

# 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 01 01 2009 through 06 30 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								
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**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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

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" style="display: inline-table; border-collapse: collapse;"><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 .....	90228.84									
(c) Total Receipts (from Line 19) .....	31794.98	31794.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	122023.82	122023.82								
7. Total Disbursements (from Line 31) .....	76176.57	76176.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45847.25	45847.25								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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) .....	6620.00	6620.00
(ii) Unitemized .....	25174.98	25174.98
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	31794.98	31794.98
(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) .....	31794.98	31794.98
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)) .....	31794.98	31794.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31794.98	31794.98

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	76.57	76.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	76.57	76.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54100.00	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.....	22000.00	22000.00
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))..	76176.57	76176.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76176.57	76176.57

**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) .....	31794.98	31794.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31794.98	31794.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	76.57	76.57
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	76.57	76.57

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 16  
(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

**A.** 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:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2009

**Transaction ID:** 17374929

Amount of Each Receipt this Period  
400.00

**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  
Novant Health

Occupation  
Senior Vice President Marketing and Co

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** 17374937

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Cassius Williams

Mailing Address P.O. Box 8246

City State Zip Code  
Greenville NC 27835-8246

FEC ID number of contributing federal political committee. C

Name of Employer  
Pitt County Memorial Hospital

Occupation  
Trustee

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** 17374947

Amount of Each Receipt this Period  
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 8 / 16  
(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. 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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2009

**Transaction ID:** 17375017

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Dave C McRae

Mailing Address P O Box 6028

City State Zip Code  
Greenville NC 27835-6028

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

Name of Employer Occupation  
University Health Systems of Eastern C Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2009

**Transaction ID:** 17375043

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. R. Timothy Rice

Mailing Address 1200 North Elm Street

City State Zip Code  
Greensboro NC 27401-1004

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

Name of Employer Occupation  
Moses Cone Health System President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

**Transaction ID:** 17375045

Amount of Each Receipt this Period  
400.00

**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 / 16  
(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 Occupation  
Watauga Medical Center President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 25 / 2009  
Transaction ID: 17375066  
Amount of Each Receipt this Period 220.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kevin W Sowers, , R.N., MS

Mailing Address P O Box 3708

City State Zip Code  
Durham NC 27710-0001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Duke University Hospital Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 25 / 2009  
Transaction ID: 17375070  
Amount of Each Receipt this Period 400.00

**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 Occupation  
Albemarle Health President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 25 / 2009  
Transaction ID: 17375090  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1020.00

**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 / 16

(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. 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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 0 9

Transaction ID: 17375174

Amount of Each Receipt this Period

400.00

**B.**

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 0 9

Transaction ID: 17375266

Amount of Each Receipt this Period

400.00

**C.**

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 Occupation  
North Carolina Hospital Association Senior Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

Transaction ID: 17375400

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: PAGE 11 / 16  
(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. Joel Huneycutt

Mailing Address Post Office Box 92

City State Zip Code  
Locust NC 28097-0092

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

Name of Employer Occupation  
Locust Lumber Lumber and Building Supply

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 6 / 2 3 / 2 0 0 9

Transaction ID: 17375448

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John G Currin, Jr.

Mailing Address P O Box 202

City State Zip Code  
Burlington NC 27216-0202

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

Name of Employer Occupation  
Alamance Regional Medical Center 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 6 / 2 3 / 2 0 0 9

Transaction ID: 17375468

Amount of Each Receipt this Period  
400.00

**C.**

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

Mailing Address 12521 Preservation Pointe Dr.

City State Zip Code  
Charlotte NC 28216-6735

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

Name of Employer Occupation  
Presbyterian Hospital President & CEO

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 6 / 1 6 / 2 0 0 9

Transaction ID: 17375550

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: PAGE 12 / 16

(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)

Marcus Albernaz

Mailing Address 850 Johns Hopkins Drive

City State Zip Code  
Greenville NC 27834-7222

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

Name of Employer Occupation  
Pitt County Memorial Hospital physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 9

Transaction ID: 17375600

Amount of Each Receipt this Period  
400.00

**B.**

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 ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 9

Transaction ID: 17375876

Amount of Each Receipt this Period  
800.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

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

6620.00

**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 13 / 16

<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

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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  
AHA PAC Fundraising

