

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
 Check if different than previously reported. (ACC)
CHARLOTTE NC 28203-2861

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 25 2008 through 12 31 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 01 21 2009

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

Office Use Only **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
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

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	103328.48									
(c) Total Receipts (from Line 19)	10039.79	65001.89								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	113368.27	167622.65								
7. Total Disbursements (from Line 31)	3000.00	57254.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	110368.27	110368.27								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

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	9990.56	54055.05
(i) Itemized (use Schedule A)	10.00	9160.31
(ii) Unitemized	10000.56	63215.36
(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)	10000.56	63215.36
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	0.00	1350.00
17. Other Federal Receipts (Dividends, Interest, etc.)	39.23	273.05
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))	10039.79	65001.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10039.79	65001.89

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)	0.00	0.00
(i) Federal Share.....		
(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.....	0.00	54200.00
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.....	3000.00	3000.00
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))..	3000.00	57254.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	57254.38

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)	10000.56	63215.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10000.56	63215.36
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 / 27
	<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) Peter Acker	Date of Receipt MM / DD / YYYY 12 / 09 / 2008
	Mailing Address 816 East Park Drive	Transaction ID: SA11AI.6453
	City State Zip Code Lincolnton NC 28092	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. George E Battle	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 11516 Fox Hill Drive	Transaction ID: SA11AI.6311
	City State Zip Code Charlotte NC 28269	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ATTY Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Herbert L Bonkovsky	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 2214 Cumberland Road	Transaction ID: SA11AI.6324
	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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	320.76
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 / 27
	<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. Jerry L Bryson	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 6503 Elfreda Road	Transaction ID: SA11AI.6344
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 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 ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Stephen C Burr	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 203 Eslynn Road	Transaction ID: SA11AI.6322
	City State Zip Code Mount Holly NC 28120	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Augie M Campanello	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 1900 Scott Avenue	Transaction ID: SA11AI.6319
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	62.28
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<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. Jack F Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text" value="12"/> / <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. C		Transaction ID: SA11AI.6359
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="35.00"/>
		<input type="text" value="420.00"/>	Payroll Deduction \$35 monthly

B.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita		Date of Receipt
	Mailing Address 2501 Sedley Road		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Charlotte	NC	28211
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6326
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="83.26"/>
		<input type="text" value="1000.00"/>	Payroll Deduction \$83.26 monthly

C.	Full Name (Last, First, Middle Initial) David L Dunlap		Date of Receipt
	Mailing Address 54 Picard Way		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Charleston	SC	29412
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6451
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1118.26"/>
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 9 / 27
	<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) David Ellerbe		Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 2610 Tanglewood Lane		Transaction ID: SA11AI.6329
	City	State	Zip Code
	Charlotte	NC	28211
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.76
Name of Employer Carolinas HealthCare System		Occupation ADMIN	Payroll Deduction \$20.76 monthly
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Leonard G Feld		Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 11310 Ballantyne Crossing Av		Transaction ID: SA11AI.6310
	City	State	Zip Code
	Charlotte	NC	28277
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.76
Name of Employer CarolinasHealthCareSystem		Occupation PHYS	Payroll Deduction \$20.76 monthly
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford		Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 6836 Alexander Road		Transaction ID: SA11AI.6346
	City	State	Zip Code
	Charlotte	NC	28270
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.26
Name of Employer CarolinasHealthCareSystem		Occupation PHYS	Payroll Deduction \$83.26 monthly
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)	124.78
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 / 27
	<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 12 / 01 / 2008
	Mailing Address 1320 Fillmore Avenue #413	Transaction ID: SA11AI.6312
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.63 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 ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Clark E Goodwin	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 6028 Alexa Road	Transaction ID: SA11AI.6341
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 8044 Silver Jade Drive	Transaction ID: SA11AI.6351
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 41.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.63 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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	479.02
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 11 / 27
	<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 12 / 01 / 2008
	Mailing Address 7733 Compton Court	Transaction ID: SA11AI.6350
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 41.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.63 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 ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Robert V Higgins	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 7112 Fairway Vista Drive	Transaction ID: SA11AI.6348
	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 ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 8304 Indigo Row	Transaction ID: SA11AI.6354
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	87.39
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 27
	<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. Christopher Johnson	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 445 Forest Hill Circle	Transaction ID: SA11AI.6332
	City State Zip Code Rutherfordton NC 28139	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 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 ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 2316 Vail Avenue	Transaction ID: SA11AI.6325
	City State Zip Code Charlotte NC 28207	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 ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Robert M Keener	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 625 Club Drive	Transaction ID: SA11AI.6342
	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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	70.76
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 / 27
	<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) Scott Kerr	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 2027 Ferncliff Road	Transaction ID: SA11AI.6320
	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: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Mr. John J Knox	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 6530 Boykin Spaniel Road	Transaction ID: SA11AI.6345
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.63 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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 5234 Lancelot Drive	Transaction ID: SA11AI.6335
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	87.39
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 / 27
	<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 12 / 01 / 2008
	Mailing Address 9306 Copans Glen Lane	Transaction ID: SA11AI.6355
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 83.26
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.26 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 ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Ms. Donna Lockhart	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 5523 Challis View Lane	Transaction ID: SA11AI.6338
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.6353
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.63 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 ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	270.65
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 / 27
	<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 12 / 01 / 2008
	Mailing Address 4735 Parview Drive	Transaction ID: SA11AI.6333
	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: Carolinas HealthCare System Occupation: PHYS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) Mr. Russell W Moore	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 15731 Pine Street	Transaction ID: SA11AI.6313
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 41.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.63 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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Scott Moroney	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 7255 Willow Brook Court	Transaction ID: SA11AI.6349
	City State Zip Code Denver NC 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: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	91.63
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 16 / 27
(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. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
 Charlotte NC 28277

