

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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2011 through 06 30 2011

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 07 27 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									
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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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		44902.42
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	44902.42									
(c) Total Receipts (from Line 19)	28189.35	28189.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73091.77	73091.77								
7. Total Disbursements (from Line 31)	59329.78	59329.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13761.99	13761.99								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	7050.00	7050.00
(ii) Unitemized	21139.35	21139.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28189.35	28189.35
(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)	28189.35	28189.35
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))	28189.35	28189.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28189.35	28189.35

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	59200.00	59200.00
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.....	129.78	129.78
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))..	59329.78	59329.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59329.78	59329.78

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)	28189.35	28189.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28189.35	28189.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

<p>A. Full Name (Last, First, Middle Initial) Mr. R Timothy Rice</p> <p>Mailing Address 1200 North Elm Street</p> <p>City State Zip Code Greensboro NC 27401-1004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cone Health</p> <p>Occupation President and Chief Executive Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 06 / 03 / 2011</p> <p>Transaction ID: 19262037</p> <p>Amount of Each Receipt this Period 300.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. John G Currin, Jr</p> <p>Mailing Address P O Box 202</p> <p>City State Zip Code Burlington NC 27216-0202</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Alamance Regional Medical Center</p> <p>Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 04 / 28 / 2011</p> <p>Transaction ID: 19262108</p> <p>Amount of Each Receipt this Period 300.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. John G Currin, Jr</p> <p>Mailing Address P O Box 202</p> <p>City State Zip Code Burlington NC 27216-0202</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Alamance Regional Medical Center</p> <p>Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 04 / 28 / 2011</p> <p>Transaction ID: 19262110</p> <p>Amount of Each Receipt this Period 300.00</p>
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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: PAGE 7 / 14
(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. 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 Watauga Medical Center Occupation President

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	1	1

Transaction ID: 19262198

Amount of Each Receipt this Period
210.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert J Bednarek

Mailing Address 260 Hospital Drive

City State Zip Code
Brevard NC 28712-3378

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

Name of Employer Transylvania Regional Hospital Occupation President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	1

Transaction ID: 19262206

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Ms. Sharon M Tanner

Mailing Address P O Box 1587

City State Zip Code
Elizabeth City NC 27906-1587

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

Name of Employer Albemarle Health Occupation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	1	1

Transaction ID: 19262436

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **810.00**

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 8 / 14
(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 William Paugh

Mailing Address P O Box 8001

City State Zip Code
Goldsboro NC 27533-8001

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

Name of Employer Occupation
Wayne Memorial Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2011

Transaction ID: 19262502

Amount of Each Receipt this Period
225.00

B.

Full Name (Last, First, Middle Initial)
Mr. Stephen J Lawler

Mailing Address 3905 Cantata Drive

City State Zip Code
Greenville NC 27858-6066

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

Name of Employer Occupation
Pitt County Memorial Hospital President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: 19262510

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address P O Box 1089

City State Zip Code
Roanoke Rapids NC 27870-1089

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2011

Transaction ID: 19263079

Amount of Each Receipt this Period
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 / 14
(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)
Dr. Frederick G Thompson, PhD

Mailing Address 500 Morven Road

City Wadesboro State NC Zip Code 28170-2745

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

Name of Employer Anson Community Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 06 / 30 / 2011

Transaction ID: 19263291

Amount of Each Receipt this Period 315.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard E Hudson, FACHE

Mailing Address 1705 Tarboro Stret, SW

City Wilson State NC Zip Code 27893-3428

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 19 / 2011

Transaction ID: 19263307

Amount of Each Receipt this Period 300.00

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

Mailing Address 1305 College Place

City Raleigh State NC Zip Code 27605-1718

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

Name of Employer North Carolina Hospital Association Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2011

Transaction ID: 19263352

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 915.00

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 10 / 14
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Millie Harding

Mailing Address 1113 Pearson Farms Road

City State Zip Code
Apex NC 27502-6741

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

Name of Employer North Carolina Hospital Association
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: 19263361

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 2728 Cambridge Road

City State Zip Code
Raleigh NC 27608-1142

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

Name of Employer North Carolina Hospital Association
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: 19263363

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 Novant Health
Occupation Chief Administrative Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: 19263450

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: PAGE 11 / 14
(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 M Wiles

Mailing Address 2085 Frontis Plaza Boulevard

City State Zip Code
Winston Salem NC 27103-5614

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

Name of Employer Occupation
Novant Health President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: 19263465

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)
Mr Jim Tobalski

Mailing Address 5822 Summerston Pl.

City State Zip Code
Charlotte NC 28277-2537

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

Name of Employer Occupation
Novant Health SVP Marketing/Comm/Govt Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 19263467

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Carl S Armato

Mailing Address 2085 Frontis Plaza Boulevard

City State Zip Code
Winston Salem NC 27103-5614

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

Name of Employer Occupation
Novant Health Senior Executive Vice President and Ch

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: 19263469

Amount of Each Receipt this Period

300.00

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 / 14
	<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. John K Barto, Jr	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 2131 South 17th Street	Transaction ID: 19263473
	City State Zip Code Wilmington NC 28401-7407	Amount of Each Receipt this Period 300.00
	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 ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Mr. Dave C McRae	Date of Receipt MM / DD / YYYY 06 / 08 / 2011
	Mailing Address P O Box 6028	Transaction ID: 19263502
	City State Zip Code Greenville NC 27835-6028	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer University Health Systems of Eastern C	Occupation Chief Executive Officer	
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. Charles T Frock	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address P O Box 3000	Transaction ID: 19263611
	City State Zip Code Pinehurst NC 28374-3000	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer FirstHealth of the Carolinas	Occupation Chief Executive Officer	
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)	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:	PAGE 13 / 14
	(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) Dr William K Atkinson, II		Date of Receipt
Mailing Address 3000 New Bern Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 8 / 2 0 1 1
City	State	Zip Code
Raleigh	NC	27610-1231
FEC ID number of contributing federal political committee.		Transaction ID: 19263804
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 300.00
Name of Employer WakeMed Health & Hospitals	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 ▼	
		<input type="text"/> 300.00

B.

Full Name (Last, First, Middle Initial) Dr. Ronald A. Paulus, MD		Date of Receipt
Mailing Address 509 Biltmore Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 6 / 2 0 1 1
City	State	Zip Code
Asheville	NC	28801-4601
FEC ID number of contributing federal political committee.		Transaction ID: 19263860
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 300.00
Name of Employer Mission Health System	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 ▼	
		<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/> 7050.00

**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)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

AHAPAC-American Hospital Association Federal PAC

Mailing Address 325 Seventh Street, N.W.
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement

011
Category/
Type

Candidate Name
AHAPAC-American Hospital Association Federal PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18820285

Date of Disbursement

01 / 06 / 2011

Amount of Each Disbursement this Period

59200.00

SUBTOTAL of Disbursements This Page (optional)

59200.00

TOTAL This Period (last page this line number only)

59200.00