FEC FORM 3X	AN	EPORT (ND DISB Other Than	URSEM	ENTS	ee	c	ffice Use Only
1. NAME OF COMMITTEE (in fi		FEC MAILING I		ample:If typing er the lines	, type		
							S
ADDRESS (number and	street)	TTENTION: MA	RY ANN ROUS	E 			
Check if differ	ent 🖵	000 BLYTHE BO					
than previousl reported. (AC							28203 _ 2861
2. FEC IDENTIFICAT	ION NUMBER	₩	CITY 🛋		S	TATE 🛋	ZIPCODE
C00423871	• • • •		3. IS THIS REPOR		NEW N) OR	AME (A)	NDED
4. TYPE OF REPC (Choose One)	ORT	(b) Monthly Report Due On:	Feb 20 (M2		May 20 (M5)	Aug 20	Year Only) Dec 20 (M12)
(a) Quarterly Rep	orts:		Mar 20 (M3		Jun 20 (M6)	Sep 20	(M9) (Non-Election Year Only)
April 15 Quarterly July 15	Report(Q1)	(c) 12-Day	Apr 20 (M4	Primary (12P	Jul 20 (M7) ')	Oct 20 General (120	
October	Report(Q2) 15 Report(Q3)	PRE-Ele Report f		Convention (12C)	Special (120	a)
January			Election on				in the State of
July 31 N Report(N Year Onl	on-election	(d) 30-Day Post -E Report f		General (300	à)	Runoff (30R) Special (30S)
(TER)	on Report		Election on				in the State of
5. Covering Period	11	25 20	0 0 8	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 T	reasurer _	Mary Ann Rouse					
Signature of Treasurer	Electronicall	y Filed by Mary	Ann Rouse		Da	te 01	21 2009
NOTE : Submission of	alse, erroneous	s, or incomplete ir	formation may s	ubject the perso	on signing this	Report to the pe	enalties of 2 U.S.C 437g.
Office Use Only							FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

\	Write or Type Committee Name CHARLOTTE-MECKLENBURG HOSPITAL A FED PAC	UTHORITY/CAROLINAS HEALTHCA	ARE SYSTEM EMPLOYEES
I	Report Covering the Period: From:		: 12 D D Y Y Y Y 31 2008
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž00Š ^{Y Y}		102620.76
	(b) Cash on Hand at Begining 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	

X 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

FE6AN026

DETAILED SUMMARY PAGE

OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC ^M 1 1 2^D5 ^M ^M ^M [⊅]1 Μ D D 2008 2008 Report Covering the Period: From: To: **COLUMN A** COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 54055.05 9990.56 (i) Itemized (use Schedule A) 10.00 9160.31 (ii) Unitemized (iii) TOTAL (add 10000.56 63215.36 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 10000.56 63215.36 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 163.48 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 1350.00 Political Committees 17. Other Federal Receipts 39.23 273.05 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d),

10039.79

10039.79

65001.89

65001.89

20. Total Federal Receipts (subtract Line 18(c) from Line 19)

12, 13, 14, 15, 16, 17, and 18(c))

Image# 29990329088

DETAILED SUMMARY PAGE

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	0.00	
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
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
 Contributions to Federal Candidates/Committees and Other Political Committees 	0.00	54200.00
 Independent Expenditure (use Schedule E) 	0.00	0.00
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) 	0.00	0.00
(use Schedule F)	0.00	0.00
26. Loan Repayments Made		
 Loans Made Refunds of Contributions To: 	0.00	0.00
(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
 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
 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)	2000.00	E70E4.00
from Line 31)	3000.00	57254.38

