

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 2010 through 09 30 2010

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 10 12 2010

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)

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	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		88613.40
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	23532.33									
(c) Total Receipts (from Line 19)	26831.69	50853.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50364.02	139466.44								
7. Total Disbursements (from Line 31)	10000.00	99192.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40364.02	40273.80								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From: To:

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)	6801.00	13806.00
(ii) Unitemized	20030.69	37047.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26831.69	50853.04
(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)	26831.69	50853.04
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))	26831.69	50853.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26831.69	50853.04

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.....	0.00	13.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	13.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	58600.00
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.....	10000.00	40579.01
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))..	10000.00	99192.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	99192.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	26831.69	50853.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26831.69	50853.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	13.63
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	13.63

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 6 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Mr. Gregory J Beier	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 209 Heatherton Way	Transaction ID: 18398276
	City State Zip Code Winston Salem NC 27104-4448	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Forsyth Medical Center 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) Ms. Millie Harding	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1113 Pearson Farms Road	Transaction ID: 18398296
	City State Zip Code Apex NC 27502-6741	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation North Carolina Hospital Association Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr. J William Paugh	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address P O Box 8001	Transaction ID: 18398795
	City State Zip Code Goldsboro NC 27533-8001	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Wayne Memorial Hospital President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	825.00
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 7 / 22
(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)
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
J. Arthur Doshier Memorial Hospital

Occupation
Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2010

Transaction ID: 18399548

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Mr. J Anthony Rose

Mailing Address 810 Fairgrove Church Road SE

City State Zip Code
Hickory NC 28602-9617

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

Name of Employer
Catawba Valley Medical Center

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2010

Transaction ID: 18422297

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Mr. John K Barto, Jr.

Mailing Address P O Box 9000

City State Zip Code
Wilmington NC 28402-9000

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2010

Transaction ID: 18422337

Amount of Each Receipt this Period
300.00

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 8 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	Date of Receipt MM / DD / YYYY 07 / 14 / 2010
	Mailing Address 9306 Copans Glen Ln.	Transaction ID: 18565610
	City State Zip Code Huntersville NC 28078-6489	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas Medical Center-University	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 2001 Vail Avenue	Transaction ID: 18565612
	City State Zip Code Charlotte NC 28207-1219	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas Medical Center-Mercy	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Carl S. Armato	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 12521 Preservation Pointe Dr.	Transaction ID: 18565616
	City State Zip Code Charlotte NC 28216-6735	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Presbyterian Hospital	Occupation President & CEO	
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)	825.00
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 / 22
(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. Cameron Highsmith

Mailing Address 345 White Oak Ln.

City State Zip Code
Tryon NC 28782-8865

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bladen County Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY
07 / 20 / 2010

Transaction ID: 18565686

Amount of Each Receipt this Period 150.00

B.

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

Mailing Address P O Box 1569

City State Zip Code
Fletcher NC 28732-1569

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.30

Date of Receipt MM / DD / YYYY
08 / 31 / 2010

Transaction ID: 18565712

Amount of Each Receipt this Period 315.30

C.

Full Name (Last, First, Middle Initial)
Mr. Jeffrey S Miller

Mailing Address P O Box HP-5

City State Zip Code
High Point NC 27261-1899

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
High Point Regional Health System President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 409.20

Date of Receipt MM / DD / YYYY
08 / 03 / 2010

Transaction ID: 18565804

Amount of Each Receipt this Period 109.20

SUBTOTAL of Receipts This Page (optional) 574.50

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 / 22		
	<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

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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. Michael Lutes		Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address P O Box 5003		Transaction ID: 18565898
	City Monroe	State NC	Zip Code 28111-5003
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
	Name of Employer Carolinas Medical Center-Union	Occupation President and Chief Executive Officer	Aggregate Year-to-Date 240.00

B.	Full Name (Last, First, Middle Initial) Mr. Mike Stevenson		Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 3990 U S Highway 64 East Alt		Transaction ID: 18565910
	City Murphy	State NC	Zip Code 28906-7917
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer Murphy Medical Center	Occupation Administrator	Aggregate Year-to-Date 300.00

