

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) PO Box 4449
Cary NC 27519-4449
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
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) 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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y 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 Cody R. Hand

Signature of Treasurer Cody R. Hand [Electronically Filed] Date 07 / 31 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="43167.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="43167.32"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="28153.40"/>	<input type="text" value="28153.40"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="71320.72"/>	<input type="text" value="71320.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="50260.68"/>	<input type="text" value="50260.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="21060.04"/>	<input type="text" value="21060.04"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / 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).....	8165.10	8165.10
(ii) Unitemized	19988.30	19988.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28153.40	28153.40
(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)	28153.40	28153.40
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))..... ▶	28153.40	28153.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28153.40	28153.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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)

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)	28153.40	28153.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28153.40	28153.40
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

**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 15
<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

Full Name (Last, First, Middle Initial)
A. Ms. Joann S 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
 M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : A2015-1342335

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Mr. Jack K Barto

Mailing Address 2131 S 17th Street

City Wilmington State NC Zip Code 28405

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

Name of Employer New Hanover Regional Medical Center Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : A2015-1351758

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. 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 Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : A2015-1380062

Amount of Each Receipt this Period
360.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **960.00**

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 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Mrs. Theresa M Brodrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 8406 Lilly's Court
 City Greensboro State NC Zip Code 27455-3068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cone Health Occupation RN - Executive Vice President / CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2015
Transaction ID : A2015-1138340
 Amount of Each Receipt this Period
 225.00

B. Mr. Jimm Bunch
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Hospital Drive
 City Hendersonville State NC Zip Code 28791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Park Ridge Health Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2015
Transaction ID : A2015-666401
 Amount of Each Receipt this Period
 500.10

C. Mr. Noel F Burt
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 Laurinda Dr
 City Greensboro State NC Zip Code 27410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cone Health Occupation Executive Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : A2015-1379252
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional).....▶	950.10
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 15
<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. Mr. Paul S Franz
Full Name (Last, First, Middle Initial)
Mailing Address 1320 Fillmore Avenue Unit 505

City Charlotte	State NC	Zip Code 28203
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carolinas Medical Center	Occupation Health Administrator
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : A2015-1379129

Amount of Each Receipt this Period
300.00

B. Mr. Greg A Gombar
Full Name (Last, First, Middle Initial)
Mailing Address P O Box 32861

City Charlotte	State NC	Zip Code 28232-2861
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carolinas Medical Center	Occupation Chief Financial Officer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : A2015-1345974

Amount of Each Receipt this Period
300.00

C. Dr. Jill H Green
Full Name (Last, First, Middle Initial)
Mailing Address 12 Dayflower Drive

City Asheville	State NC	Zip Code 28803-9618
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mission Health System	Occupation Chief Operating Officer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : A2015-804077

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 OF 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

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

Mailing Address 1113 Pearson Farms Road

City State Zip Code
 Apex NC 27502-6741

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

Name of Employer Occupation
 North Carolina Hospital Association Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2015
Transaction ID : A2015-1138832

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. Mr. David S Hughes

Mailing Address 2302 Royal Drive

City State Zip Code
 Winterville NC 28590-9129

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

Name of Employer Occupation
 Vidant Medical Center Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : A2015-1344717

Amount of Each Receipt this Period
 225.00

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

Mailing Address PO Box 32861

City State Zip Code
 Charlotte NC 28232

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

Name of Employer Occupation
 Carolinas HealthCare System Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2015
Transaction ID : A2015-1254877

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **825.00**

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 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial)
A. Mr. Linwood Jones

Mailing Address 4501 Eliot Place

City Raleigh	State NC	Zip Code 27609
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FEC ID number of contributing federal political committee. **C**

Name of Employer North Carolina Hospital Association	Occupation General Counsel
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : A2015-1350861

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Mr. Stephen Lawler

Mailing Address 3905 Cantata Dr

City Greenville	State NC	Zip Code 27858
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FEC ID number of contributing federal political committee. **C**

Name of Employer Vidant Medical Center	Occupation Government Relations Officer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : A2015-841178

