

**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)

January 31 Quarterly Report(YE)

x 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

01

01

2003

through

06

30

2003

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 Stephen W. Keene

Signature of Treasurer Electronically Filed by Stephen W. Keene

Date 07 30 2003

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: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003		17256.80
(b) Cash on Hand at Beginning of Reporting Period .....	17256.80	
(c) Total Receipts (from Line 19) .....	46011.70	46011.70
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	63268.50	63268.50
7. Total Disbursements (from Line 31) .....	29264.00	29264.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	34004.50	34004.50
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: <sup>M</sup>01 <sup>-</sup>01 <sup>-</sup>2003 To: <sup>N</sup>06 <sup>-</sup>30 <sup>-</sup>2003

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) .....	1500.00	
(ii) Unitemized .....	44388.44	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	45888.44	45888.44
(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) .....	45888.44	45888.44
12. Transfers From Affiliated/Other Party Committees .....	80.00	80.00
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.) .....	43.26	43.26
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)) .....	46011.70	46011.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	46011.70	46011.70

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	64.00	64.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	64.00	64.00
22. Transfers to Affiliated/Other Party Committees.....	29200.00	29200.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	29264.00	29264.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	29264.00	29264.00

Image# 23991597995

**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) .....	45888.44	45888.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45888.44	45888.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	64.00	64.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	64.00	64.00

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

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

FOR LINE NUMBER: PAGE 6 / 10

(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) <b>A. Dr. Edwin Leroy Baker, III</b>		Date of Receipt M / D / Y 05 / 22 / 2003
Mailing Address 205 Londonderry Drive		Transaction ID: SA11A1.5107
City Lumberton	State NC	Zip Code 28358
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Women's Life Center of Lumberton, PA	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Eric Brian Feinberg</b>		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 288D Aberdeen Boulevard Suite A		Transaction ID: SA11A1.5164
City Gastonia	State NC	Zip Code 28054
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Gaston Women's HealthCare, PA	Occupation Physician	Aggregate Year-to-Date ▼ 513.44
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Joseph Gregory Jemsek</b>		Date of Receipt M / D / Y 06 / 18 / 2003
Mailing Address 18830 Northcross Drive Suite 102		Transaction ID: SA11A1.5424
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Jemsek Clinic, PLLC	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1500.00</b>

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

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

FOR LINE NUMBER: PAGE 7 / 10

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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

Full Name (Last, First, Middle Initial) <b>A. American Medical Political Action Committee</b>		Date of Receipt M / D / Y 04 / 02 / 2003	
Mailing Address 1101 Vermont Avenue, NW		Transaction ID: SA12.4640	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>		Transfer Shute & Osbahr	
Name of Employer  Receipt For: Primary      General Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 20.00		
Full Name (Last, First, Middle Initial) <b>B. American Medical Political Action Committee</b>		Date of Receipt M / D / Y 06 / 17 / 2003	
Mailing Address 1101 Vermont Avenue, NW		Transaction ID: SA12.5452	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. <b>C</b>		Transfer	
Name of Employer  Receipt For: Primary      General Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 80.00		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>80.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>80.00</b>

**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 8 / 10

<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

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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. American Medical Political Action Committee**

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Transfer to affiliated committee

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.4456  
Date of Disbursement  
02 / 27 / 2003

Amount of Each Disbursement this Period  
2250.00

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  
transfer to affiliated committee

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.4457  
Date of Disbursement  
03 / 06 / 2003

Amount of Each Disbursement this Period  
3050.00

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  
transfer to affiliated committee

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.4458  
Date of Disbursement  
03 / 21 / 2003

Amount of Each Disbursement this Period  
2550.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ **7850.00**

**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 9 / 10

<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

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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. American Medical Political Action Committee**

Mailing Address 1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Transfer to affiliated committee

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.4841  
Date of Disbursement  
04 / 02 / 2003

Amount of Each Disbursement this Period  
3700.00

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  
3/1/03-3/31/03

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.4853  
Date of Disbursement  
05 / 22 / 2003

Amount of Each Disbursement this Period  
6950.00

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  
4/1/03-4/30/03

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB22.5098  
Date of Disbursement  
06 / 03 / 2003

Amount of Each Disbursement this Period  
3150.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ **13800.00**

**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 10 / 10

<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

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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) <b>A. American Medical Political Action Committee</b>		Transaction ID: SB22.5312 Date of Disbursement 06 / 17 / 2003	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 4700.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement transfer for 5/1/03-5/31/03	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary          General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>B. American Medical Political Action Committee</b>		Transaction ID: SB22.5401 Date of Disbursement 06 / 26 / 2003	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 1900.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement voluntary contributions 6/1/03-6/17/03	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary          General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>C. American Medical Political Action Committee</b>		Transaction ID: SB22.5450 Date of Disbursement 06 / 30 / 2003	
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 950.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement 6/16/03-6/30/03	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary          General Other (specify) ▼	Candidate Name	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>29200.00</b>