

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2011"/> | | 16609.18 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 14461.05 | |
| (c) Total Receipts (from Line 19) | 19057.10 | 35910.97 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 33518.15 | 52520.15 |
| 7. Total Disbursements (from Line 31)..... | 2.00 | 19004.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 33516.15 | 33516.15 |
| 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. 06/2004)

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

Report Covering the Period: From: / / To: / /

| 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)..... | 8020.00 | 16610.00 |
| (ii) Unitemized | 11030.00 | 19290.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 19050.00 | 35900.00 |
| (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) | 19050.00 | 35900.00 |
| 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.)..... | 7.10 | 10.97 |
| 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 Transfers (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))..... ▶ | 19057.10 | 35910.97 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 19057.10 | 35910.97 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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 | 2.00 | 4.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 2.00 | 4.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (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 | 19000.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated 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)) .. | 2.00 | 19004.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 2.00 | 19004.00 |

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) | 19050.00 | 35900.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 19050.00 | 35900.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 2.00 | 4.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2.00 | 4.00 |

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

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 14 |
| <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

A. Dr. Daniel Bernstein
Full Name (Last, First, Middle Initial)

Mailing Address 451 Ruin Creek Road
Ste 204

City Henderson State NC Zip Code 27536-5920

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

Name of Employer Four County Eye Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 04 / 2011
Transaction ID : SA11AI.14256

Amount of Each Receipt this Period 250.00

Voluntary member contribution

B. Dr. Gideon Besson
Full Name (Last, First, Middle Initial)

Mailing Address 711 North Dekalb Street

City Shelby State NC Zip Code 28150-3911

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

Name of Employer Shelby Medical Associates, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2011
Transaction ID : SA11AI.14286

Amount of Each Receipt this Period 250.00

Voluntary member contribution

C. Dr. Martin Todd Brown
Full Name (Last, First, Middle Initial)

Mailing Address 2325 Aberdeen Boulevard
A

City Gastonia State NC Zip Code 28054-0614

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

Name of Employer Gaston Eye Associates, LLP Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2011
Transaction ID : SA11AI.14233

Amount of Each Receipt this Period 250.00

Voluntary member contribution

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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 14 |
| | <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. Dr. Tara L. Chronister
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Church Street N
 City State Zip Code
 Concord NC 28025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northeast Anesthesia & Pain Specialist Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 10 / 31 / 2011
Transaction ID : SA11AI.14235
 Amount of Each Receipt this Period
 90.00
 Voluntary member contribution

B. Dr. Daniel L. Clarke-Pearson
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ob/Gyn
 CB 7570 5003 Old Clinic Bldg
 City State Zip Code
 Chapel Hill NC 27599-7570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of North Carolina School of Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 30 / 2011
Transaction ID : SA11AI.14332
 Amount of Each Receipt this Period
 250.00
 Voluntary member contributions

C. Dr. Kathleen Maria Clarke-Pearson
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Porter Place
 City State Zip Code
 Chapel Hill NC 27514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Chapel Hill North Medical Cent Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 30 / 2011
Transaction ID : SA11AI.14333
 Amount of Each Receipt this Period
 250.00
 Voluntary member contributions

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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 14 |
| | <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. Dr. Richard Denton Crane
Full Name (Last, First, Middle Initial)

Mailing Address 16 Medical Center Drive

City Supply State NC Zip Code 28462

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

Name of Employer Atlantic Internal Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt **12 / 01 / 2011**

Transaction ID : SA11AI.14315

Amount of Each Receipt this Period **90.00**

Voluntary member contribution

B. John J Dashiell
Full Name (Last, First, Middle Initial)

Mailing Address 1636 Lombardy Circle

City Charlotte State NC Zip Code 28203

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

Name of Employer Metrolina Nephrology Associate Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 13 / 2011**

Transaction ID : SA11AI.14322

Amount of Each Receipt this Period **250.00**

Voluntary member contribution

C. James Fulghum
Full Name (Last, First, Middle Initial)

Mailing Address 400 Keisler Drive

City Cary State NC Zip Code 27518

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

Name of Employer Carolina Bank Institute Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 10 / 2011**

Transaction ID : SA11AI.14199

Amount of Each Receipt this Period **250.00**

Voluntary member contribution

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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 14 |
| | <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. Bernard Gesing
Full Name (Last, First, Middle Initial)

Mailing Address 315 Arlington Avenue
Suite 1802

City Charlotte State NC Zip Code 28203

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 22 / 2011
Transaction ID : SA11AI.14334

Amount of Each Receipt this Period
250.00

Voluntary member contributions

B. Dr. Daniel Solomon Gordon
Full Name (Last, First, Middle Initial)

Mailing Address 4609 Weaverhall Drive

City Fayetteville State NC Zip Code 28314-2578

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

Name of Employer Carolina Imaging Centre, Inc. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 28 / 2011
Transaction ID : SA11AI.14240

Amount of Each Receipt this Period
250.00

Voluntary member contribution

C. Dr. Frederick Leslie Greene
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 32861

City Charlotte State NC Zip Code 28232-2861

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

Name of Employer Carolinas Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 04 / 2011
Transaction ID : SA11AI.14261

