REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

C00194647 WILLIAM 030494 n 246
~~WILLIAM~~ A. PULLY
NORTH CAROLINA HOSPITAL POLITI
CAL ACTION COMMITTEE-FEDERAL (
PO BOX 8042B
112 COX AVENUE
RALEIGH NC 27623

2. FEC IDENTIFICATION NUMBER
C00194647

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

4. TYPE OF REPORT

(a) [X] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[ ] Twelfth day report preceding _____ (Type of Election) election on ___ _____ in the State of _____

[ ] Thirtieth day report following the General Election on ___ _____ in the State of _____.

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/94 through 3/31/94		
6. (a) Cash on Hand January 1, 19 94		$ 1,702.97
(b) Cash on Hand at Beginning of Reporting Period	$ 1,702.97	
(c) Total Receipts (from Line 19)	$ 11,147.73	$ 11,147.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 12,850.70	$ 12,850.70
7. Total Disbursements (from Line 30)	$ 11,500.00	$ 11,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1,350.70	$ 1,350.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 William A. Pully

Signature of Treasurer William A. Pully

Date 4/13/94

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

FEC FORM 3X
(revised 9/93)
FE4AN101

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE NORTH CAROLINA HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE-FEDERAL

REPORT COVERING PERIOD FROM 1/1/94 TO: 3/31/94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) **all receipts $50 and over are itemized	4,170.40	4,170.40	11(a)(i)
ii. Unitemized	6,977.33	6,977.33	11(a)(ii)
iii. Total (add i and ii) ➤	11,147.73	11,147.73	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	11,147.73	11,147.73	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	11,147.73	11,147.73	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	11,147.73	11,147.73	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees	11,500.00	11,500.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	11,500.00	11,500.00	30
31 Total Federal Disbursements (subtract line 21 a i from line 30) ➤	11,500.00	11,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	11,147.73	11,147.73	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,147.73	11,147.73	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

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9 4 0 3 8 9 2 3 5 0 3

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 7

FOR LINE NUMBER 11(a) (i)

**all contributions $50 and over are itemized

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE-FEDERAL (NC HOSPAC-Federal)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert F. Burgin 509 Biltmore Avenue Asheville, NC 28801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Memorial Mission Hospital Occupation: Hospital CEO Aggregate Year-to-Date > $ 100.00	1/4/94	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard T. Howerton, III 200 Hawthorne Lane Charlotte, NC 28204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Presbyterian Hospital Occupation: Exec. VP & COO Aggregate Year-to-Date > $ 50.00	1/4/94	50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Timothy J. Clontz 5202 Foxhall Court Greensboro, NC 27410 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wesley Long Community Hospital Occupation: Exec. VP Aggregate Year-to-Date > $ 100.00	1/4/94	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
C. Edward McCauley P.O. Box 6042B Raleigh, NC 27623-042B Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Carolina Hospital Association Occupation: President Aggregate Year-to-Date > $ 100.00	1/10/94	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Beverley McCauley P.O. Box 52237 Durham, NC 27717 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	None Occupation: Aggregate Year-to-Date > $ 100.00	1/10/94	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Henry H. Bostic, Jr. 200 Hawthorne Lane Charlotte, NC 28204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Presbyterian Hospital Occupation: Marketing Director Aggregate Year-to-Date > $ 50.40	1/13/94	50.40
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Fred T. Brown 8720 Red Oak Blvd., Suite 505 Charlotte, NC 28217 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	VHA Carolinas-Tennessee Occupation: President Aggregate Year-to-Date > $ 100.00	1/13/94	100.00

SUBTOTAL of Receipts This Page (optional) 600.40

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

9 4 0 3 8 9 2 3 5 0 4

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 7

FOR LINE NUMBER 11(a)(i)

**all contributions $50 and over are itemized

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NAME OF COMMITTEE (in Full)
NORTH CAROLINA HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE-FEDERAL (NC HOSPAC-Federal)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Christopher T. Durrer 1705 Westbrook Drive Wilson, NC 27896 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilson Memorial Hospital Occupation: Hospital Administrator Aggregate Year-to-Date > $ 50.00	1/18/94	50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James M. Freeman 370 Mainsail Road Salisbury, NC 28146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rowan Memorial Hospital Occupation: CEO Aggregate Year-to-Date > $ 100.00	2/1/94	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dave C. McRae 303 Williamsburg Drive Greenville, NC 27858 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pitt County Memorial Hospital Occupation: President Aggregate Year-to-Date > $ 100.00	2/1/94	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey S. Miller 1200 Brookfield Court High Point, NC 27262 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	High Point Regional Hospital Occupation: President Aggregate Year-to-Date > $ 100.00	2/1/94	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
G. Michael Girone 3400 Wake Forest Road Raleigh, NC 27611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Raleigh Community Hospital - HCA Occupation: President / CEO Aggregate Year-to-Date > $ 100.00	2/1/94	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
J. Lewis Daniels 135 Sondley Parkway Asheville, NC 28805 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Joseph's Hospital Occupation: President & CEO Aggregate Year-to-Date > $ 100.00	2/1/94	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
V. Otis Wilson 2201 S. Sterling Street Morganton, NC 28655 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grace Hospital Occupation: Hospital Administrator Aggregate Year-to-Date > $ 100.00	2/1/94	100.00

