

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** CITY STATE ZIP CODE

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 11 28 2006 through 12 31 2006

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 08 2007

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							
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**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	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	6									
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">40397.68</td></tr></table>	40397.68										
40397.68												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">12623.60</td></tr></table>	12623.60	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">65577.48</td></tr></table>	65577.48								
12623.60												
65577.48												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">53021.28</td></tr></table>	53021.28	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">65577.48</td></tr></table>	65577.48								
53021.28												
65577.48												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">37.92</td></tr></table>	37.92	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">12594.12</td></tr></table>	12594.12								
37.92												
12594.12												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">52983.36</td></tr></table>	52983.36	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">52983.36</td></tr></table>	52983.36								
52983.36												
52983.36												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
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	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	12078.65	56370.53
(i) Itemized (use Schedule A)		
(ii) Unitemized	490.75	8939.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12569.40	65310.02
(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)	12569.40	65310.02
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)	37.92	244.12
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	16.28	23.34
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))	12623.60	65577.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12623.60	65577.48

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	37.92	244.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	37.92	244.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	1850.00
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))..	37.92	12594.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	37.92	12594.12

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12569.40	65310.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12569.40	65310.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	37.92	244.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	37.92	244.12
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<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 Mailing Address 816 East Park Drive City State Zip Code Lincolnton NC 28092 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: SA11A1.4628 Amount of Each Receipt this Period 250.00
Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2007 <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) George Battle, III Mailing Address 11516 Fox Hill Drive City State Zip Code Charlotte NC 28269 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.4571 Amount of Each Receipt this Period 41.65 Payroll Deduction \$41.65 monthly
Name of Employer: Carolinas HealthCare System Occupation: Attorney Receipt For: 2006 <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) Jerry Bryson Mailing Address 6503 Elfreda Rd. City State Zip Code Charlotte NC 28270 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.4599 Amount of Each Receipt this Period 41.65 Payroll Deduction \$41.65 monthly
Name of Employer: Carolinas HealthCare System Occupation: Hospital Administration Receipt For: 2006 <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)	333.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 22
	<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

Full Name (Last, First, Middle Initial) A. Jack Chamblee, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2566 Shannon Drive		Transaction ID: SA11A1.4583	
City State Zip Code Belmont NC 28012		Amount of Each Receipt this Period 41.65	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$41.65 monthly	
Name of Employer Carolinas HealthCare System		Occupation Architect	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Paul Colavita		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1001 Blythe Blvd		Transaction ID: SA11A1.4566	
City State Zip Code Charlotte NC 28203		Amount of Each Receipt this Period 41.65	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$41.65 monthly	
Name of Employer Carolinas HealthCare System		Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Eugene DeLaddy		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 5213 Lila Wood Circle		Transaction ID: SA11A1.4622	
City State Zip Code Charlotte NC 28209		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Carolinas HealthCare System		Occupation Administrator	
Receipt For: 2007 <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) ▶	2083.30
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<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) Leonard Feld		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 9620 Commons East Dr. Apt. E		Transaction ID: SA11A1.4613	
City State Zip Code Charlotte NC 28277		Amount of Each Receipt this Period 41.65	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$41.65 monthly	
Name of Employer Carolinas HealthCare System		Occupation Physician	
Receipt For: 2006 <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) Frank Ford		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 159 Tetbury Ave.		Transaction ID: SA11A1.4573	
City State Zip Code Concord NC 28025		Amount of Each Receipt this Period 83.30	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$83.3 monthly	
Name of Employer Carolinas HealthCare System		Occupation Healthcare Executive	
Receipt For: 2006 <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) Marsha Ford		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 6836 Alexander Road		Transaction ID: SA11A1.4602	
City State Zip Code Charlotte NC 28270		Amount of Each Receipt this Period 166.65	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$166.65 monthly	
Name of Employer Carolinas HealthCare System		Occupation Physician	
Receipt For: 2006 <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)	291.60
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 22
	<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) Paul Franz		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1320 Fillmore Ave #413		Transaction ID: SA11A1.4572	
City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$1000 monthly		
Name of Employer Carolinas HealthCare System	Occupation Healthcare Administration		
Receipt For: 2006 <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) Suzanne Freeman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 8221 Buena Vista Ln		Transaction ID: SA11A1.4608	
City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly		
Name of Employer Carolinas HealthCare System	Occupation Senior VP - CHS		
Receipt For: 2006 <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) Greg Gombar		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 4625 Cotton Creek Drive		Transaction ID: SA11A1.4593	
City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 800.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$800 monthly		
Name of Employer Carolinas HealthCare System	Occupation Hospital Administration		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 22
	<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) Janet Handy Mailing Address 8044 Silver Jade Lane City State Zip Code Denver NC 28037 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.4606 Amount of Each Receipt this Period 41.65 Payroll Deduction \$41.65 monthly
Name of Employer Carolinas HealthCare System Occupation Registered Nurse Receipt For: 2006 <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) Peggy Harris Mailing Address 8911 Bridgepath Trail City State Zip Code Charlotte NC 28269 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.4610 Amount of Each Receipt this Period 41.65 Payroll Deduction \$41.65 monthly
Name of Employer Carolinas HealthCare System Occupation Vice President Receipt For: 2006 <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) Thomas Hassett Mailing Address 7733 Compton Court City State Zip Code Charlotte NC 28270 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.4605 Amount of Each Receipt this Period 62.50 Payroll Deduction \$62.5 monthly
Name of Employer Carolinas HealthCare System Occupation Hospital Administrator Receipt For: 2006 <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)	145.80
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 22
	<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)
 William Hubbard

