

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 Hospital Association Political Action Committee - Federal

ADDRESS (number and street) P.O. Box 4449
 Check if different than previously reported. (ACC)
Cary NC 27519-4449

2. **FEC IDENTIFICATION NUMBER** C00194647
3. IS THIS REPORT 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)
 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 (12G)
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 2009 through 06 30 2009

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 Mr. Jamal Jones

Signature of Treasurer Electronically Filed by Mr. Jamal Jones Date 07 30 2009

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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		90228.84
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	90298.88									
(c) Total Receipts (from Line 19)	31794.98	31794.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	122093.86	122023.82								
7. Total Disbursements (from Line 31)	76176.57	76176.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45917.29	45847.25								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

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)	6620.00	6620.00
(ii) Unitemized	25174.98	25174.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31794.98	31794.98
(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)	31794.98	31794.98
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.)	0.00	0.00
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))	31794.98	31794.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31794.98	31794.98

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.....	76.57	76.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	76.57	76.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54100.00	54100.00
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.....	22000.00	22000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	76176.57	76176.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76176.57	76176.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	31794.98	31794.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31794.98	31794.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	76.57	76.57
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	76.57	76.57

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15
(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 Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)
Mr. Robert J Bednarek

Mailing Address Box 1116

City State Zip Code
Brevard NC 28712-1116

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

Name of Employer
Transylvania Regional Hospital

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: 17374929

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Mr Jim Tobalski

Mailing Address 5822 Summerston Pl.

City State Zip Code
Charlotte NC 28277-2537

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

Name of Employer
Novant Health

Occupation
Senior Vice President Marketing and Co

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: 17374937

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Cassius Williams

Mailing Address P.O. Box 8246

City State Zip Code
Greenville NC 27835-8246

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

Name of Employer
State Farm Insurance

Occupation
Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: 17374947

Amount of Each Receipt this Period
300.00

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 7 / 15
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Mr. J. Mike Stevenson

Mailing Address 1711 Mission Rd.

City State Zip Code
Murphy NC 28906-3776

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

Name of Employer Occupation
Murphy Medical Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2009

Transaction ID: 17375017

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mr. Dave C McRae

Mailing Address P O Box 6028

City State Zip Code
Greenville NC 27835-6028

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

Name of Employer Occupation
University Health Systems of Eastern C Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2009

Transaction ID: 17375043

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Tim Rice

Mailing Address 4600 Jefferson Wood Court

City State Zip Code
Greensboro NC 27410-3552

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

Name of Employer Occupation
Moses Cone Health System Health Care Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: 17375045

Amount of Each Receipt this Period
400.00

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 8 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Mr. Richard G Sparks

Mailing Address P O Box 2600

City State Zip Code
Boone NC 28607-2600

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

Name of Employer Occupation
Watauga Medical Center President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2009

Transaction ID: 17375066

Amount of Each Receipt this Period
220.00

B. Full Name (Last, First, Middle Initial)
Mr Kevin W Sowers, , R.N., MS

Mailing Address 1022 Homer St.

City State Zip Code
Durham NC 27707-1641

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

Name of Employer Occupation
Duke University Hospital Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2009

Transaction ID: 17375070

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Ms. Sharon M Tanner

Mailing Address P O Box 1587
203A North Water St.

City State Zip Code
Elizabeth City NC 27906-1587

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

Name of Employer Occupation
Albemarle Health President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2009

Transaction ID: 17375090

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 1020.00

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 9 / 15
(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

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NAME OF COMMITTEE (In Full)
North Carolina Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial)
Ms. Jacque D. Gattis

Mailing Address 5095 Seven Hills Rd.

City Pfafftown State NC Zip Code 27040-9784

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

Name of Employer Novant Health Occupation Chief Administrative Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 / 25 / 2009
Transaction ID: 17375174
 Amount of Each Receipt this Period: 400.00

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey S Miller

Mailing Address 1200 Brookfield Court

City High Point State NC Zip Code 27262-7442

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

Name of Employer High Point Regional Health System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 / 26 / 2009
Transaction ID: 17375266
 Amount of Each Receipt this Period: 400.00

C. Full Name (Last, First, Middle Initial)
Ms. Millie Harding

Mailing Address 1113 Pearson Farms Road

City Apex State NC Zip Code 27502-6741

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

Name of Employer North Carolina Hospital Association Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 04 / 2009
Transaction ID: 17375400
 Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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 10 / 15
(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
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NAME OF COMMITTEE (In Full)
North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)
Mr. Joel Huneycutt

Mailing Address Post Office Box 92

City State Zip Code
Locust NC 28097-0092

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

Name of Employer Occupation
Locust Lumber Lumber and Building Supply

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2009

Transaction ID: 17375448

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Mr. John G Currin, Jr.

Mailing Address 211 Travis Lane

City State Zip Code
Gibsonville NC 27249-3304

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

Name of Employer Occupation
Alamance Regional Medical Center President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2009

Transaction ID: 17375468

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Mr. Carl S. Armato

Mailing Address 12521 Preservation Pointe Dr.

