

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.

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 / / 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 / / through / /

07 / 01 / 2013 through 12 / 31 / 2013

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 / /

06 / 23 / 2014

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)

Page 2

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="2013"/>		49771.65
(b) Cash on Hand at Beginning of Reporting Period.....	29196.80	
(c) Total Receipts (from Line 19)	23540.40	63965.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	52737.20	113737.20
7. Total Disbursements (from Line 31).....	287.96	61287.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	52449.24	52449.24
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: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

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).....	4773.00	12339.60
(ii) Unitemized	18767.40	51625.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23540.40	63965.55
(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)	23540.40	63965.55
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))..... ▶	23540.40	63965.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23540.40	63965.55

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	61000.00
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	287.96	287.96
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)) ..	287.96	61287.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	287.96	61287.96

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)	23540.40	63965.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23540.40	63965.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Amended report to correct mathematical error created in previous reporting period, which has been amended as well.
Adjustment to that reporting period corrects both beginning and ending cash on hand.

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)	PAGE 7 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	

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. Mr. Michael C Tarwater
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 Biltmore Drive
 City Charlotte State NC Zip Code 28207-2557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 02 / 2013
Transaction ID : 21002235
 Amount of Each Receipt this Period 300.00

B. Dr. Frederick G Thompson PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 Trexler Drive
 City Wadesboro State NC Zip Code 28170-2627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anson Community Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.10

Date of Receipt 07 / 02 / 2013
Transaction ID : 21002263
 Amount of Each Receipt this Period 308.10

C. Dr. William J Fulkerson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Pleasant Green Road
 City Hillsborough State NC Zip Code 27278-7805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke University Health System Occupation Senior Vice President of Clinical Affa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 02 / 2013
Transaction ID : 21002265
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 908.10
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"/> 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. John K Barto Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 6236 Chalfont Circle
 City State Zip Code
 Wilmington NC 28405-4399
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Hanover Regional Medical Center 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
 07 / 02 / 2013
Transaction ID : 21002267
 Amount of Each Receipt this Period
 300.00

B. Mr. William Stanley Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 2413 Millstone Harbour Drive
 City State Zip Code
 Raleigh NC 27603-3970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WakeMed Health & Hospitals Healthcare 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
 07 / 09 / 2013
Transaction ID : 21509497
 Amount of Each Receipt this Period
 300.00

C. Mr. Mike Stevenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1711 Mission Road
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2013
Transaction ID : 21509533
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional).....▶	675.00
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)	
<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"/> 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

Full Name (Last, First, Middle Initial) A. Mr. Spencer Lilly		Date of Receipt MM / DD / YYYY 07 / 11 / 2013 Transaction ID : 21509535
Mailing Address 9306 Copans Glen Lane		Amount of Each Receipt this Period 300.00
City Huntersville	State NC	Zip Code 28078-6489
FEC ID number of contributing federal political committee. C		
Name of Employer Carolinas Medical Center	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Jeffrey N Sackrison FACHE		Date of Receipt MM / DD / YYYY 07 / 11 / 2013 Transaction ID : 21509633
Mailing Address 1004 Quail Run		Amount of Each Receipt this Period 79.50
City Edenton	State NC	Zip Code 27932-9200
FEC ID number of contributing federal political committee. C		
Name of Employer Vidant Bertie Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.50	

Full Name (Last, First, Middle Initial) C. Mr. Jeffrey N Sackrison FACHE		Date of Receipt MM / DD / YYYY 07 / 11 / 2013 Transaction ID : 21509635
Mailing Address 1004 Quail Run		Amount of Each Receipt this Period 75.00
City Edenton	State NC	Zip Code 27932-9200
FEC ID number of contributing federal political committee. C		
Name of Employer Vidant Bertie Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.50	

SUBTOTAL of Receipts This Page (optional).....▶	454.50
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 10 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. Wendell (Wick) H. Baker Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1102 Saint Patrick Street
 City Tarboro State NC Zip Code 27886-3039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albemarle Health Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 11 / 2013
Transaction ID : 21509671
 Amount of Each Receipt this Period
 225.00

