FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street) ▼ P.O. Box 4449

☐ Check if different than previously reported. (ACC)

CITY ▲ Cary STATE ▲ NC ZIP CODE ▲ 27519-4449 –

2. **FEC IDENTIFICATION NUMBER ▼** C 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 Year-End Report (YE)
- ☒ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

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. Cody Hand

Signature of Treasurer *Mr. Cody Hand* ***[Electronically Filed]*** Date 03 / 17 / 2016

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							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		43167.32
(b) Cash on Hand at Beginning of Reporting Period	43167.32	
(c) Total Receipts (from Line 19)	28135.90	28135.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71303.22	71303.22
7. Total Disbursements (from Line 31)	50260.68	50260.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21042.54	21042.54
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 Hospital Association Political Action Committee - Federal

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

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)	8165.10	8165.10
(ii) Unitemized	19970.80	19970.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	28135.90	28135.90
(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) ▶	28135.90	28135.90
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 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)) ▶	28135.90	28135.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	28135.90	28135.90

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) 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	260.68	260.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	260.68	260.68
22. Transfers to Affiliated/Other Party Committees	50000.00	50000.00
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	0.00
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))	50260.68	50260.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	50260.68	50260.68

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)	28135.90	28135.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28135.90	28135.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	260.68	260.68
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	260.68	260.68

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F3XA**
Transaction ID :

Data correction results in need to amend.

Form/Schedule:
Transaction ID:

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)
[X] 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 Hospital Association Political Action Committee - Federal

A. Full Name (Last, First, Middle Initial): Mr. Jimm Bunch
Mailing Address: 100 Hospital Drive
City: Hendersonville State: NC Zip Code: 28792-5272
FEC ID number of contributing federal political committee: C
Name of Employer: Park Ridge Health
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.10
Date of Receipt: 03 / 19 / 2015
Transaction ID : 22880347
Amount of Each Receipt this Period: 500.10
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Mr. William Mahone
Mailing Address: PO Box 1089
City: Roanoke Rapids State: NC Zip Code: 27870-1089
FEC ID number of contributing federal political committee: C
Name of Employer: Halifax Regional Medical Center
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 / 19 / 2015
Transaction ID : 22880359
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Mr. James W Paugh
Mailing Address: 501 Mill Road
City: Goldsboro State: NC Zip Code: 27534-8976
FEC ID number of contributing federal political committee: C
Name of Employer: Wayne Memorial Hospital
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 / 19 / 2015
Transaction ID : 22880363
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1100.10

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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. Michael Stevenson
Mailing Address: 3990 E US Hwy 64 Alt
City: Murphy | State: NC | Zip Code: 28906-6843
FEC ID number of contributing federal political committee: C
Name of Employer: Murphy Medical Center
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 / 19 / 2015
Transaction ID : 22880367
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Dr. Jill H Green
Mailing Address: 12 Dayflower Drive
City: Asheville | State: NC | Zip Code: 28803-9618
FEC ID number of contributing federal political committee: C
Name of Employer: Mission Health System
Occupation: President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 04 / 30 / 2015
Transaction ID : 22880433
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Mr. Stephen Lawler
Mailing Address: 3905 Cantata Dr
City: Greenville | State: NC | Zip Code: 27858-6066
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas Healthcare System
Occupation: Senior Vice President Regional Develop
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 / 07 / 2015
Transaction ID : 22880466
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Dr. Ronald A Paulus M.D.
Mailing Address: 62 Beadle Lane
City: Asheville | State: NC | Zip Code: 28803-8907
FEC ID number of contributing federal political committee: C
Name of Employer: Mission Health System
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 / 07 / 2015
Transaction ID : 22880470
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Mr. G. Raymond Leggett III
Mailing Address: 2312 Crestview Drive
City: New Bern | State: NC | Zip Code: 28562-9060
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinaEast Health System
Occupation: President & CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 06 / 11 / 2015
Transaction ID : 22880657
Amount of Each Receipt this Period: 225.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Dr. John D McConnell MD
Mailing Address: 140 Plymouth Avenue
City: Winston Salem | State: NC | Zip Code: 27104-3024
FEC ID number of contributing federal political committee: C
Name of Employer: Wake Forest Baptist Health
Occupation: Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 / 11 / 2015
Transaction ID : 22880663
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 825.00

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

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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. Phyllis A Wingate
Mailing Address: 6005 Willowood Rd
City: Kannapolis | State: NC | Zip Code: 28081-6702
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System NorthEast
Occupation: President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 / 11 / 2015
Transaction ID : 22880689
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Dr. Theresa M Brodrick RN, MSN, P
Mailing Address: 110 Shorelake Dr Apt H
City: Greensboro | State: NC | Zip Code: 27455-1451
FEC ID number of contributing federal political committee: C
Name of Employer: Cone Health
Occupation: Executive Vice President, Chief Nursin
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 06 / 18 / 2015
Transaction ID : 22880704
Amount of Each Receipt this Period: 225.00
[ ] Memo Item

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: 300.00
Date of Receipt: 06 / 18 / 2015
Transaction ID : 22880712
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 825.00