Image# 29990329089

DETAILED SUMMARY PAGE

	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

FE6AN026

				FOR LINE NUMBER: PAGE 6/27				
	SCHEDULE A (FEC Form 3X)		eparate schedule(s)	(check only one)				
	ITEMIZED RECEIPTS		ch category of the ed Summary Page	X 11a 11b 11c 12				
			, ,	13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)							
	CHARLOTTE-MECKLENBURG HOSF	HCARE SYSTEM EMPLOYEES						
Α.	Full Name (Last, First, Middle Initial) Peter Acker	Date of Receipt						
	Mailing Address 816 East Park Drive		1 2 / D D / Y Y Y Y 1 2 0 0 9					
	City	State Zip C		Transaction ID: SA11AI.6453				
	LincoInton	NC 2809	92	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator						
	Receipt For: 2009	Aggregate Year-to-E	Date 🔻	1				
	Primary X General			1				
	Other (specify)	0 0 0	250.00					
в.	Full Name (Last, First, Middle Initial) Mr. George E Battle			Date of Receipt				
	Mailing Address 11516 Fox Hill Drive			M M / D D / Y Y Y Y 12 01 2008				
	City	State Zip C	Code	Transaction ID: SA11AI.6311				
	Charlotte	NC 2826	69	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		20.76				
	Name of Employer CarolinasHealthCareSystem	Occupation ATTY		 Payroll Deduction \$20.76 monthly 				
	Receipt For: 2008	Aggregate Year-to-E	Date 🔻					
	Primary X General		250.00	1				
	Other (specify)	0 0 0 0	250.00					
C.	Full Name (Last, First, Middle Initial) Dr. Herbert L Bonkovsky			Date of Receipt				
	Mailing Address 2214 Cumberland Roa	ıd		M M / D D / Y Y Y Y 12 01 2008				
	City	State Zip C	Code	Transaction ID: SA11AI.6324				
	Charlotte	NC 2820	03	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS		Payroll Deduction \$50 mon- thly				
	Receipt For: 2008	Aggregate Year-to-E	Date 🔻	1				
	Primary X General Other (specify) ▼		600.00					
				320.76				
	SUBTOTAL of Receipts This Page (optional)		••••••	320.70				
	TOTAL This Period (last page this line number	only)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 27 (check only one) 11a X 11a 11b 13 14 15 16 17
		Statements may not be sold or used by any pers e name and address of any political committee to PITAL AUTHORITY/CAROLINAS HEAL	o solicit contributions from such committee.
Α.	FED PAC Full Name (Last, First, Middle Initial) Mr. Jerry L Bryson Mailing Address 6503 Elfreda Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NC 28270	Date of Receipt M M / D D / Y Y Y Y 1 2 0 1 2 0 0 8 Transaction ID: SA11AI.6344 Amount of Each Receipt this Period 20.76 Payroll Deduction \$20.76
	Name of Employer CarolinasHealthCareSystem Receipt For: 2008 Primary X General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 250.00	mónthly
в.	Full Name (Last, First, Middle Initial) Mr. Stephen C Burr Mailing Address 203 Eslynn Road	•	Date of Receipt
	City Mount Holly	State Zip Code NC 28120	Transaction ID: SA11AI.6322 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.76 Payroll Deduction \$20.76
	Name of Employer CarolinasHealthCareSystem Receipt For: 2008	Occupation ADMIN	monthly
	Primary X General Other (specify)	Aggregate Year-to-Date 250.00]
с.	Full Name (Last, First, Middle Initial) Mr. Augie M Campanello Mailing Address 1900 Scott Avenue	•	Date of Receipt
	City	State Zip Code	1 2 0 1 2 0 0 8 Transaction ID: SA11AI.6319
	Charlotte FEC ID number of contributing	NC 28203	Amount of Each Receipt this Period
	federal political committee.		20.76 Payroll Deduction \$20.76
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	monthly
	Receipt For: 2008 Primary X 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)			FOR LINE NUMBER: PAGE 8/27			
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
	II EIMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
		-1		13 14 15 16 17			
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma name and ad	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	CHARLOTTE-MECKLENBURG HOSPI	HCARE SYSTEM EMPLOYEES					
Α.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee	Mr. Jack F Chamblee					
	Mailing Address PO Box 550934	12 / D D / Y Y Y Y 12 01 2008					
	City	State	Zip Code	Transaction ID: SA11AI.6359			
	<u>Gastonia</u>	NC	28055-0934	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		35.00			
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$35 mon- thly			
	Receipt For: 2008		e Year-to-Date V	-1			
	Primary X General	Aggregat		1			
	Other (specify)	0 0	420.00				
в.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita			Date of Receipt			
	Mailing Address 2501 Sedley Road			M M / D D / Y Y Y Y 12 01 2008			
	City	State	Zip Code	Transaction ID: SA11AI.6326			
	Charlotte	NC	28211	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		83.26			
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$83.26 monthly			
	Receipt For: 2008	-	e Year-to-Date 🔻	-			
	Primary X General	, iggi oguit		1			
	Other (specify)	0 0	1000.00				
С.	Full Name (Last, First, Middle Initial) David L Dunlap			Date of Receipt			
	Mailing Address 54 Picard Way			M M / D D / Y Y Y Y 12 18 2008			
	City	State	Zip Code	Transaction ID: SA11AI.6451			
	Charleston	SC	29412	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Carolinas HealthCare Syst-	Occupatio Administ					
	em Receipt For: 2009		e Year-to-Date V	-			
	Primary X General	33 - 34		1			
	Other (specify) v	0.0	1000.00				
	SUBTOTAL of Receipts This Page (optional)			1118.26			
			······				
	TOTAL This Period (last page this line number of	only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/27 (check only one) 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	HCARE SYSTEM EMPLOYEES					
Α.	Full Name (Last, First, Middle Initial) David Ellerbe	Date of Receipt					
	Mailing Address 2610 Tanglewood Lane	12 01 Y Y Y Y 12 01 2008					
	City	State	Zip Code	Transaction ID: SA11AI.6329			
		NC	28211	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.76 Payroll Deduction \$20.76			
	Name of Employer Carolinas HealthCare Syst- em	Occupatio ADMIN	n	monthly			
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼	0 0	250.00]			
В.	Full Name (Last, First, Middle Initial) Dr. Leonard G Feld			Date of Receipt			
	Mailing Address 11310 Ballantyne Cross	M M / D D / Y Y Y Y 12 01 2008					
	City	State	Zip Code	Transaction ID: SA11AI.6310			
	Charlotte	NC	28277	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.76			
	Name of Employer CarolinasHealthCareSystem	Occupatio PHYS	n	 Payroll Deduction \$20.76 monthly 			
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	_			
	Other (specify) ▼	0 0	250.00]			
C.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford			Date of Receipt			
	Mailing Address 6836 Alexander Road			M M / D D / Y Y Y Y 12 01 2008			
	City	State	Zip Code	Transaction ID: SA11AI.6346			
	<u>Charlotte</u>	NC	28270	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		83.26 Payroll Deduction \$83.26			
	Name of Employer CarolinasHealthCareSystem	Occupatio PHYS		monthly			
	Receipt For: 2008 Primary X General	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼	0.0	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	FOR LINE NUMBER: PAGE 10 / 27 (check only one)		
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI FED PAC	CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTH				
Α.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt				
	Mailing Address 1320 Fillmore Avenue #	Mailing Address 1320 Fillmore Avenue #413				
	City <u>Charlotte</u>	State NC	Zip Code 28203	Transaction ID: SA11AI.6312		
	FEC ID number of contributing federal political committee.	C	20203	Amount of Each Receipt this Period 416.63		
	Name of Employer CarolinasHealthCareSystem	Occupatio	n	Payroll Deduction \$416.63 monthly		
	Receipt For: 2008	ADMIN Aggregate	e Year-to-Date 🔻			
	Primary X General Other (specify) ▼		5000.00]		
в.	Full Name (Last, First, Middle Initial) Mr. Clark E Goodwin			Date of Receipt		
	Mailing Address 6028 Alexa Road		12 01 YYYY 12 01			
	City	State	Zip Code	Transaction ID: SA11AI.6341		
	<u>Charlotte</u>	NC	28277	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		20.76 Payroll Deduction \$20.76		
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	monthly		
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻			
	Primary X General Other (specify) ▼	0 0	250.00]		
C.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy			Date of Receipt		
	Mailing Address 8044 Silver Jade Drive			M M / D D / Y Y Y Y 12 01 2008		
	City	State NC	Zip Code	Transaction ID: SA11AI.6351		
	Denver FEC ID number of contributing federal political committee.	C	28037	Amount of Each Receipt this Period 41.63		
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$41.63 monthly		
	Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date 500.00			
	I SUBTOTAL of Receipts This Page (optional)		b	479.02		
	TOTAL This Period (last page this line number o		r			