City State Zip Code
Charlotte NC 28216-6735

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

Name of Employer Occupation
Presbyterian Hospital President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2009

Transaction ID: 17375550

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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 11 / 15
	(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

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NAME OF COMMITTEE (In Full)
North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial) Marcus Albernaz		Date of Receipt MM / DD / YYYY 06 / 23 / 2009
Mailing Address 850 Johns Hopkins Drive		Transaction ID: 17375600
City Greenville	State NC	Zip Code 27834-7222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Pitt County Memorial Hospital	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Mr. Paul M Wiles		Date of Receipt MM / DD / YYYY 06 / 16 / 2009
Mailing Address 2085 Frontis Plaza Boulevard		Transaction ID: 17375876
City Winston Salem	State NC	Zip Code 27103-5614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Novant Health	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	6620.00

**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 12 / 15

<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

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

AHAPAC-American Hospital Association Federal PAC

Mailing Address 325 Seventh Street, N.W.
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
AHA PAC Fundraising

Candidate Name
AHAPAC-American Hospital Association Federal PAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 16265191

Date of Disbursement

^M 0	^M 1	/	^D 1	^D 3	/	^Y 2	^Y 0	^Y 0	^Y 9
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Amount of Each Disbursement this Period

54100.00

AHA PAC Fundraising

SUBTOTAL of Disbursements This Page (optional) ►

54100.00

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

54100.00

**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)

<input type="checkbox"/> 21b	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North Carolina Hospital Association Political Action Committee - Federal

<p>A. Full Name (Last, First, Middle Initial) Beverly Perdue Committee</p> <p>Mailing Address P.O. Box 12086</p> <p>City Raleigh State NC Zip Code 27605</p> <p>Purpose of Disbursement Beverly Perdue, LT. GOVERNOR NC</p> <p>Candidate Name Lt. Gov. Beverly Eaves Perdue</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16281835 Date of Disbursement 01 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Beverly Perdue, LT. GOVERNOR NC</p>
<p>B. Full Name (Last, First, Middle Initial) Dalton for Lt. Governor</p> <p>Mailing Address P.O. Box 661</p> <p>City Rutherfordton State NC Zip Code 28139</p> <p>Purpose of Disbursement Walter Dalton, LT. GOVERNOR NC</p> <p>Candidate Name Lt. Walter H. Dalton</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16282044 Date of Disbursement 01 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Walter Dalton, LT. GOVERNOR NC</p>
<p>C. Full Name (Last, First, Middle Initial) Cooper for Attorney General</p> <p>Mailing Address P.O. Box 10587</p> <p>City Raleigh State NC Zip Code 27605</p> <p>Purpose of Disbursement Roy Cooper, ATTORNEY GENERAL NC</p> <p>Candidate Name Attorney Ge Roy Cooper</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16282047 Date of Disbursement 01 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Roy Cooper, ATTORNEY GENERAL NC</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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)

<input type="checkbox"/> 21b	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North Carolina Hospital Association Political Action Committee - Federal

A.	Full Name (Last, First, Middle Initial) Brunstetter for N.C. Senate Mailing Address 3054 Panther Ridge Ln. City Lewisville State NC Zip Code 27023 Purpose of Disbursement Peter Brunstetter, STATE SENATE 31st NC Candidate Name Peter S. Brunstetter Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16282050 Date of Disbursement 01 / 26 / 2009	Amount of Each Disbursement this Period 2000.00 Peter Brunstetter, STATE SENATE 31st NC
B.	Full Name (Last, First, Middle Initial) Jeff Barnhart for House Mailing Address 2419 Kannapolis Hwy City Concord State NC Zip Code 28027 Purpose of Disbursement Jeff Barnhart, STATE HOUSE 82nd NC Candidate Name Representa Jeff Barnhart Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 82 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16282051 Date of Disbursement 01 / 26 / 2009	Amount of Each Disbursement this Period 2000.00 Jeff Barnhart, STATE HOUSE 82nd NC
C.	Full Name (Last, First, Middle Initial) Mobley's Campaign Mailing Address P.O. Box 794 City Ahoskie State NC Zip Code 27910 Purpose of Disbursement Annie Mobley, STATE HOUSE 5th NC Candidate Name Annie Mobley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16282053 Date of Disbursement 01 / 26 / 2009	Amount of Each Disbursement this Period 1000.00 Annie Mobley, STATE HOUSE 5th NC

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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)

<input type="checkbox"/> 21b	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
North Carolina Hospital Association Political Action Committee - Federal

A.	Full Name (Last, First, Middle Initial) Committee to Elect Angela Bryant Mailing Address 717 West End St City Rocky Mount State NC Zip Code 27803-2817 Purpose of Disbursement Angela Bryant, STATE HOUSE 7th NC Candidate Name NC Rep. Angela Bryant Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16282059 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
	Angela Bryant, STATE HOUSE 7th NC		
B.	Full Name (Last, First, Middle Initial) Charlie Albertson for Senate Mailing Address 136 Henry Dunn Pickett Road City Beulaville State NC Zip Code 28518 Purpose of Disbursement Charles Albertson, STATE SENATE 10th NC Candidate Name Senator Charles W. Albertson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16282062 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period 2000.00
	Charles Albertson, STATE SENATE 10th NC		
C.	Full Name (Last, First, Middle Initial) Fred Steen for House Mailing Address 317 Daybrook Dr. City Landis State NC Zip Code 28088 Purpose of Disbursement Fred Steen, STATE HOUSE 76th NC Candidate Name NC Rep. Fred Steen, II Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 76 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16286125 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 2000.00
	Fred Steen, STATE HOUSE 76th NC		

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	22000.00