

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		100876.87
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	93054.45									
(c) Total Receipts (from Line 19)	16341.20	61349.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	109395.65	162226.39								
7. Total Disbursements (from Line 31)	38.34	52939.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	109357.31	109287.27								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	3018.40	15380.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	13322.80	45912.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16341.20	61292.80
(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)	16341.20	61292.80
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	56.72
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))	16341.20	61349.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16341.20	61349.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	38.34	239.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	38.34	239.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	52700.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
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.....	0.00	0.00
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))..	38.34	52939.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38.34	52939.12

DETAILED SUMMARY PAGE
of Disbursements

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)	16341.20	61292.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16341.20	61292.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	38.34	239.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	38.34	239.12

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

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

FOR LINE NUMBER: PAGE 6 / 10
(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. W. Spencer Lilly

Mailing Address 9306 Copans Glen Ln.

City State Zip Code
Huntersville NC 28078-6489

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

Name of Employer: Carolinas Medical Center-University
Occupation: Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 07 / 02 / 2008
Transaction ID: 15623881
 Amount of Each Receipt this Period: 440.00

B. Full Name (Last, First, Middle Initial)
Ms. Ann M. Lore

Mailing Address 3604 Knightcroft Pl.

City State Zip Code
Fuquay Varina NC 27526-8694

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

Name of Employer: Duke University Health System
Occupation: State Government Relations Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 15 / 2008
Transaction ID: 15721189
 Amount of Each Receipt this Period: 400.00

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

Mailing Address 650 Poplar Brances Close

City State Zip Code
Belville NC 28451-9547

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

Name of Employer: Pender Memorial Hospital
Occupation: Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt: 07 / 15 / 2008
Transaction ID: 15721263
 Amount of Each Receipt this Period: 242.00

SUBTOTAL of Receipts This Page (optional) ► **1082.00**

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 / 10
(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. Bill R Bedsole

Mailing Address 412 Riverside Dr.

City Washington State NC Zip Code 27889-3409

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

Name of Employer Beaufort County Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.40

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2008

Transaction ID: 15721325

Amount of Each Receipt this Period
216.40

B.

Full Name (Last, First, Middle Initial)
Mr. J. William Paugh

Mailing Address P O Box 10155

City Goldsboro State NC Zip Code 27532-0155

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2008

Transaction ID: 15721373

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Wayne F Shovelin

Mailing Address 3505 Country Club Dr.

City Gastonia State NC Zip Code 28056-6664

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

Name of Employer Gaston Memorial 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 Y
08 / 21 / 2008

Transaction ID: 15821652

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **916.40**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 10
	<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. Stan Taylor	Date of Receipt MM / DD / YYYY 08 / 21 / 2008
	Mailing Address 308 Pace St.	Transaction ID: 15821664
	City Raleigh State NC Zip Code 27604-1209	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
Name of Employer WakeMed Occupation VP, Business Development & Managed Car		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Mr. Larry H Chewning, III	Date of Receipt MM / DD / YYYY 08 / 21 / 2008
	Mailing Address P O Box 260	Transaction ID: 15821678
	City Clinton State NC Zip Code 28329-0260	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Nash Health Care Systems Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Mr. Mike Stevenson	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 1711 Mission Rd.	Transaction ID: 15919975
	City Murphy State NC Zip Code 28906-3776	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Murphy Medical Center Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	620.00
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 / 10	
	(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 Dean Swindle		Date of Receipt																					
	Mailing Address 2850 Bitting Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		2	9		2	0	0	8														
	City	State	Zip Code	Transaction ID: 15943710																				
	Winston Salem	NC	27104-3004	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<input type="text" value="400.00"/>																					
Name of Employer Novant Health		Occupation Executive VP & CFO																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="400.00"/>																					

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3018.40"/>

**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 10 / 10

<input checked="" 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 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)
BB&T

Mailing Address 1821 S. Main St.

City Wake Forest State NC Zip Code 27587

Purpose of Disbursement
Bank fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 16024520
Date of Disbursement

07 / 21 / 2008

Amount of Each Disbursement this Period

16.28

Bank fees

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
Bank fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 16024522
Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

22.06

Bank fees

SUBTOTAL of Disbursements This Page (optional) ►

38.34

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

38.34