SUBTOTAL of Receipts This Page (optional) 650.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE-FEDERAL (NC HOSPAC-Federal)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Charles T. Frock 150 High Point Road Pinehurst, NC 28374 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moore Regional Hospital Occupation: Hospital Executive Aggregate Year-to-Date > $ 100.00	2/1/94	100.00
B. Fred M. Carmichael 310 Broad Street, PO Drawer 847 New Bern, NC 28563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sumrell, Sugg, Carmichael Occupation: Attorney Aggregate Year-to-Date > $ 100.00	2/1/94	100.00
C. Cynthia L. Turco 310 Broad Street New Bern, NC 28560 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sumrell, Sugg, Carmichael Occupation: Attorney Aggregate Year-to-Date > $ 100.00	2/1/94	100.00
D. M. E. Gilstrap 214 Dunshill Roanoke Rapids, NC 27870 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Halifax Memorial Hospital Occupation: Hospital President Aggregate Year-to-Date > $ 100.00	2/8/94	100.00
E. Ellen B. Berch 107 Swiss Stone Court Cary, NC 27513 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Carolina Hospital Association Occupation: Vice President Aggregate Year-to-Date > $ 100.00	2/8/94	100.00
F. Isaac S. Coe 59 Dills Branch Road Sylva, NC 28779 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	C.J. Harris Hospital Occupation: President Aggregate Year-to-Date > $ 60.00	2/8/94	60.00
G. Edward J. Schlicksup 4944 Morrowick Road Charlotte, NC 28226 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mercy Hospital Occupation: Hospital Administrator Aggregate Year-to-Date > $ 80.00	2/9/94	80.00

SUBTOTAL of Receipts This Page (optional) 640.00

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

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Fred J. Schilling P.O. Box 2651 North Wilkesboro, NC 28659 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilkes Regional Medical Center Occupation: President Aggregate Year-to-Date $ 100.00	2/10/94	100.00
B. Kenneth E. Ragland 326 S. Wedgewood Drive Washington, NC 27889 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beaufort County Hospital Occupation: Administrator Aggregate Year-to-Date $ 100.00	2/15/94	100.00
C. Gregory C. Wood 2806 Woodwinds Circle Laurinburg, NC 28352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Scotland Memorial Hospital Occupation: Chief Executive Officer Aggregate Year-to-Date $ 60.00	2/15/94	60.00
D. Gerald W. Eggers 3333 Silas Creek Parkway Winston-Salem, NC 27103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Pathologist Aggregate Year-to-Date $ 100.00	2/15/94	100.00
E. Joan H. Garrison 3917 Iron Works Road Reidsville, NC 27320 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Annie Penn Memorial Hospital Occupation: Dir., Utilization Mgmt. Aggregate Year-to-Date $ 60.00	2/15/94	60.00
F. Lisa S. Evans 4104 Stillwater Drive Winston-Salem, NC 27106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bowman Gray School of Medicine Occupation: M.D. Aggregate Year-to-Date $ 60.00	2/15/94	60.00
G. Dale R. Pinilis 3611 Stancliff Road Clemmons, NC 27012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Forsyth Memorial Hospital Occupation: V.P., Operations Aggregate Year-to-Date $ 50.00	2/15/94	50.00

SUBTOTAL of Receipts This Page (optional) 530.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE-FEDERAL (NC HOSPAC-Federal)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mike Stevenson 2002 US Hwy 64 East Murphy, NC 28906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Murphy Medical Center Occupation: CEO Aggregate Year-to-Date $ 50.00	2/18/94	50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard L. Myers 5114 Wake Forest Bighway Durham, NC 27703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Durham County Hospital Corp. Occupation: Hospital Executive Aggregate Year-to-Date $ 100.00	2/18/94	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Wayne F. Shovelin 3505 Country Club Drive Gastonia, NC 28056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gaston Memorial Hospital Occupation: CEO Aggregate Year-to-Date $ 100.00	2/18/94	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael C. Tarwater 2137 Dilworth Road, East Charlotte, NC 28203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Charlotte-Mecklenburg Hospital Authority Occupation: COO Aggregate Year-to-Date $ 100.00	2/18/94	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James H. Butler 3155 Maplewood Avenue Winston-Salem, NC 27103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 100.00	2/22/94	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Nancy J. Higgerson 10 Mill Creek Court Greensboro, NC 27407 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moses Cone Memorial Hospital Occupation: V.P., Nursing Aggregate Year-to-Date $ 80.00	2/22/94	80.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harold R. Whitt 1600 Paragon Drive Winston-Salem, NC 27127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carolina Medicorp, Inc. Occupation: Director, Risk Mgmt. Aggregate Year-to-Date $ 100.00	2/22/94	100.00

