement this Period
3600.00

SUBTOTAL of Disbursements This Page (optional) ► **8220.00**

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)

PAGE 30 / 31

<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	<input type="checkbox"/> 30b

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) A. American Medical Political Action Committee		Transaction ID: SB22.10232 Date of Disbursement 12 / 16 / 2005	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 2150.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement Contributions 11/15/05-11/30/05	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. American Medical Political Action Committee		Transaction ID: SB22.10230 Date of Disbursement 12 / 30 / 2005	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 1550.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement 12/1/05-12/15/05	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee		Transaction ID: SB22.10280 Date of Disbursement 12 / 30 / 2005	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 1700.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement Contributions 12/16/05-12/31/05	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional)	5400.00
TOTAL This Period (last page this line number only)	16330.00

**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 31 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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	<input type="checkbox"/> 30b

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)
A. McHenry, Patrick for US Congress

Transaction ID: SB23.1018D

Date of Disbursement

12 / 01 / 2005

Mailing Address PO Box 1406

Amount of Each Disbursement this Period

City State Zip Code
Hickory NC 28601

1000.00

Purpose of Disbursement
Primary Election Contribution

011
Category/
Type

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2006
 Primary General
Other (specify) ▼

State: NC District: 10

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00