				FOR LINE NUMBER: PAGE 11/27
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
г			, ,	13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may name and ado	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
ľ				
	CHARLOTTE-MECKLENBURG HOSPI	HCARE SYSTEM EMPLOYEES		
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas E Hassett	Date of Receipt		
	Mailing Address 7733 Compton Court	12 01 Y Y Y Y 12008		
	City	State	Zip Code	Transaction ID: SA11AI.6350
	<u>Charlotte</u>	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing	С		41.63
	federal political committee.			
	Name of Employer	Occupation	n	Payroll Deduction \$41.63
	CarolinasHealthCareSystem	ADMIN		
	Receipt For: 2008	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		500.00	
		0 0	0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Dr. Robert V Higgins			Date of Receipt
	Mailing Address 7112 Fairway Vista Driv			
		Ctoto	Zin Code	12 01 2008
	City Charlotte	State NC	Zip Code 28226	Transaction ID: SA11AI.6348
			20220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
		Onervention		Payroll Deduction \$25 mon-
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS	1	thlý
	Receipt For: 2008		Year-to-Date 🔻	_
	Primary X General			1
	Other (specify) 🔻	0 0	300.00	
с.	Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer			Date of Receipt
υ.	Mailing Address 8304 Indigo Row			M M / D D / Y Y Y Y
				12 01 2008
	City	State	Zip Code	Transaction ID: SA11AI.6354
	Charlotte	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.76
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$20.76 monthly
	Receipt For: 2008	Aggregate	Year-to-Date V	
	Primary X General		250.00	
	Other (specify)	0 0		1
[87.39
	SUBTOTAL of Receipts This Page (optional)		••••••	
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/27 (check only one) 11a X 11a 11b 13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTH					
Α.	Full Name (Last, First, Middle Initial) Mr. W. Christopher Johnson	Date of Receipt					
	Mailing Address 445 Forest Hill Circle	1 2 0 1 2 0 0 8					
	City Rutherfordton	State NC	Zip Code 28139	Transaction ID: SA11AI.6332			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period			
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$20.76 monthly			
	Receipt For: 2008 Primary X Other (specify)	Aggregate	e Year-to-Date 250.00]			
В.	Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney Mailing Address 2316 Vail Avenue	I		Date of Receipt			
	City	State	Zip Code	Transaction ID: SA11AI.6325			
	<u>Charlotte</u>	NC	28207	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	 Payroll Deduction \$25 mon- thly 			
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻				
	Other (specify)	0 0	300.00]			
C.	Full Name (Last, First, Middle Initial) Mr. Robert M Keener	1		Date of Receipt			
	Mailing Address 625 Club Drive			12 / D D / Y Y Y Y 12 01			
	City	State	Zip Code	Transaction ID: SA11AI.6342			
	Stanley FEC ID number of contributing federal political committee.	NC C	28164	Amount of Each Receipt this Period 25.00			
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$25 mon- thly			
	Receipt For: 2008 Primary X Other (specify)	Aggregate	e Year-to-Date V 300.00]			
	SUBTOTAL of Receipts This Page (optional)			70.76			
	TOTAL This Period (last page this line number	only)					