SUBTOTAL of Receipts This Page (optional) 630.00

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

FE4AN401

9 4 0 3 8 9 2 3 5 0 8

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 7

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE-FEDERAL (NC HOSPAC-Federal)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. James A. McCool 3333 Silas Creek Parkway Winston-Salem, NC 27103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	James A. McCool, MD, Ltd. Occupation: Physician Aggregate Year-to-Date $ 60.00	2/22/94	60.00
B. Dennis W. Ross 3333 Silas Creek Parkway Winston-Salem, NC 27103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Pathologist Aggregate Year-to-Date $ 60.00	2/22/94	60.00
C. Peter N. Coilich P.O. Box 1385 Ahoskie, NC 27910 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Roanoke-Chowan Hospital Occupation: President Aggregate Year-to-Date $ 100.00	3/1/94	100.00
D. Dennis R. Barry 107 Irving Park Court Greensboro, NC 27408 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moses Cone Memorial Occupation: President Aggregate Year-to-Date $ 100.00	3/1/94	100.00
E. John Graeter 50 McClure Road Marshall, NC 28753 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Joseph's Hospital Occupation: CFO Aggregate Year-to-Date $ 100.00	3/1/94	100.00
F. Richard J. Hurder 417 Courtland Drive Salisbury, NC 28144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rowan Memorial Hospital Occupation: Chief Operating Officer Aggregate Year-to-Date $ 60.00	3/4/94	60.00
G. Lloyd E. Wallace 103 Alta Vista Way Morganton, NC 28655 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Valdese General Hospital Occupation: Hospital Administration Aggregate Year-to-Date $ 60.00	3/8/94	60.00

SUBTOTAL of Receipts This Page (optional) 540.00

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

9 4 0 3 8 9 2 3 5 0 9

FE4AN101

SCHEDULE A · **ITEMIZED RECEIPTS**

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

PAGE 7 OF 7

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
NORTH CAROLINA HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE-FEDERAL (NC HOSPAC-Federal)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Barbara R. Cale Route 1, Box 311 Roper, NC 27970 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chowan Hospital Occupation: Administrator Aggregate Year-to-Date > $ 60.00	3/9/94	60.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
J. L. Sanderford 3155 Maplewood Avenue Winston-Salem, NC 27103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Forsyth Radiological Associates Occupation: Radiologist Aggregate Year-to-Date > $ 60.00	3/10/94	60.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gregory J. Beier 3333 Silas Creek Parkway Winston-Salem, NC 27103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carolina Medicorp, Inc. Occupation: Executive Vice President Aggregate Year-to-Date > $ 100.00	3/10/94	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Amy Blackwell 20609 Island Forest Drive Davidson, NC 28036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Presbyterian Hospital Occupation: V.P., Planning Aggregate Year-to-Date > $ 100.00	3/23/94	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Len B. Proslar 4472 Bent Tree Farm Road Winston-Salem, NC 27106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NC Baptist Hospitals Occupation: President Aggregate Year-to-Date > $ 60.00	3/23/94	60.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paul F. Betzold P.O. Box 33549, 200 Hawthorne Lane Charlotte, NC 28204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Presbyterian Hospital Occupation: President & CEO Aggregate Year-to-Date > $ 100.00	3/23/94	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Burchard 134 Circle View Drive Hendersonville, NC 28792 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Park Ridge Hospital Occupation: President Aggregate Year-to-Date > $ 100.00	3/23/94	100.00

SUBTOTAL of Receipts This Page (optional) 580.00

TOTAL This Period (last page this line number only) 4,170.40

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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
(NC HOSPAC-Federal)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. American Hospital Association Political Action Committee 50 F Street, NW, Suite 1100 Washington, DC 20001	Transfer to PAC of AHA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/25/94	7,200.00
B. American Hospital Association Political Action Committee 50 F Street, NW, Suite 1100 Washington, DC 20001	Transfer to PAC of AHA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/31/94	4,300.00
C.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) 11,500.00

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FE4AN101

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4-13-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER

4-19-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 8 9 2 3 5 1 2