

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 CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ADDRESS (number and street) ATTENTION: MARY ANN ROUSE 1000 BLYTHE BOULEVARD CHARLOTTE NC 28203 2861

2. FEC IDENTIFICATION NUMBER C00423871 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2008 through 09 30 2008

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 Mary Ann Rouse

Signature of Treasurer Electronically Filed by Mary Ann Rouse Date 10 08 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC**

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		102620.76
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	129396.57									
(c) Total Receipts (from Line 19)	13085.31	43615.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	142481.88	146236.26								
7. Total Disbursements (from Line 31)	30500.00	34254.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	111981.88	111981.88								
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

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

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	10395.20	33430.45
(i) Itemized (use Schedule A)	1613.38	8808.63
(ii) Unitemized	12008.58	42239.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12008.58	42239.08
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	163.48
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	76.73	212.94
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))	13085.31	43615.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13085.31	43615.50

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.....	0.00	54.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	54.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30500.00	34200.00
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))..	30500.00	34254.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30500.00	34254.38

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)	12008.58	42239.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12008.58	42239.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	54.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	163.48
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-109.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Dr. Herbert L Bonkovsky	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 2214 Cumberland Road	Transaction ID: SA11AI.5941
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$50 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: PHYS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Dr. Herbert L Bonkovsky	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 2214 Cumberland Road	Transaction ID: SA11AI.6000
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$50 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: PHYS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Dr. Herbert L Bonkovsky	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 2214 Cumberland Road	Transaction ID: SA11AI.6073
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$50 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: PHYS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	150.00
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 7 / 42
	<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)
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC**

A.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Transaction ID: SA11AI.5976
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="35.00"/>
		<input type="text" value="245.00"/>	Payroll Deduction \$35 monthly

B.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Transaction ID: SA11AI.6035
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="35.00"/>
		<input type="text" value="280.00"/>	Payroll Deduction \$35 monthly

C.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Transaction ID: SA11AI.6108
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="35.00"/>
		<input type="text" value="315.00"/>	Payroll Deduction \$35 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="105.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 42
	<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)
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC**

A.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 2501 Sedley Road	Transaction ID: SA11AI.5943
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

B.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 2501 Sedley Road	Transaction ID: SA11AI.6002
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

C.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 2501 Sedley Road	Transaction ID: SA11AI.6075
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

SUBTOTAL of Receipts This Page (optional)	250.02
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 9 / 42
	<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)
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC**

A.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.5963
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

B.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.6022
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

C.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.6095
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

SUBTOTAL of Receipts This Page (optional)	250.02
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 1320 FILLMORE AVENUE #413	Transaction ID: SA11AI.5929
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2916.69	

B.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 1320 FILLMORE AVENUE #413	Transaction ID: SA11AI.5988
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3333.36	

C.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 1320 FILLMORE AVENUE #413	Transaction ID: SA11AI.6061
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3750.03	

SUBTOTAL of Receipts This Page (optional)	1250.01
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 11 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy		Date of Receipt
	Mailing Address 8044 Silver Jade Drive		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Denver	NC	28037
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Transaction ID: SA11AI.5968
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="41.67"/>
		<input type="text" value="291.69"/>	Payroll Deduction \$41.67 monthly

B.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy		Date of Receipt
	Mailing Address 8044 Silver Jade Drive		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Denver	NC	28037
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Transaction ID: SA11AI.6027
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="41.67"/>
		<input type="text" value="333.36"/>	Payroll Deduction \$41.67 monthly

C.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy		Date of Receipt
	Mailing Address 8044 Silver Jade Drive		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Denver	NC	28037
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Transaction ID: SA11AI.6100
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="41.67"/>
		<input type="text" value="375.03"/>	Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="125.01"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 / 42
	<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)
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC**

A.	Full Name (Last, First, Middle Initial) Mr. Thomas E Hassett	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 7733 Compton Court	Transaction ID: SA11AI.5967
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.69	

B.	Full Name (Last, First, Middle Initial) Mr. Thomas E Hassett	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 7733 Compton Court	Transaction ID: SA11AI.6026
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36	