C.	Full Name (Last, First, Middle Initial) Henry Hawthorne		Date of Receipt MM / DD / YYYY 07 / 28 / 2010
	Mailing Address 1404 Ann Street		Transaction ID: 18566145
	City Whiteville	State NC	Zip Code 28472-4412
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Carolinas HealthCare System	Occupation Hospital CEO	Aggregate Year-to-Date 300.00

SUBTOTAL of Receipts This Page (optional)	615.00
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 11 / 22
(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)
Thomas R. Walsh

Mailing Address 504 North Line Dr.

City State Zip Code
Hampstead NC 28443-2146

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

Name of Employer Occupation
New Hanover Health Network VP Facilities & Support Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2010

Transaction ID: 18566218

Amount of Each Receipt this Period
150.00

B.

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

Mailing Address 1900 Kildaire Farm Road

City State Zip Code
Cary NC 27518-6616

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

Name of Employer Occupation
WakeMed Cary Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2010

Transaction ID: 18566223

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Ms. Jacqueline D. Gattis

Mailing Address 14217 Waterfowl Lane

City State Zip Code
Charlotte NC 28262-1644

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

Name of Employer Occupation
Novant Health Chief Administrative Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2010

Transaction ID: 18566225

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 12 / 22

(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 Paul S Franz

Mailing Address P O Box 32861

1320 Fillmore Avenue, Unit 413

City

State

Zip Code

Charlotte

NC

28232-2861

FEC ID number of contributing federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation

Executive Vice President Operations

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
07 / 14 / 2010

Transaction ID: 18566263

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Richard S Taylor, MD

Mailing Address 7044 Mariners Landing Drive

City

State

Zip Code

Fayetteville

NC

28306-7476

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 ▼

300.00

Date of Receipt

MM / DD / YYYY
07 / 28 / 2010

Transaction ID: 18566301

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

William Bryce Pryor

Mailing Address 2928 Skye Drive

City

State

Zip Code

Fayetteville

NC

28303-5927

FEC ID number of contributing federal political committee.

C

Name of Employer
Cape Fear Valley Health System

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2010

Transaction ID: 18566303

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

840.00

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 / 22
(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) Eugene Wright, MD		Date of Receipt MM / DD / YYYY 07 / 20 / 2010
Mailing Address 2596 Edmonton Road		Transaction ID: 18566315
City Fayetteville	State NC	Zip Code 28304-3704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Cape Fear Valley Health System	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

B.

Full Name (Last, First, Middle Initial) Louis Patalano, IV		Date of Receipt MM / DD / YYYY 07 / 20 / 2010
Mailing Address 117 Bethabara Lane		Transaction ID: 18566317
City Cary	State NC	Zip Code 27513-5771
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Cape Fear Valley Health System	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

C.

Full Name (Last, First, Middle Initial) Robert H Kin		Date of Receipt MM / DD / YYYY 07 / 20 / 2010
Mailing Address 4721 Duncastle Road Apt 2H		Transaction ID: 18566319
City Fayetteville	State NC	Zip Code 28314-1646
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Cape Fear Valley Health System	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional)	555.00
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 14 / 22
(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)
Sandra S Williams

Mailing Address 6650 Sunset Way 302

City State Zip Code
St Pete Beach FL 33706-2176

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

Name of Employer Occupation
Cape Fear Valley Health System Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2010

Transaction ID: 18566321

Amount of Each Receipt this Period
225.00

B.

Full Name (Last, First, Middle Initial)
Mr. Kevin Jackson

Mailing Address 2322 Cleveland Avenue

City State Zip Code
Fayetteville NC 28312-9203

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

Name of Employer Occupation
Cape Fear Valley Health System Dir., Management Engineering

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2010

Transaction ID: 18566325

Amount of Each Receipt this Period
150.00

C.