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 ▼
 1200.00

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

Transaction ID: SA11AI.6340

Amount of Each Receipt this Period
 100.00

Payroll Deduction \$100 monthly

B. Full Name (Last, First, Middle Initial)
Mr. Dennis Phillips

Mailing Address 4310 4th Street Circle NW

City State Zip Code
 Hickory NC 28601-9021

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

Name of Employer Occupation
 Carolinas HealthCare System Administration

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.6449

Amount of Each Receipt this Period
 500.00

C. 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 Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4800.00

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

Transaction ID: SA11AI.6321

Amount of Each Receipt this Period
 400.00

Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 27
	<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, MD	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 11029 Lederer Ave	Transaction ID: SA11AI.6309
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 333.26
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$333.26 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 ▼ 4000.00	

B.	Full Name (Last, First, Middle Initial) Lawrence W Raymond	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 5740 Ballinard Lane	Transaction ID: SA11AI.6328
	City State Zip Code Charlotte NC 28277	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 ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Lawrence W Raymond	Date of Receipt MM / DD / YYYY 12 / 09 / 2008
	Mailing Address 5740 Ballinard Lane	Transaction ID: SA11AI.6452
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	1083.26
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 / 27
	<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) F. Renfro	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 811 E Morehead Street Apt 3	Transaction ID: SA11AI.6352
	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: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Kathy Rhyne	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 1001 Pier Point Drive	Transaction ID: SA11AI.6308
	City State Zip Code Belmont NC 28012	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Craig D. Richardville	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 17235 Glassfield Drive	Transaction ID: SA11AI.6316
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	91.52
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 / 27
	<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 12 / 01 / 2008
	Mailing Address 6901 Foxglove Drive	Transaction ID: SA11AI.6347
	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 ▼ 2400.00	

B.	Full Name (Last, First, Middle Initial) Ms. Virginia Ellen Sheppard	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 5345 Hillingdon Road	Transaction ID: SA11AI.6336
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address P O Box 901	Transaction ID: SA11AI.6357
	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 ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	250.76
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 20 / 27
	<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) Keith A Smith	Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 2122 Dilworth Road West	Transaction ID: SA11AI.6446
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Attorney Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00	