Mailing Address 3114 Quiet Cove

City State Zip Code
 Tege Cay SC 29708

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

Name of Employer: Carolinas HealthCare System
 Occupation: Hospital Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4586

Amount of Each Receipt this Period
 83.30

Payroll Deduction \$83.3 monthly

B. Full Name (Last, First, Middle Initial)
 Christopher Hummer

Mailing Address 6935 Norxloury Lane #1415

City State Zip Code
 Charlotte NC 28226

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

Name of Employer: Carolinas HealthCare System
 Occupation: Hospital Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.33

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4603

Amount of Each Receipt this Period
 41.65

Payroll Deduction \$41.65 monthly

C. Full Name (Last, First, Middle Initial)
 Robert Keener

Mailing Address 625 Club Drive

City State Zip Code
 Stanley NC 28164

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

Name of Employer: Carolinas HealthCare System
 Occupation: Vice President Financial Services

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4597

Amount of Each Receipt this Period
 50.00

Payroll Deduction \$50 monthly

SUBTOTAL of Receipts This Page (optional)	174.95
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 22
	<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

Mailing Address 2027 Ferncliff Road

City State Zip Code
 Charlotte NC 28211

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

Name of Employer: Carolinas HealthCare System
 Occupation: VP-Foundation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4580

Amount of Each Receipt this Period
 50.00

Payroll Deduction \$50 monthly

B. Full Name (Last, First, Middle Initial)
 John Knox

Mailing Address 6530 Boykin Spaniel Rd.

City State Zip Code
 Charlotte NC 28277

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

Name of Employer: Carolinas HealthCare System
 Occupation: Senior Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4601

Amount of Each Receipt this Period
 83.30

Payroll Deduction \$83.3 monthly

C. Full Name (Last, First, Middle Initial)
 Mary Kuzmanovich

Mailing Address PO Box 1377

City State Zip Code
 Davidson NC 28036

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

Name of Employer: Carolinas HealthCare System
 Occupation: Vice President

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4632

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	383.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 22
	<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)
 Martha Ann McConnell

Mailing Address 3617 Charolais Lane

City State Zip Code
 Harrisburg NC 28075

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

Name of Employer
 Carolinas HealthCare System

Occupation
 VP Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.33

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4589

Amount of Each Receipt this Period
 41.65

Payroll Deduction \$41.65 monthly

B. Full Name (Last, First, Middle Initial)
 James T McDeavitt, MD

Mailing Address 826 Berkeley Ave.