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

Mailing Address 3022 Muirfield Avenue

City State Zip Code
Fayetteville NC 28306-2696

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

Name of Employer Occupation
Cape Fear Valley Health System CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 541.50

Date of Receipt
MM / DD / YYYY
07 / 20 / 2010

Transaction ID: 18566349

Amount of Each Receipt this Period
241.50

SUBTOTAL of Receipts This Page (optional) ► **616.50**

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:		PAGE 15 / 22	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Betsy Bea Gaskins-McClaine		Date of Receipt	
	Mailing Address 4737 Worchester Place		M M / D D / Y Y Y Y 08 / 26 / 2010	
	City	State	Zip Code	Transaction ID: 18566386
	Raleigh	NC	27604-4700	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		300.00	
Name of Employer WakeMed Health & Hospitals		Occupation Administrator		
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)	▶	300.00
TOTAL This Period (last page this line number only)	▶	6801.00

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Malcolm Graham for Senate</p> <p>Mailing Address 3404 Cresta Ct.</p> <p>City Charlotte State NC Zip Code 28269</p> <p>Purpose of Disbursement Malcolm Graham, STATE SENATE 40th NC</p> <p>Candidate Name Mr. Malcolm Graham</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p>	<p>Transaction ID: 18575438</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Malcolm Graham, STATE SENATE 40th NC</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jim Forrester for Senate</p> <p>Mailing Address P.O. Box 459</p> <p>City Stanley State NC Zip Code 28164</p> <p>Purpose of Disbursement James Forrester, STATE SENATE 41st NC</p> <p>Candidate Name Senator James Forrester</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p>	<p>Transaction ID: 18575458</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>James Forrester, STATE SENATE 41st NC</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Austin Allran for Senate</p> <p>Mailing Address 515 6th St., NW</p> <p>City Hickory State NC Zip Code 28601</p> <p>Purpose of Disbursement Austin Allran, STATE SENATE 42nd NC</p> <p>Candidate Name Senator Austin R. Allran</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p>	<p>Transaction ID: 18575475</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Austin Allran, STATE SENATE 42nd NC</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**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

A.	Full Name (Last, First, Middle Initial) Steve Goss for NC Senate Mailing Address P.O. Box 509 City Boone State NC Zip Code 28607 Purpose of Disbursement Steve Goss, STATE SENATE 45th NC Candidate Name NC Sen. Steve Goss Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18575482 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 1000.00 Steve Goss, STATE SENATE 45th NC	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Campaign to Elect Debbie Clary Mailing Address 214 S. Lafayette St., Suite B City Shelby State NC Zip Code 28150 Purpose of Disbursement Debbie Clary, STATE SENATE 46th NC Candidate Name Representa Debbie Ann Clary Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18575484 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 1000.00 Debbie Clary, STATE SENATE 46th NC	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Joe Queen for Senate Mailing Address 71 Pigeon St. City Waynesville State NC Zip Code 28786 Purpose of Disbursement Joe Queen, STATE SENATE 47th NC Candidate Name NC Sen. Joe Queen Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18575487 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 1000.00 Joe Queen, STATE SENATE 47th NC	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

A.	Full Name (Last, First, Middle Initial) Tom Apodaca for Senate Mailing Address PO Box 1011 City Hendersonville State NC Zip Code 28793 Purpose of Disbursement Tom Apodaca, STATE SENATE 48th NC Candidate Name Senator Tom Apodaca Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18575489 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 1000.00 Tom Apodaca, STATE SENATE 48th NC	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Martin Nesbitt for Senate Mailing Address 29 N. Market St., 7th Floor City Asheville State NC Zip Code 28801 Purpose of Disbursement Martin Nesbitt, STATE SENATE 49th NC Candidate Name Representa Martin L. Nesbitt, Jr. Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18575491 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 2000.00 Martin Nesbitt, STATE SEN- ATE 49th NC	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Malcolm Graham for Senate Mailing Address 3404 Cresta Ct. City Charlotte State NC Zip Code 28269 Purpose of Disbursement Malcolm Graham, STATE SENATE 40th NC Candidate Name Mr. Malcolm Graham Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18575494 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 1000.00 Malcolm Graham, STATE SEN- ATE 40th NC	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