			[r
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/27
	· · ·		for each category of the Detailed Summary Page	(check only one)
- 11	EMIZED RECEIPTS			X 11a 11b 11c 12
A	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
$ \rangle$				
	CHARLOTTE-MECKLENBURG HOSPI			
Α.	Full Name (Last, First, Middle Initial) Scott Kerr	Date of Receipt		
	Mailing Address 2027 Ferncliff Road	12 01 YYYY 12008		
	City State Zip Code			Transaction ID: SA11AI.6320
	Charlotte	NC	28211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer	Occupatio	n	Payroll Deduction \$25 mon- thly
	Carolinas HealthCare Syst- em	Administ	rator	,
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	
	Primary X General		200.00	1
	Other (specify)	0 0	300.00	
— В.	Full Name (Last, First, Middle Initial) Mr. John J Knox			Date of Receipt
	Mailing Address 6530 Boykin Spaniel Ro	ad		M M / D D / Y Y Y Y
				12 01 2008
	City	State	Zip Code	Transaction ID: SA11AI.6345
	Charlotte	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.63
	Name of Employer	Occupatio	n	Payroll Deduction \$41.63
	CarolinasHealthCareSystem	ADMIN		monthly
	Receipt For: 2008	1	e Year-to-Date 🔻	_
	Primary X General	Aggregate		1
	Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial)			
C.	Mr. Frank S Letherby			Date of Receipt
	Mailing Address 5234 Lancelot Drive			1 2 0 1 Y Y Y Y 1 2 0 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.6335
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing	C		20.76
	federal political committee.			
	Name of Employer CarolinasHealthCareSystem	Occupatio	n	Payroll Deduction \$20.76 monthly
		ADMIN		-1
	Receipt For: 2008 Primary X General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		250.00	
		<u> </u>	0 0 0 0 0 0 0	1
			_	87.39
	UBTOTAL of Receipts This Page (optional)		•	-
т	OTAL This Period (last page this line number or	nly)		

				t
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/27
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
-			, ,	13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	on for the purpose of soliciting contributions oslicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSP	ITAL AUTH	IORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
A.	, Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	Date of Receipt		
	Mailing Address 9306 Copans Glen Lar	M M / D D / Y Y Y Y 12 01 2008		
	City	State	Zip Code	Transaction ID: SA11AI.6355
	Huntersville	NC	28078	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		83.26
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	on	Payroll Deduction \$83.26 monthly
	Receipt For: 2008		e Year-to-Date 🔻	-
	Primary X General	<u>99</u> . ogut		1
	Other (specify)		1000.00	1
В.	Full Name (Last, First, Middle Initial) Ms. Donna Lockhart			Date of Receipt
	Mailing Address 5523 Challis View Land	9		M M / D D / Y Y Y Y Y 12 01 2008
	City	State	Zip Code	Transaction ID: SA11AI.6338
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing	С		20.76
	federal political committee.			
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	on	Payroll Deduction \$20.76 monthly
	Receipt For: 2008	- I		
	Primary X General	Aggregat	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00	
- C.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt			Date of Receipt
0.	Mailing Address 826 Berkeley Avenue			
				12 01 2008
	City	State	Zip Code	Transaction ID: SA11AI.6353
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing	<u> </u>		166.63
	federal political committee.	C		
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	on	Payroll Deduction \$166.63 monthly
	Receipt For: 2008		e Year-to-Date 🔻	-
	Primary X General	, iggi ogui		1
	Other (specify)	0 0	2000.00	
[270.65
ļ	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	only)		