Amount of Each Receipt this Period
250.00

Voluntary member contribution

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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 14 |
| | <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. Dr. Mitchell Dale Hardison
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Rex Woods Drive
 Suite 118
 City Raleigh State NC Zip Code 27607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mitchell D. Hardison, MD, PLLC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 03 / 2011
Transaction ID : SA11AI.14263
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

B. Dr. Richard Dax Hawkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1729 New Hanover Medical Park
 City Wilmington State NC Zip Code 28403-5345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eye Associates of Wilmington, PA Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 11 / 28 / 2011
Transaction ID : SA11AI.14291
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

C. Dr. Michael George Hitchcock
 Full Name (Last, First, Middle Initial)
 Mailing Address 3195 Maplewood Ave
 Ste 102
 City Winston-Salem State NC Zip Code 27103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cutaneous Pathology Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 11 / 2011
Transaction ID : SA11AI.14265
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

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

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

A. Dr. Gary Eugene Mauldin
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 219

City Cullowhee State NC Zip Code 28723

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

Name of Employer Sylva Anesthesiology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 19 / 2011
Transaction ID : SA11AI.14342

Amount of Each Receipt this Period 250.00

Voluntary member contributions

B. Dr. Ezra Lee McConnell III
Full Name (Last, First, Middle Initial)

Mailing Address 557 Sandhurst Drive

City Fayetteville State NC Zip Code 28304-4433

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

Name of Employer Carolina Kidney Care Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 07 / 2011
Transaction ID : SA11AI.14209

Amount of Each Receipt this Period 90.00

Voluntary member contribution

C. Ashraf Mikhail
Full Name (Last, First, Middle Initial)

Mailing Address 200 Tarpon Trail

City Jacksonville State NC Zip Code 28546

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

Name of Employer Coastal Carolina Neuropsychiat Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2011
Transaction ID : SA11AI.14272

Amount of Each Receipt this Period 500.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 840.00

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

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

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

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

A. Dr. Ann Thimsen Pflugrath
 Full Name (Last, First, Middle Initial)
 Mailing Address 1804 Knox Road
 City Raleigh State NC Zip Code 27608-1134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ann Pflugrath, MD Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 18 / 2011
Transaction ID : SA11AI.14249
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

B. Dr. Fernando R. Puente
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Springfield Commons Drive Suite 115
 City Raleigh State NC Zip Code 27609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raleigh Dermatology Associates, PA Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 12 / 14 / 2011
Transaction ID : SA11AI.14323
 Amount of Each Receipt this Period 250.00
 Voluntary member contribution

C. Dr. Timothy John Reeder
 Full Name (Last, First, Middle Initial)
 Mailing Address Emergency Medicine PCMH 3ED-346 600 Moye Boulevard
 City Greenville State NC Zip Code 27858-4354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brody School of Medicine at ECU Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 590.00

Date of Receipt 08 / 16 / 2011
Transaction ID : SA11AI.14171
 Amount of Each Receipt this Period 500.00
 Voluntary member contribution

| | |
|---|---------|
| 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Edward N Robinson

Mailing Address 3800 Katie Court

City Greensboro State NC Zip Code 27410

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

Name of Employer Guilford Co Dept of Public Hea Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2011
Transaction ID : SA11AI.14280

Amount of Each Receipt this Period
 250.00

Voluntary member contribution

Full Name (Last, First, Middle Initial)
B. Dr. John Gardiner Richard Roddey

Mailing Address 2015 Randolph Road Suite 208

City Charlotte State NC Zip Code 28207-1200

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

Name of Employer Charlotte Gastro & Hep Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2011
Transaction ID : SA11AI.14157

Amount of Each Receipt this Period
 500.00

Voluntary member contribution

Full Name (Last, First, Middle Initial)
C. Dr. Jeffrey William Runge

Mailing Address 800 Greenwich Woods Drive

City McLean State VA Zip Code 22102-1332

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

Name of Employer US Department of Homeland Security Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2011
Transaction ID : SA11AI.14158

Amount of Each Receipt this Period
 1000.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 14 |
| | <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. Dr. Patrick Joseph Simpson
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Page Road
 City Pinehurst State NC Zip Code 28374-8749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinehurst Medical Clinic, Inc. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **660.00**

Date of Receipt **10 / 25 / 2011**
Transaction ID : SA11AI.14254
 Amount of Each Receipt this Period **250.00**
 Voluntary member contribution

B. William L. Spivey
 Full Name (Last, First, Middle Initial)
 Mailing Address 245 Charlois Boulevard Suite C
 City Winston-Salem State NC Zip Code 27103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Community Physicians Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 05 / 2011**
Transaction ID : SA11AI.14159
 Amount of Each Receipt this Period **500.00**
 Voluntary member contribution

C. Geeta Subramaniam
 Full Name (Last, First, Middle Initial)
 Mailing Address 570 Waverly Place Suite 210
 City Cary State NC Zip Code 27518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wake Emergency Physicians Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 06 / 2011**
Transaction ID : SA11AI.14220
 Amount of Each Receipt this Period **250.00**
 Voluntary member contribution

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | 8020.00 |