FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street) ▼ P.O. Box 4449

☐ Check if different than previously reported. (ACC)

CITY ▲ Cary STATE ▲ NC ZIP CODE ▲ 27519-4449 –

2. **FEC IDENTIFICATION NUMBER ▼** C 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 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2016 through 09 / 30 / 2016

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 Hand, Cody, , Mr.,

Signature of Treasurer *Hand, Cody, , Mr.,* ***[Electronically Filed]*** Date 10 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		28750.56
(b) Cash on Hand at Beginning of Reporting Period	22846.85	
(c) Total Receipts (from Line 19)	17904.30	52727.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40751.15	81477.67
7. Total Disbursements (from Line 31)	26618.58	67345.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14132.57	14132.57
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

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

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)	6666.00	16316.10
(ii) Unitemized	11238.30	31726.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	17904.30	48042.15
(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) ▶	17904.30	48042.15
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	4684.96
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	4684.96
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	17904.30	52727.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	17904.30	48042.15

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	26407.88	62400.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	4684.96
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 (Including Non-Federal Donations)	210.70	260.14
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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))	26618.58	67345.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	26618.58	67345.10

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)

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)	17904.30	48042.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17904.30	48042.15
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: (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 of Individual (Last, First, Middle Initial) or Full Organization Name
Hoggard Green, Jill, , Dr., RN, PhD

Mailing Address 12 Dayflower Dr

City: Asheville | State: NC | Zip Code: 28803-9618

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mission Hospital
Occupation (for Individual): President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 07 / D D 03 / Y Y Y Y 2016

Transaction ID : 23277206

Amount of Each Receipt this Period: 450.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Armato, Carl, S, Mr.,

Mailing Address 2085 Frontis Plaza Boulevard

City: Winston Salem | State: NC | Zip Code: 27103-5614

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Novant Health
Occupation (for Individual): President and Chief Executive Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 07 / D D 05 / Y Y Y Y 2016

Transaction ID : 23284002

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mikus, Sara, , Ms.,

Mailing Address 9422 Briarwick Lane

City: Charlotte | State: NC | Zip Code: 28277-1673

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas Medical Center
Occupation (for Individual): Executive

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: M M 07 / D D 05 / Y Y Y Y 2016

Transaction ID : 23284029

Amount of Each Receipt this Period: 360.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1110.00

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)
[x] 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 of Individual (Last, First, Middle Initial) or Full Organization Name
Brunstetter, Peter, S, Mr.,

Mailing Address 3054 Panther Rige Lane

City: Lewisville | State: NC | Zip Code: 27023-7107

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Novant Health
Occupation (for Individual): Executive Vice President and Chief Leg

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 07 / D D 05 / Y Y Y Y 2016

Transaction ID : 23284046

Amount of Each Receipt this Period: 300.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Baker, Wendell, H, Mr., Jr

Mailing Address 1102 Saint Patrick Street

City: Tarboro | State: NC | Zip Code: 27886-3039

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Vidant Edgecombe Hospital
Occupation (for Individual): President

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M 07 / D D 07 / Y Y Y Y 2016

Transaction ID : 23284092

Amount of Each Receipt this Period: 225.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zweng, Thomas, , Dr., MD

Mailing Address 6852 N. Baltusrol Lane

City: Charlotte | State: NC | Zip Code: 28210-7364

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Novant Health
Occupation (for Individual): Senior Vice President Medical Affairs

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 07 / D D 07 / Y Y Y Y 2016

Transaction ID : 23284104

Amount of Each Receipt this Period: 300.00

[ ] Memo Item

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: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
North Carolina Hospital Association Political Action Committee - Federal

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lindsay, Jeffery, T, Mr.,

Mailing Address 51 E 4th St Apt 1703

City: Winston Salem | State: NC | Zip Code: 27101-4160

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Novant Health

Occupation (for Individual): Executive Vice President, Chief Operat

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 07 / D D 06 / Y Y Y Y 2016

Transaction ID : 23284110

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lutes, Michael, , Mr.,

Mailing Address 4025 Camrose Crossing

City: Matthews | State: NC | Zip Code: 28104-6832

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas Healthcare System Union

Occupation (for Individual): Hospital Management

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 07 / D D 07 / Y Y Y Y 2016

Transaction ID : 23284114

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Franklin, David, Perdue, , MD