C.	Full Name (Last, First, Middle Initial) Mr. Thomas E Hassett	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 7733 Compton Court	Transaction ID: SA11AI.6099
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.03	

SUBTOTAL of Receipts This Page (optional)	125.01
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 13 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Dr. Robert V Higgins	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 7112 Fairway Vista Drive	Transaction ID: SA11AI.6097
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Mr. Robert M Keener	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 625 Club Drive	Transaction ID: SA11AI.6091
	City State Zip Code Stanley NC 28164	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Mr. Scott W Kerr	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 2027 Ferncliff Road	Transaction ID: SA11AI.6069
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	75.00
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 14 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. John J Knox	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 6530 Boykin Spaniel Road	Transaction ID: SA11AI.5962
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

B.	Full Name (Last, First, Middle Initial) Mr. John J Knox	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 6530 Boykin Spaniel Road	Transaction ID: SA11AI.6021
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

C.	Full Name (Last, First, Middle Initial) Mr. John J Knox	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 6530 Boykin Spaniel Road	Transaction ID: SA11AI.6094
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

SUBTOTAL of Receipts This Page (optional)	125.01
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 15 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 9306 Copans Glen Lane	Transaction ID: SA11AI.5972
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

B.	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 9306 Copans Glen Lane	Transaction ID: SA11AI.6031
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

C.	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 9306 Copans Glen Lane	Transaction ID: SA11AI.6104
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

SUBTOTAL of Receipts This Page (optional)	250.02
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 16 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.5970
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1166.69	

B.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.6029
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1333.36	

C.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.6102
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.03	

SUBTOTAL of Receipts This Page (optional)	500.01
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 17 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Dr. Charles P McKay	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 4735 Parview Drive	Transaction ID: SA11AI.6082
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Mr. Russell W Moore	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 15731 Pine Street	Transaction ID: SA11AI.5930
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

C.	Full Name (Last, First, Middle Initial) Mr. Russell W Moore	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 15731 Pine Street	Transaction ID: SA11AI.5989
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional)	108.34
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 18 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. Russell W Moore		Date of Receipt MM / DD / YYYY 08 / 29 / 2008		
	Mailing Address 15731 Pine Street		Transaction ID: SA11AI.6062		
	City Huntersville	State NC	Zip Code 28078	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. C		Payroll Deduction \$41.67 monthly		
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 375.03					

B.	Full Name (Last, First, Middle Initial) Mr. Scott J Moroney		Date of Receipt MM / DD / YYYY 08 / 29 / 2008		
	Mailing Address 7255 Willow Brook Court		Transaction ID: SA11AI.6098		
	City Denver	State NC	Zip Code 28037	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction \$25 monthly		
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 225.00					

C.	Full Name (Last, First, Middle Initial) Mr. James C Olsen		Date of Receipt MM / DD / YYYY 07 / 01 / 2008		
	Mailing Address 5900 Summerston Place		Transaction ID: SA11AI.5957		
	City Charlotte	State NC	Zip Code 28277	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction \$100 monthly		
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 700.00					

SUBTOTAL of Receipts This Page (optional)	166.67
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 19 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. James C Olsen	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 5900 Summerston Place	Transaction ID: SA11AI.6016
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

B.	Full Name (Last, First, Middle Initial) Mr. James C Olsen	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 5900 Summerston Place	Transaction ID: SA11AI.6089
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	

C.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 2028 Hopedale Avenue	Transaction ID: SA11AI.5938
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00	

SUBTOTAL of Receipts This Page (optional)	600.00
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 20 / 42
(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)
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC**

A. Full Name (Last, First, Middle Initial)
Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
Charlotte NC 28207

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2008

Transaction ID: SA11AI.5997

Amount of Each Receipt this Period
400.00

Payroll Deduction \$400 monthly

B. Full Name (Last, First, Middle Initial)
Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
Charlotte NC 28207

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2008

Transaction ID: SA11AI.6070

Amount of Each Receipt this Period
400.00

Payroll Deduction \$400 monthly

C. Full Name (Last, First, Middle Initial)
Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.04

Date of Receipt
MM / DD / YYYY
07 / 01 / 2008

Transaction ID: SA11AI.5926

Amount of Each Receipt this Period
333.34

Payroll Deduction \$333.34 monthly

SUBTOTAL of Receipts This Page (optional) ► **1133.34**

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 21 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. Roger A Ray	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 11029 Lederer Ave	Transaction ID: SA11AI.5985
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 333.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$333.34 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2333.38	