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Mr. George Raymond Leggett III

Mailing Address 2312 Crestview Dr

City New Bern	State NC	Zip Code 28562
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FEC ID number of contributing federal political committee. **C**

Name of Employer CarolinaEast Health System	Occupation President/CEO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : A2015-1122699

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional).....▶	825.00
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 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Mr. Scott Leighty

Mailing Address 721 Governor Morrison St #214

City	State	Zip Code
Charlotte	NC	28211-4196

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

Name of Employer	Occupation
Carolinas Medical Center	Ancillary/Support Svc Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : A2015-1367702

Amount of Each Receipt this Period
360.00

Full Name (Last, First, Middle Initial)
B. Mr. William Mahone V

Mailing Address PO Box 1089

City	State	Zip Code
Roanoke Rapids	NC	27870

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

Name of Employer	Occupation
Halifax Regional Medical Center	President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2015
Transaction ID : A2015-666413

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Dr. John D McConnell

Mailing Address 140 Plymouth Avenue

City	State	Zip Code
Winston Salem	NC	27104-3024

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

Name of Employer	Occupation
Wake Forest Baptist Medical Center	Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2015
Transaction ID : A2015-1147559

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	960.00
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 15
	<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 Hospital Association Political Action Committee - Federal

A. Mr. James C Olsen
Full Name (Last, First, Middle Initial)

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 : A2015-1367705

Amount of Each Receipt this Period
360.00

B. Mr. James W Paugh
Full Name (Last, First, Middle Initial)

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/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 19 / 2015
Transaction ID : A2015-666415

Amount of Each Receipt this Period
300.00

C. Dr. Ronald A Paulus
Full Name (Last, First, Middle Initial)

Mailing Address 62 Beadle Lane

City Asheville State NC Zip Code 28803

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

Name of Employer Mission Health System Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
05 / 07 / 2015
Transaction ID : A2015-841190

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 960.00

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 13 OF 15
	<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	<input type="checkbox"/> 17

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

A. Mr. Dennis J Phillips
Full Name (Last, First, Middle Initial)

Mailing Address 4310 - 4th Street Circle NW

City Hickory	State NC	Zip Code 28601-9021
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carolinas HealthCare System-North East	Occupation Executive Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : A2015-1367721

Amount of Each Receipt this Period

300.00

B. Ms. Judy Schanel
Full Name (Last, First, Middle Initial)

Mailing Address 1200 N. Elm St.

City Greensboro	State NC	Zip Code 27401
--------------------	-------------	-------------------

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

Name of Employer Cone Health	Occupation Chief Operating Officer
---------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : A2015-1362180

Amount of Each Receipt this Period

225.00

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

Mailing Address 3990 E US Hwy 64 Alt

City Murphy	State NC	Zip Code 28906
----------------	-------------	-------------------

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

Name of Employer Murphy Medical Center	Occupation Administrator
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

Transaction ID : A2015-666419

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....▶	825.00
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 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Hugh H Tilson Jr.
 Full Name (Last, First, Middle Initial)
 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 **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : A2015-1381986
 Amount of Each Receipt this Period
300.00

B. Mrs. Mary Ann Wilcox
 Full Name (Last, First, Middle Initial)
 Mailing Address 5314 Wingedfoot Rd
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Medical Center Occupation Registered Nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : A2015-1367689
 Amount of Each Receipt this Period
360.00

C. Ms. Phyllis A Wingate
 Full Name (Last, First, Middle Initial)
 Mailing Address 6005 Willowood Rd
 City Kannapolis State NC Zip Code 28081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System-North East Occupation Hospital President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2015
Transaction ID : A2015-1122737
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	960.00
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)

<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 Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. AHAPAC-American Hospital Assn Federal PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2015

Mailing Address 325 Seventh St N.W. Suite 700

Transaction ID : B566972

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

Purpose of Disbursement
Transfer to Affiliated Cmte

008
Category/ Type

50000.00

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

Purpose of Disbursement

Category/ Type

--

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

Purpose of Disbursement

Category/ Type

--

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

50000.00

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

50000.00
