07/27/2005 12 : 04

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

CITY ▲ STATE ▲ ZIPCODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C00194647

3. IS THIS REPORT — x NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

x July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

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

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (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 2005 through 06 30 2005

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 07 27 2005

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

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: 01 01 2005 To: 06 30 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		36671.65
(b) Cash on Hand at Begining of Reporting Period	36671.65	
(c) Total Receipts (from Line 19)	20887.20	20887.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57558.85	57558.85
7. Total Disbursements (from Line 31)	38046.00	38046.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19512.85	19512.85
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	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From: 01 01 2005 To: 06 30 2005

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)	6552.00	6552.00
(ii) Unitemized	14335.20	14335.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	20887.20	20887.20
(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) ▶	20887.20	20887.20
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))	20887.20	20887.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20887.20	20887.20

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	11.00	11.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	11.00	11.00
22. Transfers to Affiliated/Other Party Committees	38035.00	38035.00
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))	38046.00	38046.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	38046.00	38046.00

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)	20887.20	20887.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20887.20	20887.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11.00	11.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11.00	11.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 12
(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. Robert J Bednarek
Mailing Address Box 1116
City: Brevard State: NC Zip Code: 28712-1116
FEC ID number of contributing federal political committee: C
Name of Employer: Transylvania Community Hospital
Occupation: President and Chief Executive Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 03 10 2005
Transaction ID: 10852022
Amount of Each Receipt this Period: 400.00

B.
Full Name (Last, First, Middle Initial)
Mr. Dennis R. Berry
Mailing Address 107 Irving Park Ct.
City: Greensboro State: NC Zip Code: 27408-6605
FEC ID number of contributing federal political committee: C
Name of Employer: Moses Cone Health System
Occupation: CEO Emeritus
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 03 10 2005
Transaction ID: 10852024
Amount of Each Receipt this Period: 400.00

C.
Full Name (Last, First, Middle Initial)
Mr. Joel Huneycutt
Mailing Address Post Office Box 92
City: Locust State: NC Zip Code: 28097-0092
FEC ID number of contributing federal political committee: C
Name of Employer: Stanly Memorial Hospital
Occupation: Board Member
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 03 29 2005
Transaction ID: 10852032
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 7 / 12
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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. Sheron M Tanner
Mailing Address 4 Bateman Dr.
City: Elizabeth City State: NC Zip Code: 27909-9480
FEC ID number of contributing federal political committee: C
Name of Employer: Albemarle Hospital
Occupation: President and Chief Executive Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 04 07 2005
Transaction ID: 10909442
Amount of Each Receipt this Period: 400.00

B.
Full Name (Last, First, Middle Initial)
Mr. Wayne F Shovelin
Mailing Address 3505 Country Club Dr.
City: Gastonia State: NC Zip Code: 28056-6664
FEC ID number of contributing federal political committee: C
Name of Employer: Gaston Memorial Hospital
Occupation: President and Chief Executive Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05 17 2005
Transaction ID: 11167719
Amount of Each Receipt this Period: 400.00

C.
Full Name (Last, First, Middle Initial)
Mr. Jim Tobelaid
Mailing Address 5822 Summerston Place
City: Charlotte State: NC Zip Code: 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: 400.00
Date of Receipt: 05 17 2005
Transaction ID: 11167898
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

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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. Mike Stevenson
Mailing Address 4130 U S Highway 64 East
City: Murphy State: NC Zip Code: 28906-7917
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: 400.00
Date of Receipt: 05 19 2005
Transaction ID: 11167763
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial)
Mr. Jack A. Calloway
Mailing Address PO Box 922
City: Highlands State: NC Zip Code: 28741-0922
FEC ID number of contributing federal political committee: C
Name of Employer: Highlands-Cashiers Hospital
Occupation: Chief Executive Officer
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 19 2005
Transaction ID: 11167721
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Mr. Roy M Hinson, , FACHE
Mailing Address P O Box 1153
City: Norwood State: NC Zip Code: 28128-1153
FEC ID number of contributing federal political committee: C
Name of Employer: Stanly Memorial Hospital
Occupation: President and Chief Executive Officer
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05 26 2005
Transaction ID: 11176858
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

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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. Richard Lang, MD.
Mailing Address: 2903 Bald Creek Road
City: Clyde | State: NC | Zip Code: 28721-7770
FEC ID number of contributing federal political committee: C
Name of Employer: Haywood Regional Medical Center
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05 31 2005
Transaction ID: 11184992
Amount of Each Receipt this Period: 400.00

B.
Full Name (Last, First, Middle Initial): Mr. Mark T Leonard
Mailing Address: 753 Savannah Dr.
City: Sylva | State: NC | Zip Code: 28779-6206
FEC ID number of contributing federal political committee: C
Name of Employer: Harris Regional Hospital
Occupation: Chief Executive Officer
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 402.00
Date of Receipt: 05 31 2005
Transaction ID: 11184994
Amount of Each Receipt this Period: 402.00

C.
Full Name (Last, First, Middle Initial): Mr. Len B. Preslar, Jr.
Mailing Address: 4472 Bent Tree Farm Rd.
City: Winston Salem | State: NC | Zip Code: 27106-4252
FEC ID number of contributing federal political committee: C
Name of Employer: North Carolina Baptist Hospital
Occupation: President & CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 06 01 2005
Transaction ID: 11185D12
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1202.00**

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 10 / 12
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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. Gregory J Beier
Mailing Address 209 Eatherton Way
City: Winston-Salem State: NC Zip Code: 27104-4448
FEC ID number of contributing federal political committee: C
Name of Employer: Forsyth Medical Center
Occupation: President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 06 07 2005
Transaction ID: 11223662
Amount of Each Receipt this Period: 400.00

B.
Full Name (Last, First, Middle Initial)
Mr. Carl S. Armato
Mailing Address 12521 Preservation Pointe Dr.
City: Charlotte State: NC Zip Code: 28216-6735
FEC ID number of contributing federal political committee: C
Name of Employer: Presbyterian Hospital
Occupation:
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 06 07 2005
Transaction ID: 11223613
Amount of Each Receipt this Period: 400.00

C.
Full Name (Last, First, Middle Initial)
Mr. Paul S. Franz
Mailing Address 1320 Fillmore Avenue, Unit 413
City: Charlotte State: NC Zip Code: 28203-5855
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: President, Carolinas Medical Center
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 06 08 2005
Transaction ID: 11223725
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

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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:
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 06 14 2005
Transaction ID: 11248331
Amount of Each Receipt this Period: 210.00

B.
Full Name (Last, First, Middle Initial)
Mr. Linwood Jones
Mailing Address Post Office Box 4449
City: Cary State: NC Zip Code: 27513-4449
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: 440.00

Date of Receipt: 06 28 2005
Transaction ID: 11272220
Amount of Each Receipt this Period: 440.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 650.00

TOTAL This Period (last page this line number only) ..... ▶ 6552.00

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)

☐ 21b	☒ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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

Mailing Address 325 Seventh Street, NW

City: Washington
State: DC
Zip Code: 20004

Purpose of Disbursement: Transfer to AHAPAC

Candidate Name

Category/Type: 008

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10909448
Date of Disbursement: 04 / 07 / 2005

Amount of Each Disbursement this Period: 38035.00

Transfer to AHAPAC

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 38035.00

TOTAL This Period (last page this line number only) ..... ▶ 38035.00