SCHEDULE	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/27 (check only one) I1a 11b 11c 12 I 13 14 15 16 17
Any information co or for commercial p	pied from such Reports and St purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
	MMITTEE (In Full)			
CHARLOTTE	-MECKLENBURG HOSP	HCARE SYSTEM EMPLOYEES		
A. Dr. Charles P Mo	,	Date of Receipt		
Mailing Address	4735 Parview Drive	12 01 2008		
City		State	Zip Code	Transaction ID: SA11AI.6333
<u>Charlotte</u>		NC	28226	Amount of Each Receipt this Period
FEC ID number federal political		С		25.00
Name of Emplo Carolinas Healt em	yer hCare Syst-	Occupatio PHYS	n	Payroll Deduction \$25 mon- thly
Receipt For:	2008	Aggregate	e Year-to-Date 🔻	_
Other (sp	X General ecify) ▼	0 0	420.00]
Full Name (Last B. Mr. Russell W M	t, First, Middle Initial) loore			Date of Receipt
Mailing Address	5 15731 Pine Street			M M / D D / Y Y Y Y Y 12 01 2008
City		State	Zip Code	Transaction ID: SA11AI.6313
Huntersville	6	NC	28078	Amount of Each Receipt this Period
FEC ID number federal political		C		41.63 Payroll Deduction \$41.63
Name of Emplo CarolinasHealth	yer iCareSystem	Occupatio ADMIN	n	monthly
Receipt For: Primary	2008 X General	Aggregate	e Year-to-Date 🔻	_
Other (sp		0 0	500.00	
Full Name (Last Scott Moroney	t, First, Middle Initial)			Date of Receipt
Mailing Address	5 7255 Willow Brook Cou	urt		M M / D D / Y Y Y Y Y 12 01 2008
City		State	Zip Code	Transaction ID: SA11AI.6349
<u>Denver</u>	r of contribution	NC	28037	Amount of Each Receipt this Period
FEC ID number federal political		C		25.00
Name of Emplo Carolinas Healt em	hCare Syst-	Occupatio Administ		Payroll Deduction \$25 mon- thly
Receipt For:	2008	Aggregate	e Year-to-Date 🔻	
Other (sp	X General ecify) ▼	0 0	300.00	
SUBTOTAL of R	eceipts This Page (optional)		•	91.63
	od (last page this line number of		-	

	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 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTHORITY/CAROLINAS HEALTH	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Mr. James C Olsen		Date of Receipt
	Mailing Address 5900 Summerston Pla	ce	M M / D D / Y Y Y Y 12 01 2008
	City	State Zip Code	Transaction ID: SA11AI.6340
	Charlotte	NC 28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	 Payroll Deduction \$100 mo- nthly
	Receipt For: 2008	Aggregate Year-to-Date	
	 Primary X General Other (specify) ▼ 	1200.00	
В.	Full Name (Last, First, Middle Initial) Mr. Dennis Phillips		Date of Receipt
	Mailing Address 4310 4th Street Circle	NW	M M / D D / Y Y Y Y 12 19 2008
	City	State Zip Code	Transaction ID: SA11AI.6449
	Hickory	NC 28601-9021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administration	
	Receipt For: 2009	Aggregate Year-to-Date	
	Primary X General Other (specify) ▼	500.00	
C.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	1	Date of Receipt
	Mailing Address 2028 Hopedale Avenue	9	12 01 2008
	City	State Zip Code	Transaction ID: SA11AI.6321
		NC 28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		400.00 Payroll Deduction \$400 mo-
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	nthly
	Receipt For: 2008 Primary X General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	4800.00	
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1000.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 27 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	solicit contributions from such committee.	
A .	Full Name (Last, First, Middle Initial) Mr. Roger A Ray, MD Mailing Address 11029 Lederer Ave City	State Zip Code	Date of Receipt
	Charlotte FEC ID number of contributing federal political committee.	NC 28277	Amount of Each Receipt this Period
	Name of Employer CarolinasHealthCareSystem Receipt For: 2008 Primary X General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 4000.00	Payroll Deduction \$333.26 monthly
В.	Full Name (Last, First, Middle Initial) Lawrence W Raymond Mailing Address 5740 Ballinard Lane		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.6328
	Charlotte	NC 28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00 Payroll Deduction \$50 mon-
	Name of Employer Carolinas HealthCare Syst- em	Occupation Physician	thly
	Receipt For: 2008 Primary X General Other (specify) ♥	Aggregate Year-to-Date ▼ 600.00]
с.	Full Name (Last, First, Middle Initial) Lawrence W Raymond		Date of Receipt
	Mailing Address 5740 Ballinard Lane		M M / D D / Y Y Y Y Y 12 09 2008
	City	State Zip Code	Transaction ID: SA11AI.6452
	Charlotte FEC ID number of contributing federal political committee.	NC 28277	Amount of Each Receipt this Period 700.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation Physician	
	Receipt For: 2009 Primary X General 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: PAGE 18 / 27 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHO			
А.	Full Name (Last, First, Middle Initial) F. Renfro			Date of Receipt	
	Mailing Address 811 E Morehead Street	t Apt 3		M M / D D / Y Y Y Y 12 01 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6352	
	Charlotte	NC	28202	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Administ		Payroll Deduction \$50 mon- thly	
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻		
	Other (specify)	0 0	600.00]	
в.	Full Name (Last, First, Middle Initial) Kathy Rhyne			Date of Receipt	
	Mailing Address 1001 Pier Point Drive			M M / D D / Y Y Y Y 12 01 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6308	
	Belmont	NC	28012	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.76 Payroll Deduction \$20.76	
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Administ		monthly	
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻		
	Primary X General Other (specify) ▼	0 0	250.00		
C.	Full Name (Last, First, Middle Initial) Mr. Craig D. Richardville			Date of Receipt	
	Mailing Address 17235 Glassfield Drive	!		M M / D D / Y Y Y Y 12 01 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6316	
	Huntersville	NC	28078	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.76 Payroll Deduction \$20.76	
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN		monthly	
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻		
	Primary X General Other (specify) ▼	0 0	250.00		
	SUBTOTAL of Receipts This Page (optional)			91.52	
	TOTAL This Period (last page this line number of	only)			

