

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 (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 07 01 2009 through 12 31 2009

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. Jamal Jones

Signature of Treasurer Electronically Filed by Mr. Jamal Jones Date 03 10 2011

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. 12/2004)

A. Form/Schedule : **F3XA**

Correction resulting from correction to July 2008 report

Transaction ID :

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	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		90228.84
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	45847.25									
(c) Total Receipts (from Line 19)	42863.90	74658.88								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	88711.15	164887.72								
7. Total Disbursements (from Line 31)	97.75	76274.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	88613.40	88613.40								
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	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	9816.80	16436.80
(ii) Unitemized	33047.10	58222.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	42863.90	74658.88
(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)	42863.90	74658.88
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))	42863.90	74658.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42863.90	74658.88

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.....	28.37	104.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	28.37	104.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	54100.00
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.....	69.38	22069.38
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))..	97.75	76274.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	97.75	76274.32

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)	42863.90	74658.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42863.90	74658.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	28.37	104.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	28.37	104.94

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 15
(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"/> 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

A.

Full Name (Last, First, Middle Initial)
David H. Long, Jr.

Mailing Address 650 Poplar Brances Close

City State Zip Code
Belville NC 28451-9547

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

Name of Employer Pender Memorial Hospital Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.40

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: 17376018

Amount of Each Receipt this Period
212.40

B.

Full Name (Last, First, Middle Initial)
Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Ln.

City State Zip Code
Huntersville NC 28078-6489

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

Name of Employer Carolinas Medical Center-University Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2009

Transaction ID: 17376049

Amount of Each Receipt this Period
480.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Phyllis Wingate-Jones

Mailing Address 2001 Vail Avenue

City State Zip Code
Charlotte NC 28207-1219

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

Name of Employer Carolinas Medical Center-NorthEast 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 Y
07 / 15 / 2009

Transaction ID: 17376054

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 1092.40

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 / 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.	Full Name (Last, First, Middle Initial) Mr. J William Paugh		Date of Receipt MM / DD / YYYY 07 / 05 / 2009		
	Mailing Address P O Box 8001		Transaction ID: 17376168		
	City Goldsboro	State NC	Zip Code 27533-8001	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Wayne Memorial Hospital	Occupation President and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Mr. Steven Lawler		Date of Receipt MM / DD / YYYY 07 / 09 / 2009		
	Mailing Address P O Box 6028		Transaction ID: 17376174		
	City Greenville	State NC	Zip Code 27835-6028	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pitt County Memorial Hospital	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

C.	Full Name (Last, First, Middle Initial) Michael Lutes		Date of Receipt MM / DD / YYYY 07 / 10 / 2009		
	Mailing Address 600 Hospital Dr.		Transaction ID: 17376326		
	City Monroe	State NC	Zip Code 28112-6000	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Carolinas Medical Center-Union	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 / 15
(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"/> 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)
Ms. April S. Culver, JD

Mailing Address 1305 Short Journey Road

City State Zip Code
Smithfield NC 27577-6605

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

Name of Employer Occupation
Johnston Health Vice President, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2009

Transaction ID: 17376452

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Kami Anderson

Mailing Address 1620 Goley Hewett Rd. #304

City State Zip Code
Bolivia NC 28422-8254

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

Name of Employer Occupation
J. Arthur Doshier Memorial Hospital Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2009

Transaction ID: 17376462

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Mr. Gregory J Beier

Mailing Address 209 Heatherton Way

City State Zip Code
Winston Salem NC 27104-4448

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

Name of Employer Occupation
Forsyth Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2009