Candidate Name  
AHAPAC-American Hospital Association Federal PAC

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 16265191

Date of Disbursement

<sup>M</sup> 0	<sup>M</sup> 1	/	<sup>D</sup> 1	<sup>D</sup> 3	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 9
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Amount of Each Disbursement this Period

54100.00
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AHA PAC Fundraising

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

54100.00

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

54100.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Beverly Perdue Committee <hr/> Mailing Address P.O. Box 12086 <hr/> City Raleigh State NC Zip Code 27605 <hr/> Purpose of Disbursement Beverly Perdue, LT. GOVERNOR NC Candidate Name Lt. Gov. Beverly Eaves Perdue Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 16281835 Date of Disbursement 01 / 26 / 2009	Amount of Each Disbursement this Period 4000.00 Beverly Perdue, LT. GOVERNOR NC
<b>B.</b>	Full Name (Last, First, Middle Initial) Dalton for Lt. Governor <hr/> Mailing Address P.O. Box 661 <hr/> City Rutherfordton State NC Zip Code 28139 <hr/> Purpose of Disbursement Walter Dalton, LT. GOVERNOR NC Candidate Name Lt. Walter H. Dalton Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 16282044 Date of Disbursement 01 / 26 / 2009	Amount of Each Disbursement this Period 4000.00 Walter Dalton, LT. GOVERNOR NC
<b>C.</b>	Full Name (Last, First, Middle Initial) Cooper for Attorney General <hr/> Mailing Address P.O. Box 10587 <hr/> City Raleigh State NC Zip Code 27605 <hr/> Purpose of Disbursement Roy Cooper, ATTORNEY GENERAL NC Candidate Name Attorney Ge Roy Cooper Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 16282047 Date of Disbursement 01 / 26 / 2009	Amount of Each Disbursement this Period 4000.00 Roy Cooper, ATTORNEY GENERAL NC

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12000.00</b>
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brunstetter for N.C. Senate</p> <p>Mailing Address 3054 Panther Ridge Ln.</p> <p>City Lewisville State NC Zip Code 27023</p> <p>Purpose of Disbursement Peter Brunstetter, STATE SENATE 31st NC</p> <p>Candidate Name Peter S. Brunstetter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 16282050 <b>Date of Disbursement</b> 01 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Peter Brunstetter, STATE SENATE 31st NC</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeff Barnhart for House</p> <p>Mailing Address 2419 Kannapolis Hwy</p> <p>City Concord State NC Zip Code 28027</p> <p>Purpose of Disbursement Jeff Barnhart, STATE HOUSE 82nd NC</p> <p>Candidate Name Representa Jeff Barnhart</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 82</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 16282051 <b>Date of Disbursement</b> 01 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Jeff Barnhart, STATE HOUSE 82nd NC</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mobley's Campaign</p> <p>Mailing Address P.O. Box 794</p> <p>City Ahoskie State NC Zip Code 27910</p> <p>Purpose of Disbursement Annie Mobley, STATE HOUSE 5th NC</p> <p>Candidate Name Annie Mobley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 16282053 <b>Date of Disbursement</b> 01 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Annie Mobley, STATE HOUSE 5th NC</p>

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

5000.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Committee to Elect Angela Bryant  Mailing Address 717 West End St  City Rocky Mount State NC Zip Code 27803-2817  Purpose of Disbursement Angela Bryant, STATE HOUSE 7th NC Candidate Name NC Rep. Angela Bryant Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 16282059 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period  1000.00
	Angela Bryant, STATE HOUSE 7th NC		
<b>B.</b>	Full Name (Last, First, Middle Initial) Charlie Albertson for Senate  Mailing Address 136 Henry Dunn Pickett Road  City Beulaville State NC Zip Code 28518  Purpose of Disbursement Charles Albertson, STATE SENATE 10th NC Candidate Name Senator Charles W. Albertson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 16282062 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period  2000.00
	Charles Albertson, STATE SENATE 10th NC		
<b>C.</b>	Full Name (Last, First, Middle Initial) Fred Steen for House  Mailing Address 317 Daybrook Dr.  City Landis State NC Zip Code 28088  Purpose of Disbursement Fred Steen, STATE HOUSE 76th NC Candidate Name NC Rep. Fred Steen, II Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 76 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 16286125 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period  2000.00
	Fred Steen, STATE HOUSE 76th NC		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>22000.00</b>