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 27 (check only one)			
	ITEMIZED RECEIPTS		for each category of the	\overline{X} 11a $\overline{\Box}$ 11b $\overline{\Box}$ 11c $\overline{\Box}$ 12			
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)					
	CHARLOTTE-MECKLENBURG HOSP	HCARE SYSTEM EMPLOYEES					
Α.	Full Name (Last, First, Middle Initial) Mr. Michael L Rose	Date of Receipt					
	Mailing Address 6901 Foxglove Drive	1 2 0 1 / Y Y Y Y 1 2 0 1 2 0 0 8					
	City State Zip Code			Transaction ID: SA11AI.6347			
	Charlotte	NC	28226	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$200 mo- nthly			
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	1			
	Primary X General Other (specify) ▼		2400.00				
B.	Full Name (Last, First, Middle Initial) Ms. Virginia Ellen Sheppard			Date of Receipt			
	Mailing Address 5345 Hillingdon Road			M M / D D / Y Y Y Y 12 01 2008			
	City	State	Zip Code	Transaction ID: SA11AI.6336			
	Charlotte	NC	28226	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.76			
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$20.76 monthly			
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻				
	Primary X General			1			
	Other (specify)	0 0	250.00				
с.	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt			Date of Receipt			
	Mailing Address P O Box 901			12 / D D / Y Y Y Y 12 / 01 / 2008			
	City	State	Zip Code	Transaction ID: SA11AI.6357			
	Troutman	NC	28166	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$30 mon- thly			
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻				
	Primary X General Other (specify) ▼		360.00]			
	SUBTOTAL of Receipts This Page (optional)	I		250.76			
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X))	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 27 (check only one) 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may r the name and addre	not be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTH			
Α.	Full Name (Last, First, Middle Initial) Keith A Smith	Date of Receipt			
	Mailing Address 2122 Dilworth Road	1 1 / D D / Y Y Y Y 1 1 1 2 5 2 0 0 8			
	City	State	Zip Code	Transaction ID: SA11AI.6446	
	Charlotte	NC	28203	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1300.00	
	Name of Employer Carolinas HealthCare Syst- em	Occupation Attorney			
	Receipt For: 2009	Aggregate Y	Year-to-Date 🔻		
	Primary X General Other (specify) ▼	0 0 0	1300.00]	
B.	Full Name (Last, First, Middle Initial) Mr. Jody Jay Stock			Date of Receipt	
	Mailing Address 3466 Blue Jay Path			M + M / D + D / Y	
	City	State	Zip Code	Transaction ID: SA11AI.6330	
	Fort Mill	SC	29708	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		20.76	
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$20.76 monthly	
	Receipt For: 2008	Aggregate Y	Year-to-Date 🔻	_	
	Primary X General Other (specify) ▼	0 0	250.00]	
C.	Full Name (Last, First, Middle Initial) John Sullivan			Date of Receipt	
	Mailing Address 1722 Bellamy Circle			M + M / D + D / Y + Y + Y Y 1 2 0 1 2 0 0 8 2 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.6315	
	Albermarle	NC	28001	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		20.76	
	Name of Employer Carolinas HealthCare Syst- em	Occupation Health Adr	ministrator	Payroll Deduction \$20.76 monthly	
	Receipt For: 2008	Aggregate Y	Year-to-Date 🔻	_	
	Primary X General Other (specify) ▼	0 0	250.00]	
	SUBTOTAL of Receipts This Page (optional))	•	1341.52	
		·	•		
	TOTAL This Period (last page this line numb	per only)			