Mailing Address 10301 Legacy Oaks Place

City: Asheville | State: NC | Zip Code: 28803-4625

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Mission Health System

Occupation (for Individual): President, Mission Clinic

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 07 / D D 11 / Y Y Y Y 2016

Transaction ID : 23308025

Amount of Each Receipt this Period: 300.00

☐ Memo Item

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mihal, Denise, B., Ms., RN, BSN, M

Mailing Address 1085 Sea Bourn Way

City: Sunset Beach | State: NC | Zip Code: 28468-4820

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Novant Health
Occupation (for Individual): EVP Chief Clinical Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 07 / D D 11 / Y Y Y Y 2016

Transaction ID : 23308031

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Beckwith, Pamela, , Ms.,

Mailing Address PO Box 32861

City: Charlotte | State: NC | Zip Code: 28232-2861

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas Medical Center
Occupation (for Individual): Senior VP, Quality

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: M M 07 / D D 12 / Y Y Y Y 2016

Transaction ID : 23308041

Amount of Each Receipt this Period: 360.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Larrison, Robert, G, Mr., Jr

Mailing Address 1008 Biggers Farm Ct

City: Indian Trail | State: NC | Zip Code: 28079-8829

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas Rehabilitation
Occupation (for Individual): President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 216.00

Date of Receipt: M M 07 / D D 12 / Y Y Y Y 2016

Transaction ID : 23308051

Amount of Each Receipt this Period: 111.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 771.00

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Waldrum, Michael, , Dr., MD

Mailing Address P O Box 6028

City: Greenville | State: NC | Zip Code: 27835-6028

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Vidant Health
Occupation (for Individual): Chief Executive Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2016

Transaction ID : 23308124

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nagowski, Michael, , Mr.,

Mailing Address 3022 Muirfield Ave

City: Fayetteville | State: NC | Zip Code: 28306-2696

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Cape Fear Valley Health System
Occupation (for Individual): President and Chief Executive Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2016

Transaction ID : 23308198

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Linwood, , Mr.,

Mailing Address 4501 Eliot Place

City: Raleigh | State: NC | Zip Code: 27609-6019

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): North Carolina Hospital Association
Occupation (for Individual): General Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 07 / D D 19 / Y Y Y Y 2016

Transaction ID : 23308249

Amount of Each Receipt this Period: 300.00

☐ Memo Item

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Joann, , Mrs.,

Mailing Address P O Box 1508

City: Lumberton | State: NC | Zip Code: 28359-1508

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Southeastern Health

Occupation (for Individual): President and Chief Executive Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 28 / 2016

Transaction ID : 23348215

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Clontz, Timothy, J, Mr.,

Mailing Address 7407 Summer Wind Court

City: Summerfield | State: NC | Zip Code: 27358-9157

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Moses H. Cone Memorial Hospital

Occupation (for Individual): Executive Vice President Health Servic

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 08 / 01 / 2016

Transaction ID : 23348229

Amount of Each Receipt this Period: 225.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wallington, Chuck, , Mr.,

Mailing Address 4706 Jefferson Wood Court

City: Greensboro | State: NC | Zip Code: 27410-3555

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Moses H. Cone Memorial Hospital

Occupation (for Individual): Senior Vice President, Marketing

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 08 / 10 / 2016

Transaction ID : 23353101

Amount of Each Receipt this Period: 225.00

☐ Memo Item

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: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
North Carolina Hospital Association Political Action Committee - Federal

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jeffrey, Paul, A., Mr.,

Mailing Address 3715 Hazel Lane

City: Greensboro | State: NC | Zip Code: 27408-3121

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Cone Health
Occupation (for Individual): Sr. Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2016

Transaction ID : 23358599

Amount of Each Receipt this Period: 225.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sparks, Richard, G, Mr.,

Mailing Address 374 North Ridge Circle

City: Boone | State: NC | Zip Code: 28607-5289

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Appalachian Regional Healthcare System
Occupation (for Individual): President and Chief Executive Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 08 / D D 17 / Y Y Y Y 2016

Transaction ID : 23358606

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hall, Mary, N, ,

Mailing Address 1040 Queens Road

City: Charlotte | State: NC | Zip Code: 28207-1848

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas Medical Center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: M M 08 / D D 23 / Y Y Y Y 2016

Transaction ID : 23366911

Amount of Each Receipt this Period: 360.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 885.00