B.	Full Name (Last, First, Middle Initial) Mr. Jody Jay Stock	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 3466 Blue Jay Path	Transaction ID: SA11AI.6330
	City State Zip Code Fort Mill SC 29708	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) John Sullivan	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 1722 Bellamy Circle	Transaction ID: SA11AI.6315
	City State Zip Code Albermarle NC 28001	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Health Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1341.52
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 / 27
	<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. Robin E Surane	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address PO Box 43	Transaction ID: SA11AI.6358
	City State Zip Code Cornelius NC 28031	Amount of Each Receipt this Period 23.28
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$23.28 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	

B.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 2137 Dilworth Road East	Transaction ID: SA11AI.6323
	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 ▼ 4800.00	

C.	Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 2524 Flint Grove Road	Transaction ID: SA11AI.6327
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	444.04
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 22 / 27
(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. David Thomas

Mailing Address 1609 Penderlea Lane

City State Zip Code
Matthews NC 28105

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 ▼
252.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2008

Transaction ID: SA11AI.6314

Amount of Each Receipt this Period
21.00

Payroll Deduction \$21 monthly

B. Full Name (Last, First, Middle Initial)
Ms. Laura J Thomas

Mailing Address 5019 Jarrell Court

City State Zip Code
Charlotte NC 28211

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2008

Transaction ID: SA11AI.6334

Amount of Each Receipt this Period
20.76

Payroll Deduction \$20.76 monthly

C. Full Name (Last, First, Middle Initial)
Mr. Dennie R Underwood

Mailing Address 18324 Turnberry Court

City State Zip Code
Davidson NC 28036

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2008

Transaction ID: SA11AI.6318

Amount of Each Receipt this Period
41.63

Payroll Deduction \$41.63 monthly

SUBTOTAL of Receipts This Page (optional) ► **83.39**

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 23 / 27
	<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 12 / 01 / 2008
	Mailing Address 4301 Morrowick Road	Transaction ID: SA11AI.6331
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 41.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.63 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 ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 9526 Greyson Ridge Drive	Transaction ID: SA11AI.6356
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.63 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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 6417 Seton House Lane	Transaction ID: SA11AI.6343
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 83.26
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.26 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 ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	166.52
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 / 27
	<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. Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 5522 Challis View Lane	Transaction ID: SA11AI.6337
	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 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	

B.	Full Name (Last, First, Middle Initial) Oren M Wyatt	Date of Receipt MM / DD / YYYY 12 / 19 / 2008
	Mailing Address 106 Pine Lake Drive	Transaction ID: SA11AI.6445
	City State Zip Code Kings Mountain NC 28086	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carolinas HealthCare System Administrator	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Zachary Zapack	Date of Receipt MM / DD / YYYY 12 / 01 / 2008
	Mailing Address 1800 Camden Road	Transaction ID: SA11AI.6317
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.63 monthly
	Name of Employer Occupation Carolinas HealthCare System Administrator	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	2566.63
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 25 / 27	
	(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"/> 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) Samuel H Zimmern, MD		Date of Receipt																					
	Mailing Address 3601 Knapdale Lane		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	6		2	0	0	8														
	City	State	Zip Code	Transaction ID: SA11AI.6448																				
Charlotte	NC	28226	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	<table border="1"> <tr> <td>C</td> </tr> </table>		C	<table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																		
C																								
250.00																								
Name of Employer Carolinas HealthCare System	Occupation Physician																							
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		<table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																			
250.00																								

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00
250.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"> <tr> <td>9990.56</td> </tr> </table>	9990.56
9990.56			

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 27
	(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"/> 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="11"/> <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.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.6360 Amount of Each Receipt this Period <input type="text" value="17.58"/> November 2008 Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="251.40"/>	

B.	Full Name (Last, First, Middle Initial) Wachovia Bank		Date of Receipt
	Mailing Address 401 S. Tryon Street		<input type="text" value="12"/> <input type="text" value="31"/> <input type="text" value="2008"/>
	City	State	Zip Code
	Charlotte	NC	28288
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.6386 Amount of Each Receipt this Period <input type="text" value="21.65"/> December 2008 Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="273.05"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="39.23"/>
TOTAL This Period (last page this line number only)	<input type="text" value="39.23"/>

**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 27 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

The Junior League of Raleigh Inc

Mailing Address 4020 Barrett Drive, #104

City Raleigh State NC Zip Code 27609

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB29.6384

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)