	SCHEDULE A (FEC Form 3X)	FOR LINE NUMBER: PAGE 21 / 27			
	•		(check only one)			
	ITEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12			
		Detailed Summary Page				
[Any information conied from such Penerte and	A Statements may not be cald or yead by any nore				
	or for commercial purposes other than using t	I Statements may not be sold or used by any pers	o solicit contributions from such committee			
		r for commercial purposes, other than using the name and address of any political committee to s				
	NAME OF COMMITTEE (In Full)					
		CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTH				
	/ FED PAC					
	Full Name (Last, First, Middle Initial)					
Α.	Ms. Robin E Surane	Date of Receipt				
	Mailing Address PO Box 43	M M / D D / Y Y Y Y				
		12 01 2008				
	City	State Zip Code	Transaction ID: SA11AI.6358			
	Cornelius	NC 28031	Amount of Each Receipt this Period			
	FEC ID number of contributing	С	23.28			
	federal political committee.					
	Name of Employer	Occupation	Payroll Deduction \$23.28			
	CarolinasHealthCareSystem	ADMIN	monthly			
	-					
	Receipt For: 2008	Aggregate Year-to-Date				
	Primary X General	210.00				
	Other (specify) 🔻	210.00				
-	Full Name (Last, First, Middle Initial)					
В.	Mr. Michael C Tarwater		Date of Receipt			
	Mailing Address 2137 Dilworth Road	Fast	M M / D D / Y Y Y Y			
	City	State Zip Code	<u>12</u> 01 <u>2008</u> Transaction ID: SA11AI.6323			
	Charlotte	· · · ·				
	Chanolle	NC 28203	Amount of Each Receipt this Period			
	FEC ID number of contributing	C	400.00			
	federal political committee.					
		Quantitat	Payroll Deduction \$400 mo-			
	Name of Employer CarolinasHealthCareSystem	Occupation	nthly			
	····	ADMIN				
	Receipt For: 2008	Aggregate Year-to-Date 🔻				
	Receipt For: 2008 Primary X General					
		Aggregate Year-to-Date ▼ 4800.00				
	Primary X General					
-	Primary X General Other (specify) ▼					
с.	Primary X General		Date of Receipt			
C.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger	4800.00				
С.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial)	4800.00	Date of Receipt			
C.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro	ad	M M / D D / Y Y Y Y 12 / 01 / 2008			
C.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City	ad State Zip Code	M / D / Y			
с.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte	ad	M M / D D / Y Y Y Y 12 / 01 / 2008			
с.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing	ad State Zip Code NC 28226	M M / D D / Y Y Y Y 1 2 0 1 / Y			
с.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte	ad State Zip Code	M / D / Y			
C.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing federal political committee.	ad State Zip Code NC 28226	M M / D 0 Y			
C.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing federal political committee.	ad State Zip Code NC 28226 C Occupation	M M / D D / Y			
C.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem	ad State Zip Code NC 28226 C Occupation PHYS	M M / D 0 Y			
C.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2008	ad State Zip Code NC 28226 C Occupation	M M / D 0 Y			
C.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2008 Primary X General	ad State Zip Code NC 28226 C Occupation PHYS Aggregate Year-to-Date ▼	M M / D 0 Y			
C.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2008	ad State Zip Code NC 28226 C Occupation PHYS	M M / D 0 Y			
C.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2008 Primary X General	ad State Zip Code NC 28226 C Occupation PHYS Aggregate Year-to-Date ▼	M M / D 0 Y			
C.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2008 Primary X General	ad State Zip Code NC 28226 C Occupation PHYS Aggregate Year-to-Date ▼	M M / D / Y			
C.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2008 Primary X General Other (specify) ▼	ad State Zip Code NC 28226 C Occupation PHYS Aggregate Year-to-Date ▼ 250.00	M M / D / Y			
C.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2008 Primary X General	ad State Zip Code NC 28226 C Occupation PHYS Aggregate Year-to-Date ▼ 250.00	M M / D / Y			
C.	Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2008 Primary X General Other (specify) ▼	ad State Zip Code NC 28226 C Occupation PHYS Aggregate Year-to-Date ▼ 250.00	M M / D / Y			

	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) 11a X 11a 11b 11c 12 13 14 15 16 17
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	HCARE SYSTEM EMPLOYEES	
۷ A.	Full Name (Last, First, Middle Initial) Mr. David Thomas		Date of Receipt
	Mailing Address 1609 Penderlea Lane		12 / D D / Y Y Y Y 12 / 01 / 2008
	City	State Zip Code	Transaction ID: SA11AI.6314
	Matthews	NC 28105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		21.00 Payroll Deduction \$21 mon-
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	thly
	Receipt For: 2008	Aggregate Year-to-Date ▼	-
	Primary X General Other (specify) ▼	252.00	
- B.	Full Name (Last, First, Middle Initial) Ms. Laura J Thomas	I	Date of Receipt
	Mailing Address 5019 Jarrell Court		M M / D D / Y Y Y Y 12 01 2008
	City	State Zip Code	Transaction ID: SA11AI.6334
	Charlotte	NC 28211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.76
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.76 monthly
	Receipt For: 2008	Aggregate Year-to-Date ▼	
	Primary X General Other (specify) ▼	250.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood	1	Date of Receipt
	Mailing Address 18324 Turnberry Cour	t	M M / D D / Y Y Y Y 12 01 2008
	City	State Zip Code	Transaction ID: SA11AI.6318
	Davidson	NC 28036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		41.63
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.63 monthly
	Receipt For: 2008	Aggregate Year-to-Date V	
	Primary X General Other (specify) ▼	500.00	
ſ	SUBTOTAL of Receipts This Page (optional)		83.39
F	SUBTUTAL OF DECEIPTS THIS Page (optional)	•	
	TOTAL This Period (last page this line number	only)	