B.	Full Name (Last, First, Middle Initial) Mr. Roger A Ray	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 11029 Lederer Ave	Transaction ID: SA11AI.6058
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 333.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$333.34 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2666.72	

C.	Full Name (Last, First, Middle Initial) Lawrence W Raymond	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 2539 Summerlake Rd.	Transaction ID: SA11AI.5945
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$50 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	716.68
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 22 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Lawrence W Raymond	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 2539 Summerlake Rd.	Transaction ID: SA11AI.6004
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$50 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Lawrence W Raymond	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 2539 Summerlake Rd.	Transaction ID: SA11AI.6077
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$50 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Mr. F. Traylor Renfro	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 811 E Morehead Street Apt 3	Transaction ID: SA11AI.5969
	City State Zip Code Charlotte NC 28202	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$50 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	150.00
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 23 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC**

A. Full Name (Last, First, Middle Initial)
Mr. F. Traylor Renfro

Mailing Address 811 E Morehead Street Apt 3

City State Zip Code
 Charlotte NC 28202

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6028

Amount of Each Receipt this Period
 50.00

Payroll Deduction \$50 monthly

B. Full Name (Last, First, Middle Initial)
Mr. F. Traylor Renfro

Mailing Address 811 E Morehead Street Apt 3

City State Zip Code
 Charlotte NC 28202

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.6101

Amount of Each Receipt this Period
 50.00

Payroll Deduction \$50 monthly

C. Full Name (Last, First, Middle Initial)
Mr. Michael L Rose

Mailing Address 6901 Foxglove Drive

City State Zip Code
 Charlotte NC 28226

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.5964

Amount of Each Receipt this Period
 200.00

Payroll Deduction \$200 monthly

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 24 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. Michael L Rose	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 6901 Foxglove Drive	Transaction ID: SA11AI.6023
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$200 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

B.	Full Name (Last, First, Middle Initial) Mr. Michael L Rose	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 6901 Foxglove Drive	Transaction ID: SA11AI.6096
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$200 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

C.	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address P O Box 901	Transaction ID: SA11AI.5974
	City State Zip Code Troutman NC 28166	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$30 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	430.00
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 25 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address P O Box 901	Transaction ID: SA11AI.6033
	City State Zip Code Troutman NC 28166	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$30 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address P O Box 901	Transaction ID: SA11AI.6106
	City State Zip Code Troutman NC 28166	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$30 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 2137 Dilworth Road East	Transaction ID: SA11AI.5940
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	

SUBTOTAL of Receipts This Page (optional)	460.00
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 26 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 2137 Dilworth Road East	Transaction ID: SA11AI.5999
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3200.00	

B.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 2137 Dilworth Road East	Transaction ID: SA11AI.6072
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3600.00	

C.	Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 18324 Turnberry Court	Transaction ID: SA11AI.5935
	City State Zip Code Davidson NC 28036	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.69	

SUBTOTAL of Receipts This Page (optional)	841.67
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 27 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 18324 Turnberry Court	Transaction ID: SA11AI.5994
	City Davidson State NC Zip Code 28036	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer CarolinasHealthCareSystem Occupation ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36	

B.	Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 18324 Turnberry Court	Transaction ID: SA11AI.6067
	City Davidson State NC Zip Code 28036	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer CarolinasHealthCareSystem Occupation ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.03	

C.	Full Name (Last, First, Middle Initial) Mr. Stephen L Wagner	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 4301 Morrowick Road	Transaction ID: SA11AI.5948
	City Charlotte State NC Zip Code 28226	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer CarolinasHealthCareSystem Occupation ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.69	

SUBTOTAL of Receipts This Page (optional)	125.01
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 28 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. Stephen L Wagner	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 4301 Morrowick Road	Transaction ID: SA11AI.6007
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

