

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 07 01 2006 through 09 30 2006

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 Ms. Suzanne Coker

Signature of Treasurer Electronically Filed by Ms. Suzanne Coker Date 01 08 2007

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**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		59358.40
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	66925.20									
(c) Total Receipts (from Line 19)	11586.40	63184.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	78511.60	122543.20								
7. Total Disbursements (from Line 31)	3.20	44034.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	78508.40	78508.40								
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**

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	3636.00	15396.00
(i) Itemized (use Schedule A)	7950.40	46428.80
(ii) Unitemized	11586.40	61824.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	1360.00
(c) Other Political Committees (such as PACs)	0.00	11586.40
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	11586.40	63184.80
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))	11586.40	63184.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11586.40	63184.80

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) 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.....	3.20	34.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3.20	34.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	44000.00
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 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))..	3.20	44034.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3.20	44034.80

DETAILED SUMMARY PAGE
of Disbursements

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)	11586.40	63184.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11586.40	63184.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3.20	34.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3.20	34.80

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 9
	<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

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. Gary L Park

Mailing Address 409 Meadowmont Lane

City State Zip Code
Chapel Hill NC 27517-8134

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

Name of Employer University of North Carolina Hospitals
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 03 / 2006

Transaction ID: 12683629

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael C Tarwater

Mailing Address P O Box 32861

City State Zip Code
Charlotte NC 28232-2861

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

Name of Employer Carolinas HealthCare System
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2006

Transaction ID: 12688721

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth A. Shull, FACHE

Mailing Address 190 Hospital Dr.

City State Zip Code
Highlands NC 28741-7600

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

Name of Employer Highlands-Cashiers Hospital
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: 12798489

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 9
	<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. Full Name (Last, First, Middle Initial)
Mr. Dave C McRae

Mailing Address 708 Compton Rd.

City State Zip Code
Greenville NC 27858-6237

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2006

Transaction ID: 12860872

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Mr. J. William Paugh

Mailing Address 501 Mill Road

City State Zip Code
Goldsboro NC 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
M M / D D / Y Y Y Y
08 / 07 / 2006

Transaction ID: 12860884

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. L. Jon Schurmeier

Mailing Address 800 N. Justice St.

City State Zip Code
Hendersonville NC 28791-3410

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

Name of Employer Margaret R. Pardee Memorial Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2006

Transaction ID: 12860896

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 9
	<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. Full Name (Last, First, Middle Initial)
Ms. Susan H Fitzgibbon

Mailing Address 1613 Country Club Rd.

City Reidsville State NC Zip Code 27320-6101

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

Name of Employer Annie Penn Hospital Occupation President and Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: 12883851

Amount of Each Receipt this Period
 400.00

B. Full Name (Last, First, Middle Initial)
Mr. David O Rice

Mailing Address 262 Leroy George Drive

City Clyde State NC Zip Code 28721-7430

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

Name of Employer Haywood Regional Medical Center Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 6

Transaction ID: 12893465

Amount of Each Receipt this Period
 400.00

C. Full Name (Last, First, Middle Initial)
Dr. William K Atkinson, , II, Ph.D

Mailing Address 3000 New Bern Avenue

City Raleigh State NC Zip Code 27610-1231

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

Name of Employer WakeMed Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 7 / 0 1 / 2 0 0 6

Transaction ID: 13217667

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 9	
	(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"/> 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. Laurence C. Hinsdale

Mailing Address 920 Church Street North

City	State	Zip Code
Concord	NC	28025-2983

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

Name of Employer NorthEast Medical Center	Occupation President/CEO
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
536.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	7	/	2	0	0	6

Transaction ID: 13550923

Amount of Each Receipt this Period
136.00

SUBTOTAL of Receipts This Page (optional)	▶	136.00
TOTAL This Period (last page this line number only)	▶	3636.00