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)
☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name: Mullaney, Janet, R, Mrs.,
Mailing Address: 210 Pineview Dr.
City: Greenville | State: NC | Zip Code: 27834-6434
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Vidant Health
Occupation (for Individual): Chief Administrative Officer
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 300.00
Date of Receipt: 08 / 29 / 2016
Transaction ID : 23407446
Amount of Each Receipt this Period: 300.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Horsley, Steve, , Mr.,
Mailing Address: 1206 Mosley Road
City: Greensboro | State: NC | Zip Code: 27455-3484
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Moses H. Cone Memorial Hospital
Occupation (for Individual): Vice President and Chief Information O
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 225.00
Date of Receipt: 09 / 09 / 2016
Transaction ID : 23407485
Amount of Each Receipt this Period: 225.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name:
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 525.00

TOTAL This Period (last page this line number only) ▶ 6666.00

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)
☐ 21b ☒ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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: 800 10th Street, N.W. Two CityCenter, Suite 400
City: Washington State: DC Zip Code: 20001-4956
Purpose of Disbursement:
Candidate Name: AHAPAC-American Hospital Association Federal PAC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 08 / 01 / 2016
FEC Identification Number: C C00106146
Transaction ID : 23340371
Amount of Each Disbursement this Period: 22000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): AHAPAC-American Hospital Association Federal PAC
Mailing Address: 800 10th Street, N.W. Two CityCenter, Suite 400
City: Washington State: DC Zip Code: 20001-4956
Purpose of Disbursement: No transfer of funds made
Candidate Name: AHAPAC-American Hospital Association Federal PAC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 23 / 2016
FEC Identification Number: C C00106146
Transaction ID : 23359357
Amount of Each Disbursement this Period: -22000.00
No transfer of funds made
☐ Memo Item

C. Full Name (Last, First, Middle Initial): AHAPAC-American Hospital Association Federal PAC
Mailing Address: 800 10th Street, N.W. Two CityCenter, Suite 400
City: Washington State: DC Zip Code: 20001-4956
Purpose of Disbursement:
Candidate Name: AHAPAC-American Hospital Association Federal PAC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 08 / 23 / 2016
FEC Identification Number: C C00106146
Transaction ID : 23359359
Amount of Each Disbursement this Period: 26407.88
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 26407.88

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)
☐ 21b ☒ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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: 800 10th Street, N.W. Two CityCenter, Suite 400
City: Washington State: DC Zip Code: 20001-4956
Purpose of Disbursement: Printing error
Category/Type: 011
Candidate Name: AHAPAC-American Hospital Association Federal PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 08 / D D 23 / Y Y Y Y 2016
FEC Identification Number: C C00106146
Transaction ID : 23359360
Amount of Each Disbursement this Period: -26407.88
Printing error
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): AHAPAC-American Hospital Association Federal PAC
Mailing Address: 800 10th Street, N.W. Two CityCenter, Suite 400
City: Washington State: DC Zip Code: 20001-4956
Purpose of Disbursement:
Category/Type: 011
Candidate Name: AHAPAC-American Hospital Association Federal PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 08 / D D 23 / Y Y Y Y 2016
FEC Identification Number: C C00106146
Transaction ID : 23359361
Amount of Each Disbursement this Period: 26407.88
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 26407.88

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)
☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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): BB&T
Mailing Address: 1821 S. Main St.
City: Wake Forest | State: NC | Zip Code: 27587
Purpose of Disbursement: August Bank Fees
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 05 / 2016
FEC Identification Number: C
Transaction ID : 23448464
Amount of Each Disbursement this Period: 36.00
August Bank Fees
☐ Memo Item

B. Full Name (Last, First, Middle Initial): BB&T
Mailing Address: 1821 S. Main St.
City: Wake Forest | State: NC | Zip Code: 27587
Purpose of Disbursement: August Bank Fees
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 22 / 2016
FEC Identification Number: C
Transaction ID : 23448465
Amount of Each Disbursement this Period: 24.79
August Bank Fees
☐ Memo Item

C. Full Name (Last, First, Middle Initial): BB&T
Mailing Address: 1821 S. Main St.
City: Wake Forest | State: NC | Zip Code: 27587
Purpose of Disbursement: September Bank Fees
Candidate Name:
Category/Type: 001
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2016
FEC Identification Number: C
Transaction ID : 23470000
Amount of Each Disbursement this Period: 26.34
September Bank Fees
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 87.13

TOTAL This Period (last page this line number only) ▶ 87.13