City State Zip Code
 Charlotte NC 28203

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

Name of Employer
 Carolinas HealthCare System

Occupation
 Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4609

Amount of Each Receipt this Period
 500.00

Payroll Deduction \$500 monthly

C. Full Name (Last, First, Middle Initial)
 Linda Mundle, MD

Mailing Address 434 Pine Road

City State Zip Code
 Davidson NC 28036

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

Name of Employer
 Carolinas HealthCare System

Occupation
 Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4591

Amount of Each Receipt this Period
 50.00

Payroll Deduction \$50 monthly

SUBTOTAL of Receipts This Page (optional)	591.65
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 22
	<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)
 Michael Nelson

Mailing Address 918 Patrick Johnston

City Davidson State NC Zip Code 28036

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

Name of Employer Carolinas HealthCare System Occupation I. S. Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4611

Amount of Each Receipt this Period
 50.00

Payroll Deduction \$50 monthly

B. Full Name (Last, First, Middle Initial)
 James Olsen

Mailing Address 5900 Summerston Place

City Charlotte State NC Zip Code 28277

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

Name of Employer Carolinas HealthCare System Occupation Materials Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4595

Amount of Each Receipt this Period
 100.00

Payroll Deduction \$100 monthly

C. Full Name (Last, First, Middle Initial)
 Amanda Pennington, MD

Mailing Address 2633 Celanese Rd

City Rock Hill State SC Zip Code 29732

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

Name of Employer Carolinas HealthCare System Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4585

Amount of Each Receipt this Period
 50.00

Payroll Deduction \$50 monthly

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 22
	<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

Mailing Address 811 E. Morehead St. #3

City State Zip Code
 Charlotte NC 28202

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

Name of Employer
 Carolinas HealthCare System

Occupation
 Sr. VP - Human Resources

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4607

Amount of Each Receipt this Period
 83.30

Payroll Deduction \$83.3 monthly

B. Full Name (Last, First, Middle Initial)
 Kathy Rhyne

Mailing Address 1001 Pierpoint Drive

City State Zip Code
 Belmont NC 28012

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

Name of Employer
 Carolinas HealthCare System

Occupation
 Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4568

Amount of Each Receipt this Period
 41.65

Payroll Deduction \$41.65 monthly

C. Full Name (Last, First, Middle Initial)
 J. Rice

Mailing Address 1014 Jefferson Drive

City State Zip Code
 Charlotte NC 28270

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

Name of Employer
 Carolinas HealthCare System

Occupation
 Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4569

Amount of Each Receipt this Period
 50.00

Payroll Deduction \$50 monthly

SUBTOTAL of Receipts This Page (optional)	174.95
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 22
	<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

Full Name (Last, First, Middle Initial) A. Craig Richardville		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 17235 Glassfield Dr.		Transaction ID: SA11A1.4576	
City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 41.65		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.65 monthly		
Name of Employer Carolinas HealthCare System	Occupation Administration	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Geoffrey Rose, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 315 Hempstedd Place		Transaction ID: SA11A1.4587	
City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly		
Name of Employer Carolinas HealthCare System	Occupation Cardiologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Michael Rose		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 6901 Foxglove Drive		Transaction ID: SA11A1.4626	
City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 2400.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Carolinas HealthCare System	Occupation Administrator	Aggregate Year-to-Date ▼ 2400.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2541.65
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 22
	<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)
 Charles Simonton, MD

Mailing Address 1001 Blythe Blvd. Suite 300

City State Zip Code
 Charlotte NC 28203

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

Name of Employer: Carolinas HealthCare System
 Occupation: Cardiologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4567

Amount of Each Receipt this Period
 100.00

Payroll Deduction \$100 monthly

B. Full Name (Last, First, Middle Initial)
 Jody Stock

Mailing Address 3466 Blue Jay Pass

City State Zip Code
 Fort Mill SC 29708

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

Name of Employer: Carolinas HealthCare System
 Occupation: VP Finance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4588

Amount of Each Receipt this Period
 50.00

Payroll Deduction \$50 monthly

C. Full Name (Last, First, Middle Initial)
 John Sullivan

Mailing Address 1722 Bellamy Circle

City State Zip Code
 Albemarle NC 28001

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

Name of Employer: Carolinas HealthCare System
 Occupation: Healthcare Administration