B.	Full Name (Last, First, Middle Initial) Mr. Stephen L Wagner	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 4301 Morrowick Road	Transaction ID: SA11AI.6080
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

C.	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 9526 Greyson Ridge Drive	Transaction ID: SA11AI.5973
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

SUBTOTAL of Receipts This Page (optional)	125.01
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 29 / 42
(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)
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC**

A. Full Name (Last, First, Middle Initial)
Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code
 Charlotte NC 28277

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6032

Amount of Each Receipt this Period 41.67

Payroll Deduction \$41.67 monthly

B. Full Name (Last, First, Middle Initial)
Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code
 Charlotte NC 28277

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.6105

Amount of Each Receipt this Period 41.67

Payroll Deduction \$41.67 monthly

C. Full Name (Last, First, Middle Initial)
Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City State Zip Code
 Charlotte NC 28277

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.5960

Amount of Each Receipt this Period 83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional) ► **166.68**

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 30 / 42
	<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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 6417 Seton House Lane	Transaction ID: SA11AI.6019
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.72	

B.	Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 6417 Seton House Lane	Transaction ID: SA11AI.6092
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.06	

C.	Full Name (Last, First, Middle Initial) Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 5522 Challis View Ln	Transaction ID: SA11AI.5954
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$150 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Hospital Admin SVP Operations Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional)	316.68
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 31 / 42

(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)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Phyllis Wingate-Jones

Mailing Address 5522 Challis View Ln

City State Zip Code
Charlotte NC 28226

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

Name of Employer Occupation
Carolinas HealthCare System Hospital Admin SVP Operations

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

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

Transaction ID: SA11AI.6013

Amount of Each Receipt this Period

150.00

Payroll Deduction \$150 monthly

B.

Full Name (Last, First, Middle Initial)

Phyllis Wingate-Jones

Mailing Address 5522 Challis View Ln

City State Zip Code
Charlotte NC 28226

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

Name of Employer Occupation
Carolinas HealthCare System Hospital Admin SVP Operations

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.6086

Amount of Each Receipt this Period

150.00

Payroll Deduction \$150 monthly

C.

Full Name (Last, First, Middle Initial)

Zachary J Zapack

Mailing Address 1800 Camden Road
Suite 107, #214

City State Zip Code
Charlotte NC 28203

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

Name of Employer Occupation
Carolinas HealthCare System Hospital Administrator

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 2916.69

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.5934

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)

716.67

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 32 / 42
(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)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.

Full Name (Last, First, Middle Initial) Zachary J Zapack		Date of Receipt MM / DD / YYYY 08 / 01 / 2008
Mailing Address 1800 Camden Road Suite 107, #214		Transaction ID: SA11AI.5993
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.67
Name of Employer Carolinas HealthCare System	Occupation Hospital Administrator	Payroll Deduction \$416.67 monthly
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.36	

B.

Full Name (Last, First, Middle Initial) Zachary J Zapack		Date of Receipt MM / DD / YYYY 08 / 29 / 2008
Mailing Address 1800 Camden Road Suite 107, #214		Transaction ID: SA11AI.6066
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.67
Name of Employer Carolinas HealthCare System	Occupation Hospital Administrator	Payroll Deduction \$416.67 monthly
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.03	

SUBTOTAL of Receipts This Page (optional)	833.34
TOTAL This Period (last page this line number only)	10395.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 33 / 42	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.	Full Name (Last, First, Middle Initial) John M. Spratt, Jr.		Date of Receipt		
	Mailing Address PO BOX 636		M M / D D / Y Y Y Y 09 / 25 / 2008		
	City	State	Zip Code	Transaction ID: SA16.6182	
	ANNANDALE	VA	22003	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	1000.00	
	Name of Employer		Occupation	Refund of Contribution Made Over Limit	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		1000.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 34 / 42	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC
--