		г				
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23/27		
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)		
г				13 14 15 16 17		
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
ĺ	NAME OF COMMITTEE (In Full)					
	CHARLOTTE-MECKLENBURG HOSP	CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTH				
Α.	Full Name (Last, First, Middle Initial) Mr. Stephen L Wagner	Date of Receipt				
	Mailing Address 4301 Morrowick Road	1 2 / D D / Y Y Y Y 1 2 0 0 1 2 0 0 8				
	City State Zip Code			Transaction ID: SA11AI.6331		
	Charlotte	NC	28226	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		41.63		
				Payroll Deduction \$41.63		
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	monthly		
	Receipt For: 2008	Aggregate	Year-to-Date V			
	Primary X General	, iggi oguto		1		
	Other (specify)	0 0	500.00			
B.	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton			Date of Receipt		
	Mailing Address 9526 Greyson Ridge D	M M / D D / Y Y Y Y 12 01 2008				
	City	State	Zip Code	Transaction ID: SA11AI.6356		
	Charlotte	NC	28277	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		41.63		
	Name of Employer	Occupation	1	Payroll Deduction \$41.63		
	CarolinasHealthCareSystem	ADMIN		monuny		
	Receipt For: 2008	r I	Year-to-Date V	_		
	Primary X General	riggregate				
	Other (specify)	0 0	500.00			
	Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins	1		Date of Receipt		
C.	Mir. Robert H Wiggins Mailing Address 6417 Seton House Lan			· · · · · · · · · · · · · · · · · · ·		
	Maining Address 6417 Selon House Lan	le		1 2 0 1 Y Y Y Y 1 2 0 1 2 0 0 8		
	City	State	Zip Code	Transaction ID: SA11AI.6343		
	Charlotte	NC	28277	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		83.26		
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	Payroll Deduction \$83.26 monthly		
	Receipt For: 2008	Aggregate	Year-to-Date 🔻			
	Primary X General					
	Other (specify)	0 0	1000.00			
	SUBTOTAL of Receipts This Page (optional)	I		166.52		
ŀ						
	TOTAL This Period (last page this line number of	only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 27 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	on for the purpose of soliciting contributions oscilicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones	Date of Receipt		
	Mailing Address 5522 Challis View La	ne		12 / D D / Y Y Y Y 12 01 2008
	City	State	Zip Code	Transaction ID: SA11AI.6337
	<u>Charlotte</u>	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00 Payroll Deduction \$150 mo-
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	nthly
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) T	0 0	1800.00]
в.	Full Name (Last, First, Middle Initial) Oren M Wyatt			Date of Receipt
	Mailing Address 106 Pine Lake Drive			M M / D D / Y Y Y Y 12 19 2008
	City	State	Zip Code	Transaction ID: SA11AI.6445
	Kings Mountain	NC	28086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administ		
	Receipt For: 2009	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) T	0 0	2000.00]
С.	Full Name (Last, First, Middle Initial) Zachary Zapack	_		Date of Receipt
	Mailing Address 1800 Camden Road			M + M / D + D / Y + Y + Y Y 1 2 0 1 2 0 0 8 2
	City	State	Zip Code	Transaction ID: SA11AI.6317
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.63
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administ		Payroll Deduction \$416.63 monthly
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) Image: Control of the specify in the specific s	0 0	5000.00]
	SUBTOTAL of Receipts This Page (optional).			2566.63
	TOTAL This Period (last page this line numbe			

Α.

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) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to se	for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	CARE SYSTEM EMPLOYEES	
Full Name (Last, First, Middle Initial) Samuel H Zimmern, MD		Date of Receipt
Mailing Address 3601 Knapdale Lane		12 / D D / Y Y Y Y 16 2008
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.	C	250.00
Name of Employer Carolinas HealthCare Syst- em	Occupation Physician	
Receipt For: 2009 Primary X General Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	►	250.00
TOTAL This Period (last page this line number only)	►	9990.56

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 26/27 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions		
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC					
Α.	Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address 401 S. Tryon Street			Date of Receipt		
	City <u>Charlotte</u> FEC ID number of contributing	State NC	Zip Code 28288	Transaction ID: SA17.6360 Amount of Each Receipt this Period		
	federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	C Occupatio Aggregate	n e Year-to-Date ▼ 251.40	November 2008 Interest		
В.	Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address 401 S. Tryon Street	Date of Receipt				
	City	State	Zip Code	Transaction ID: SA17.6386		
	Charlotte FEC ID number of contributing federal political committee.	NC C	28288	Amount of Each Receipt this Period		
	Name of Employer	Occupatio	n	December 2008 Interest		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 273.05]		

SUBTOTAL of Receipts This Page (optional)	►	39.23
TOTAL This Period (last page this line number only)	▶	39.23

		CHEDULE B (FEC Form 3 EMIZED DISBURSEMEN		for each	arate schedule(s) category of the Summary Page	FOR LINE (check onl 21b 27	NUMBER: PAGE 27 / 27 y one) 22 23 24 25 26 28a 28b 28c X 29 30b
		y Information copied from such Reports a or commercial purposes, other than usin					for the purpose of soliciting contributions licit contributions from such committee
		NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H FED PAC	OSPITAL	AUTHO	RITY/CAROLII	NAS HEALTH	CARE SYSTEM EMPLOYEES
Α.							Transaction ID: SB29.6384 Date of Disbursement 12 0 0 8 / Y Y Y Y
		Mailing Address 4020 Barrett Dri City Raleigh	S	State	Zip Code 27609		Amount of Each Disbursement this Period
		Purpose of Disbursement Advertising				004	3000.00
		Candidate Name				Category/ Type	
		Office Sought: House Senate	Disburser	Primary	General		
		State: District:		Other (spe	ecity) 🔻		

	SUBTOTAL of Disbursements This Page (optional)	•	3000.00
	TOTAL This Period (last page this line number only)	►	3000.00
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)