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

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ITEMIZED RECEIPTS

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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. James Hunter
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: 300.00
Date of Receipt: 06 / 18 / 2015
Transaction ID : 22880715
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Mrs. Joann Anderson
Mailing Address: P O Box 1508
City: Lumberton | State: NC | Zip Code: 28359-1508
FEC ID number of contributing federal political committee: C
Name of Employer: Southeastern Health
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 / 22 / 2015
Transaction ID : 22880736
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Mr. Greg A Gombar
Mailing Address: P O 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: Chief Financial Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 / 22 / 2015
Transaction ID : 22880748
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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. David S Hughes
Mailing Address: 2302 Royal Drive
City: Winterville State: NC Zip Code: 28590-9129
FEC ID number of contributing federal political committee: C
Name of Employer: Vidant Health
Occupation: Accountant
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 06 / 22 / 2015
Transaction ID : 22880754
Amount of Each Receipt this Period: 225.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Mr. John K Barto Jr
Mailing Address: 2131 S 17th Street
City: Wilmington State: NC Zip Code: 28401-7407
FEC ID number of contributing federal political committee: C
Name of Employer: New Hanover Regional Medical Center
Occupation: President and Chief Executive Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 / 29 / 2015
Transaction ID : 22880788
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Ms. Pamela Beckwith
Mailing Address: 1709 Rosebank Lane
City: Charlotte State: NC Zip Code: 28226-0923
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas Healthcare System
Occupation: Quality
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 360.00
Date of Receipt: 06 / 29 / 2015
Transaction ID : 22880789
Amount of Each Receipt this Period: 360.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 885.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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. Noel F Burt
Mailing Address: 5100 Laurinda Dr
City: Greensboro State: NC Zip Code: 27410-9394
FEC ID number of contributing federal political committee: C
Name of Employer: Cone Health
Occupation: Executive Vice President, Administrati
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 06 / 29 / 2015
Transaction ID : 22880792
Amount of Each Receipt this Period: 225.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Mr. Paul S Franz
Mailing Address: 1320 Fillmore Avenue Unit 505
City: Charlotte State: NC Zip Code: 28203-5977
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas Healthcare System
Occupation: Executive Vice President Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 / 29 / 2015
Transaction ID : 22880800
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Mr. Linwood Jones
Mailing Address: 4501 Eliot Place
City: Raleigh State: NC Zip Code: 27609-6019
FEC ID number of contributing federal political committee: C
Name of Employer: North Carolina Hospital Association
Occupation: General Counsel
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 / 29 / 2015
Transaction ID : 22880804
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 825.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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. Scott Leighty
Mailing Address: 721 Governor Morrison St #214
City: Charlotte | State: NC | Zip Code: 28211-4196
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas Healthcare System
Occupation: Administration
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 360.00
Date of Receipt: 06 / 29 / 2015
Transaction ID : 22880809
Amount of Each Receipt this Period: 360.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Mr. James C Olsen
Mailing Address: 5900 Summerston Place
City: Charlotte | State: NC | Zip Code: 28277-2539
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas Healthcare System
Occupation: VP, Materials Management
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 360.00
Date of Receipt: 06 / 29 / 2015
Transaction ID : 22880813
Amount of Each Receipt this Period: 360.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Mr. Dennis J Phillips
Mailing Address: 4310 - 4th Street Circle NW
City: Hickory | State: NC | Zip Code: 28601-9021
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas Medical Center
Occupation: Executive Vice President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 / 29 / 2015
Transaction ID : 22880814
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1020.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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. Hugh H Tilson Jr.
Mailing Address: 1305 College Place
City: Raleigh State: NC Zip Code: 27605-1718
FEC ID number of contributing federal political committee: C
Name of Employer: North Carolina Hospital Association
Occupation: EVP & COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.30
Date of Receipt: 06 / 29 / 2015
Transaction ID : 22880819
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Mrs. Mary Ann Wilcox
Mailing Address: 5314 Wingedfoot Rd
City: Charlotte State: NC Zip Code: 28226-7966
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas Healthcare System
Occupation: Registered Nurse
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 360.00
Date of Receipt: 06 / 29 / 2015
Transaction ID : 22880822
Amount of Each Receipt this Period: 360.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Ms. Judy Schanel
Mailing Address: 1200 N. Elm St.
City: Greensboro State: NC Zip Code: 27401-1004
FEC ID number of contributing federal political committee: C
Name of Employer: Moses H. Cone Memorial Hospital
Occupation: President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 06 / 30 / 2015
Transaction ID : 22880827
Amount of Each Receipt this Period: 225.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 885.00

TOTAL This Period (last page this line number only) ▶ 8165.10

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)
☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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 Hospital Association Political Action Committee - Federal

A.
Full Name (Last, First, Middle Initial): AHAPAC-American Hospital Association Federal PAC
Mailing Address: 800 10th Street, N.W. Two CityCenter, Suite 400
City: Washington State: DC Zip Code: 20001-4956
Purpose of Disbursement: 2015 PAC Contribution
Category/Type: 011
Candidate Name: AHAPAC-American Hospital Association Federal PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 01 / 19 / 2015
Transaction ID : 22249279
Amount of Each Disbursement this Period: 50000.00
☐ Memo Item
2015 PAC Contribution

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 50000.00

TOTAL This Period (last page this line number only) ▶ 50000.00