B. Mr. Michael Nagowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 1638 Owen Drive
 City Fayetteville State NC Zip Code 28304-3424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Fear Valley Medical Center Occupation 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 Y
 07 / 11 / 2013
Transaction ID : 21509707
 Amount of Each Receipt this Period
 300.00

C. Ms. Jana S. Stonestreet RN, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 307 Windover Drive
 City Raeford State NC Zip Code 28376-9246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Fear Valley Health System Occupation Sr VP/Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 11 / 2013
Transaction ID : 21509803
 Amount of Each Receipt this Period
 375.00

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: (check only one)	PAGE 11 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. Dr. Christopher T. Aul MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Bryce Creek lane
 City Fayetteville State NC Zip Code 28303-4981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Fear Valley Health System Occupation Chief Medical 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
 07 / 11 / 2013
Transaction ID : 21509815
 Amount of Each Receipt this Period
 225.00

B. Mr. Richard G Sparks
 Full Name (Last, First, Middle Initial)
 Mailing Address 374 North Ridge Circle
 City Boone State NC Zip Code 28607-5289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Appalachian Regional Healthcare System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2013
Transaction ID : 21510054
 Amount of Each Receipt this Period
 60.00

C. Mr. Carl S Armato
 Full Name (Last, First, Middle Initial)
 Mailing Address 12521 Preservation Pointe Drive
 City Charlotte State NC Zip Code 28216-6735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Novant Health Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2013
Transaction ID : 21510066
 Amount of Each Receipt this Period
 214.80

SUBTOTAL of Receipts This Page (optional).....▶	499.80
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"/> 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. Fred Hargett
Full Name (Last, First, Middle Initial)
Mailing Address 2538 Hampton Avenue

City Charlotte	State NC	Zip Code 28207-2520
-------------------	-------------	------------------------

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

Name of Employer Novant Health	Occupation Executive Vice President and Chief Fin
-----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2013

Transaction ID : 21510068

Amount of Each Receipt this Period
10.50

B. Mr. Fred Hargett
Full Name (Last, First, Middle Initial)
Mailing Address 2538 Hampton Avenue

City Charlotte	State NC	Zip Code 28207-2520
-------------------	-------------	------------------------

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

Name of Employer Novant Health	Occupation Executive Vice President and Chief Fin
-----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2013

Transaction ID : 21510070

Amount of Each Receipt this Period
200.10

C. Jacqueline R Daniels
Full Name (Last, First, Middle Initial)
Mailing Address 229 Orchard Park Drive

City Advance	State NC	Zip Code 27006-7481
-----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2013

Transaction ID : 21510072

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	510.60
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

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

A. Mr. Michael Lutes
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 5003

City Monroe State NC Zip Code 28111-5003

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

Name of Employer Carolinas Medical Center-Union Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2013
Transaction ID : 21510092

Amount of Each Receipt this Period
 225.00

B. Mr. William A Pully
Full Name (Last, First, Middle Initial)

Mailing Address 2728 Cambridge Road

City Raleigh State NC Zip Code 27608-1142

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

Name of Employer North Carolina Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2013
Transaction ID : 21510371

Amount of Each Receipt this Period
 600.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	825.00
TOTAL This Period (last page this line number only).....▶	4773.00

**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

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 1821 S. Main St.

City Wake Forest State NC Zip Code 27587

Purpose of Disbursement
Mar Bank Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21467114

Amount of Each Disbursement this Period

24.95

Mar Bank Fees

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1821 S. Main St.

City Wake Forest State NC Zip Code 27587

Purpose of Disbursement
Apr Bank Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21467115

Amount of Each Disbursement this Period

24.90

Apr Bank Fees

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1821 S. Main St.

City Wake Forest State NC Zip Code 27587

Purpose of Disbursement
May Bank Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 21467116

Amount of Each Disbursement this Period

24.92

May Bank Fees

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

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

74.77

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

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 1821 S. Main St.

City Wake Forest State NC Zip Code 27587

Purpose of Disbursement
June Bank Fees

001

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	Y	Y
12			31			2013					

Transaction ID : 21467117

Amount of Each Disbursement this Period

25.28

June Bank Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

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	Y	Y

Amount of Each Disbursement this Period

Date of Disbursement

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

Amount of Each Disbursement this Period

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

25.28

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

100.05