Transaction ID: 17376519

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 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.	Full Name (Last, First, Middle Initial) Mr. William A. Pully	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 2728 Cambridge Road	Transaction ID: 17376538
	City Raleigh State NC Zip Code 27608-1142	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer North Carolina Hospital Association Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Mr. Joseph F Damore	Date of Receipt MM / DD / YYYY 07 / 06 / 2009
	Mailing Address 509 Biltmore Avenue	Transaction ID: 17376574
	City Asheville State NC Zip Code 28801-4690	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mission Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Mr. John K Barto, Jr.	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address P O Box 9000	Transaction ID: 17376622
	City Wilmington State NC Zip Code 28402-9000	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer New Hanover Regional Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 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.	Full Name (Last, First, Middle Initial) Ms. Ann M. Lore	Date of Receipt MM / DD / YYYY 07 / 07 / 2009
	Mailing Address 3604 Knightcroft Pl.	Transaction ID: 17376636
	City State Zip Code Fuquay Varina NC 27526-8694	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Duke University Health System Occupation State Government Relations Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Mr Paul S Franz	Date of Receipt MM / DD / YYYY 07 / 07 / 2009
	Mailing Address P O Box 32861 1320 Fillmore Avenue, Unit 413	Transaction ID: 17376676
	City State Zip Code Charlotte NC 28232-2861	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Carolinas HealthCare System Occupation Executive Vice President Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address P O Box 32861	Transaction ID: 17376680
	City State Zip Code Charlotte NC 28232-2861	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Carolinas HealthCare System Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 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. Full Name (Last, First, Middle Initial)
Mr. Charles T Frock

Mailing Address P O Box 3000

City Pinehurst State NC Zip Code 28374-3000

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

Name of Employer FirstHealth of the Carolinas Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 09 / 2009

Transaction ID: 17376744

Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial)
Mr. Stan Taylor

Mailing Address 308 Pace St.

City Raleigh State NC Zip Code 27604-1209

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

Name of Employer WakeMed Health & Hospitals Occupation VP, Business Development & Managed Car

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 07 / 2009

Transaction ID: 17376766

Amount of Each Receipt this Period 400.00

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

Mailing Address Post Office Box 4449

City Cary State NC Zip Code 27519-4449

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 ▼ 880.00

Date of Receipt 08 / 04 / 2009

Transaction ID: 17554372

Amount of Each Receipt this Period 880.00

SUBTOTAL of Receipts This Page (optional) ► **1680.00**

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 13 / 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

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

Mailing Address 3990 U S Highway 64 East Alt

City State Zip Code
Murphy NC 28906-7917

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: 17554407

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Hugh H. Tilson, Jr.

Mailing Address 1305 College Place

City State Zip Code
Raleigh NC 27605-1718

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: 17554493

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard G Sparks

Mailing Address P O Box 2600

City State Zip Code
Boone NC 28607-2600

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

Name of Employer Occupation
Watauga Medical Center President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 244.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: 17554523

Amount of Each Receipt this Period
24.00

SUBTOTAL of Receipts This Page (optional) ► **524.00**

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 / 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. Full Name (Last, First, Middle Initial)
Dr. William J Fulkerson, , M.D.

Mailing Address 815 Pleasant Green Rd.

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 10 / 2009

Transaction ID: 17554543

Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial)
Mr. Jimm Bunch

Mailing Address PO Box 1569

City Fletcher State NC Zip Code 28732-1569

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

Name of Employer Park Ridge Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.40

Date of Receipt 09 / 16 / 2009

Transaction ID: 17554553

Amount of Each Receipt this Period 320.40

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

Mailing Address P O Box 1089

City Roanoke Rapids State NC Zip Code 27870-1089

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

Name of Employer Halifax Regional Medical Center Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 10 / 2009

Transaction ID: 17554623

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► 1120.40

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 15 / 15
	(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"/> 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. J Anthony Rose		Date of Receipt MM / DD / YYYY 10 / 15 / 2009
Mailing Address 810 Fairgrove Church Road SE		Transaction ID: 17847756
City Hickory	State NC	Zip Code 28602-9617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Catawba Valley Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Mr Dean Swindle		Date of Receipt MM / DD / YYYY 11 / 19 / 2009
Mailing Address 2850 Bitting Road		Transaction ID: 17847805
City Winston Salem	State NC	Zip Code 27104-3004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Novant Health	Occupation Executive VP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	9816.80