**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)

PAGE 19 / 22

<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

A.	Full Name (Last, First, Middle Initial) Malcolm Graham for Senate	Transaction ID: 18575495
	Mailing Address 3404 Cresta Ct.	Date of Disbursement 09 / 22 / 2010
	City Charlotte State NC Zip Code 28269	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement Void - Malcolm Graham for Senate	011 Category/ Type
	Candidate Name Mr. Malcolm Graham	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Malcolm Graham for Senate

B.	Full Name (Last, First, Middle Initial) Malcolm Graham for Senate	Transaction ID: 18575517
	Mailing Address 3404 Cresta Ct.	Date of Disbursement 09 / 22 / 2010
	City Charlotte State NC Zip Code 28269	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Malcolm Graham, STATE SENATE 40th NC	011 Category/ Type
	Candidate Name Mr. Malcolm Graham	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Malcolm Graham, STATE SEN- ATE 40th NC

C.	Full Name (Last, First, Middle Initial) Martin Nesbitt for Senate	Transaction ID: 18575529
	Mailing Address 29 N. Market St., 7th Floor	Date of Disbursement 09 / 22 / 2010
	City Asheville State NC Zip Code 28801	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Martin Nesbitt, STATE SENATE 49th NC	011 Category/ Type
	Candidate Name Representa Martin L. Nesbitt, Jr.	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Martin Nesbitt, STATE SEN- ATE 49th NC

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

A.	Full Name (Last, First, Middle Initial) John Snow for Senate Mailing Address 105 Van Horn St. City Murphy State NC Zip Code 28906 Purpose of Disbursement John Snow, STATE SENATE 50th NC Candidate Name NC Sen. John Snow Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18575554 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 1000.00 John Snow, STATE SENATE 50th NC
B.	Full Name (Last, First, Middle Initial) John Snow for Senate Mailing Address 105 Van Horn St. City Murphy State NC Zip Code 28906 Purpose of Disbursement Void - ck # out order John Snow Candidate Name NC Sen. John Snow Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18575560 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period -1000.00 Void - ck # out order John Snow
C.	Full Name (Last, First, Middle Initial) Malcolm Graham for Senate Mailing Address 3404 Cresta Ct. City Charlotte State NC Zip Code 28269 Purpose of Disbursement Void- ck # out order Malcolm Graham Candidate Name Mr. Malcolm Graham Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18575817 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period -1000.00 Void- ck # out order Malc- olm Graham

SUBTOTAL of Disbursements This Page (optional) ▶

-1000.00

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

-

**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

A.	Full Name (Last, First, Middle Initial) John Snow for Senate Mailing Address 105 Van Horn St. City Murphy State NC Zip Code 28906 Purpose of Disbursement John Snow, STATE SENATE 50th NC Candidate Name NC Sen. John Snow Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: 18575853 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 1000.00 John Snow, STATE SENATE 50th NC	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Tom Apodaca for Senate Mailing Address PO Box 1011 City Hendersonville State NC Zip Code 28793 Purpose of Disbursement Tom Apodaca, STATE SENATE 48th NC Candidate Name Senator Tom Apodaca Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: 18583070 Date of Disbursement 09 / 29 / 2010 Amount of Each Disbursement this Period 1000.00 Tom Apodaca, STATE SENATE 48th NC	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Malcolm Graham for Senate Mailing Address 3404 Cresta Ct. City Charlotte State NC Zip Code 28269 Purpose of Disbursement Malcolm Graham, STATE SENATE 40th NC Candidate Name Mr. Malcolm Graham Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: 18583071 Date of Disbursement 09 / 29 / 2010 Amount of Each Disbursement this Period 1000.00 Malcolm Graham, STATE SEN- ATE 40th NC	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	1000.00