A.	Full Name (Last, First, Middle Initial) Wachovia Bank		Date of Receipt
	Mailing Address 401 S. Tryon Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Charlotte	NC	28288
	FEC ID number of contributing federal political committee.		Transaction ID: SA17.6153
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value="26.73"/>	
Receipt For:	Aggregate Year-to-Date ▼	INTEREST SEPTEMBER 2008	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="212.94"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="26.73"/>
TOTAL This Period (last page this line number only)	<input type="text" value="26.73"/>

**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 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)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Bill James Campaign

Mailing Address P.O. Box 79315

City State Zip Code
Charlotte NC 28271

Purpose of Disbursement
NON FEDERAL CAMPAIGN CONTRIBUTION

Candidate Name
Bill James

010
 011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.6040

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

CHARLIE DANNELLY CAMPAIGN COMMITTEE

Mailing Address 3167 DAWNSHIRE AVENUE

City State Zip Code
CHARLOTTE NC 28216

Purpose of Disbursement
NONFEDERAL CAMPAIGN CONTRIBUTION

Candidate Name
Charlie Dannelly

010
 011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.6143

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT JENNIFER ROBERTS

Mailing Address PO BOX 5243

City State Zip Code
CHARLOTTE NC 28299

Purpose of Disbursement
NON FEDERAL CAMPAIGN CONTRIBUTION

Candidate Name
Jennifer Roberts

010
 011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.6052

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 42

<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)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT DAN MURREY Mailing Address PO BOX 30426 City CHARLOTTE State NC Zip Code 28230 Purpose of Disbursement NONFEDERAL CAMPAIGN CONTRIBUTION Candidate Name DAN MURREY Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.6042 Date of Disbursement 08 / 19 / 2008	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) COWELL FOR TREASURER Mailing Address PO BOX 10333 City CHARLOTTE State NC Zip Code 27605 Purpose of Disbursement NON FEDERAL CAMPAIGN CONTRIBUTION Candidate Name Janet Cowell Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.6049 Date of Disbursement 08 / 26 / 2008	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) DALTON FOR LT. GOVERNOR Mailing Address PO BOX 661 City RUTHERFORDTON State NC Zip Code 28139 Purpose of Disbursement NONFEDERAL CAMPAIGN CONTRIBUTION Candidate Name Walter DALTON Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.6146 Date of Disbursement 09 / 23 / 2008	Amount of Each Disbursement this Period 1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial) Dan Ramirez Campaign <hr/> Mailing Address 4625 Piedmont Row E-407 <hr/> City Charlotte State NC Zip Code 28210 <hr/> Purpose of Disbursement NONFEDERAL CAMPAIGN CONTRIBUTION <hr/> Candidate Name Dan Ramirez <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6045 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 350.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DAVID W HOYLE FOR SENATE <hr/> Mailing Address PO BOX 2494 <hr/> City GASTONIA State NC Zip Code 28053 <hr/> Purpose of Disbursement NONFEDERAL CAMPAIGN CONTRIBUTION <hr/> Candidate Name David Hoyle <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6134 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Dumont Clarke Campaign <hr/> Mailing Address 2124 Kenmore Avenue <hr/> City Charlotte State NC Zip Code 28204 <hr/> Purpose of Disbursement NONFEDERAL CAMPAIGN CONTRIBUTION <hr/> Candidate Name Dumont Clarke <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6041 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 350.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1200.00

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 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)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial)
ELECT PAT MCCRORY GOVERNOR

Mailing Address 6400 FAIRVIEW ROAD

City CHARLOTTE State NC Zip Code 28210

Purpose of Disbursement
CAMPAIGN CONTRIBUTION FOR 09-11-08 FUND

011
Category/
Type

Candidate Name
Pat McCrory

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.6054
Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
ELECT PAT MCCRORY GOVERNOR

Mailing Address 6400 FAIRVIEW ROAD

City CHARLOTTE State NC Zip Code 28210

Purpose of Disbursement
CAMPAIGN CONTRIBUTINO FOR 10-27-08 FUNDR

011
Category/
Type

Candidate Name
Pat McCrory

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.6056
Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
ELIZABETH DOLE COMMITTEE INC

Mailing Address PO BOX 2918

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement
Campaign Contribution

011
Category/
Type

Candidate Name
ELIZABETH DOLE

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.6110
Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