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4575

Amount of Each Receipt this Period
 41.65

Payroll Deduction \$41.65 monthly

SUBTOTAL of Receipts This Page (optional)	191.65
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 22
	<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)
 Michael Tarwater

Mailing Address 2137 Dilworth Road East

City State Zip Code
 Charlotte NC 28203

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

Name of Employer: Carolinas HealthCare System
 Occupation: Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4581

Amount of Each Receipt this Period
 800.00

Payroll Deduction \$800 monthly

B. Full Name (Last, First, Middle Initial)
 Patsy Taylor

Mailing Address 1955 Brittle Creek Drive

City State Zip Code
 Matthews NC 28105

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

Name of Employer: Carolinas HealthCare System
 Occupation: Vice President-Administration

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4579

Amount of Each Receipt this Period
 41.65

Payroll Deduction \$41.65 monthly

C. Full Name (Last, First, Middle Initial)
 Alan Thaling

Mailing Address 4501 Cameron Valley Parkway

City State Zip Code
 Charlotte NC 28211

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

Name of Employer: Carolinas HealthCare System
 Occupation: MD

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4592

Amount of Each Receipt this Period
 83.30

Payroll Deduction \$83.3 monthly

SUBTOTAL of Receipts This Page (optional)	924.95
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 22
	<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 Thomas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1609 Penderlea Ln.		Transaction ID: SA11A1.4574	
City State Zip Code Matthews NC 28105		Amount of Each Receipt this Period 41.65	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$41.65 monthly	
Name of Employer Carolinas HealthCare System		Occupation Accountant	
Receipt For: 2006 <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) Dennie Underwood		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 18324 Turnberry Ct.		Transaction ID: SA11A1.4578	
City State Zip Code Davidson NC 28036		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 VP	
Receipt For: 2006 <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) Stephen Wagner, PHD		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 4301 Morrowick Rd.		Transaction ID: SA11A1.4590	
City State Zip Code Charlotte NC 28226		Amount of Each Receipt this Period 83.30	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$83.3 monthly	
Name of Employer Carolinas HealthCare System		Occupation Health Care Administrator	
Receipt For: 2006 <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) ▶	174.95
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 22
	<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)
 Martha Whitecotton

Mailing Address 9526 Greyson Ridge Dr.

City State Zip Code
 Charlotte NC 28277

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

Name of Employer: Carolinas HealthCare System
 Occupation: Vice President-Admin

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4612

Amount of Each Receipt this Period
 83.30

Payroll Deduction \$83.3 monthly

B. Full Name (Last, First, Middle Initial)
 Robert Wiggins, Jr.

Mailing Address 6417 Seton House Lane

City State Zip Code
 Charlotte NC 28277

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

Name of Employer: Carolinas HealthCare System
 Occupation: CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4598

Amount of Each Receipt this Period
 83.30

Payroll Deduction \$83.3 monthly

C. Full Name (Last, First, Middle Initial)
 Phyllis Wingate-Jones

Mailing Address 5522 Challis View Lane

City State Zip Code
 Charlotte NC 28226

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

Name of Employer: Carolinas HealthCare System
 Occupation: Administrator

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.4624

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)	1166.60
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 22	
	(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)
 Zachary J Zapack

Mailing Address 1800 Camden Road
 Suite 107, #214

City Charlotte State NC Zip Code 28203

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

Name of Employer Carolinas HealthCare System Occupation Hospital Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4577

Amount of Each Receipt this Period
 500.00

Payroll Deduction \$500 monthly

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	12078.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address 401 S. Tryon Street

City Charlotte State NC Zip Code 28288

Purpose of Disbursement
Credit Card Fees for November

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4635

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

7.51

Full Name (Last, First, Middle Initial)

B. Wachovia Bank

Mailing Address 401 S. Tryon Street

City Charlotte State NC Zip Code 28288

Purpose of Disbursement
Credit Card Fees November

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4636

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

30.41

SUBTOTAL of Disbursements This Page (optional) ►

37.92

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

37.92