3000.00

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)

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<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)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.	Full Name (Last, First, Middle Initial) ELIZABETH DOLE COMMITTEE INC	Transaction ID: SB23.6111 Date of Disbursement 09 / 12 / 2008
	Mailing Address PO BOX 2918	Amount of Each Disbursement this Period 2000.00
	City RALEIGH State NC Zip Code 27602	Purpose of Disbursement Campaign Contribution Candidate Name ELIZABETH DOLE Category/Type 011
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) John Spratt for Congress	Transaction ID: SB23.6112 Date of Disbursement 09 / 16 / 2008
	Mailing Address PO BOX 636	Amount of Each Disbursement this Period 5000.00
	City ANNANDALE State VA Zip Code 22003	Purpose of Disbursement Campaign Contribution Candidate Name John M. Spratt, Jr. Category/Type 011
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Karen Bentley Campaign	Transaction ID: SB23.6038 Date of Disbursement 08 / 19 / 2008
	Mailing Address 16036 Wynfield Creek Pkwy	Amount of Each Disbursement this Period 350.00
	City Huntersville State NC Zip Code 28078	Purpose of Disbursement NON FEDERAL CAMPAIGN CONTRIBUTION Candidate Name Karen Bentley Category/Type 011
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

7350.00

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 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)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)
MALCOLM GRAHAM FOR NC SENATE

Mailing Address 3404 CRESTA COURT

City CHARLOTTE State NC Zip Code 28269

Purpose of Disbursement
NONFEDERAL CAMPAIGN CONTRIBUTION

Candidate Name
Malcolm Graham

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.6140

Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
MARC BASNIGHT CAMPAIGN

Mailing Address PO BOX 302

City MANTEO State NC Zip Code 27954

Purpose of Disbursement
NONFEDERAL CAMPAIGN CONTRIBUTION

Candidate Name
Marc Basnight

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.6131

Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
McHenry for Congress

Mailing Address PO BOX 1406

City HICKORY State NC Zip Code 28601

Purpose of Disbursement
Campaign Contribution

Candidate Name
Patrick McHenry

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.6118

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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 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)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A.	Full Name (Last, First, Middle Initial) Mel Watt for Congress Committee	Transaction ID: SB23.6114 Date of Disbursement
	Mailing Address PO Box 36831	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City Charlotte State NC Zip Code 28236	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="2500.00"/>
	Candidate Name MEL WATT	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Myrick for Congress	Transaction ID: SB23.6113 Date of Disbursement
	Mailing Address PO Box 37091	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City Charlotte State NC Zip Code 28237	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="2000.00"/>
	Candidate Name Sue Myrick	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PHILIP E. BERGER CAMPAIGN	Transaction ID: SB23.6122 Date of Disbursement
	Mailing Address 110 WEST MEADOW ROAD	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City EDEN State NC Zip Code 27289	Amount of Each Disbursement this Period
	Purpose of Disbursement NONFEDERAL CAMPAIGN CONTRIBUTION	<input type="text" value="500.00"/>
	Candidate Name Philip Berger	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 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)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial) PITTENGER FOR LT. GOVERNOR <hr/> Mailing Address 4521 SHARON ROAD, STE 115 <hr/> City CHARLOTTE State NC Zip Code 28211 <hr/> Purpose of Disbursement NONFEDERAL CAMPAIGN CONTRIBUTION <hr/> Candidate Name Robert Pittenger <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.6149 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) STAM FOR HOUSE <hr/> Mailing Address PO BOX 1600 <hr/> City APEX State NC Zip Code 27502 <hr/> Purpose of Disbursement NONFEDERAL CAMPAIGN CONTRIBUTION <hr/> Candidate Name Paul Stam <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.6127 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Valerie Woodard Campaign <hr/> Mailing Address 5524 Sunfield Drive <hr/> City Charlotte State NC Zip Code 28215 <hr/> Purpose of Disbursement NONFEDERAL CAMPAIGN CONTRIBUTION <hr/> Candidate Name Valerie Woodard <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.6039 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 350.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1850.00

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

30500.00