

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ADDRESS (number and street) **ATTENTION: MARY ANN ROUSE**
1000 BLYTHE BOULEVARD
 Check if different than previously reported. (ACC)
CHARLOTTE NC 28203-2861

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

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

5. Covering Period 07 01 2007 through 12 31 2007

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 15 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		52983.36
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	79401.53									
(c) Total Receipts (from Line 19)	34034.61	62457.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	113436.14	115440.47								
7. Total Disbursements (from Line 31)	10815.38	12819.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	102620.76	102620.76								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	30256.68	48720.27
(i) Itemized (use Schedule A)	3671.90	13551.84
(ii) Unitemized	33928.58	62272.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	33928.58	62272.11
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)	6.28	10.61
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	99.75	174.39
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))	34034.61	62457.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34034.61	62457.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	115.38	119.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	115.38	119.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	10500.00	12500.00
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.....	200.00	200.00
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))..	10815.38	12819.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10815.38	12819.71

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	33928.58	62272.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33928.58	62272.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	115.38	119.71
37. Offsets to Operating Expenditures (from Line 15, page 3)	6.28	10.61
38. Net Operating Expenditures (subtract Line 37 from Line 36)	109.10	109.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Peter Acker	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 816 East Park Drive	Transaction ID: SA11AI.5497
	City State Zip Code Lincolnton NC 28092	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Kathy Bailey	Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address P. O. Box 3176	Transaction ID: SA11AI.5496
	City State Zip Code Morganton NC 28680	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Healthcare Administrator Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Kathleen Benfield	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 2316 Vail Avenue	Transaction ID: SA11AI.5300
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	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 ▼ 208.40	

SUBTOTAL of Receipts This Page (optional)	520.84
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 67
	<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)
 Kathleen Benfield
 Mailing Address 2316 Vail Avenue
 City State Zip Code
 Charlotte NC 28207
 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 ▼ 229.24
 Date of Receipt 11 / 01 / 2007
Transaction ID: SA11AI.5358
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Full Name (Last, First, Middle Initial)
 Kathleen Benfield
 Mailing Address 2316 Vail Avenue
 City State Zip Code
 Charlotte NC 28207
 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 ▼ 250.00
 Date of Receipt 11 / 30 / 2007
Transaction ID: SA11AI.5423
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

C. Full Name (Last, First, Middle Initial)
 Joseph Bowers
 Mailing Address 5221 Amherst Trail Drive
 City State Zip Code
 Charlotte NC 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System
 Occupation Vice President
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 387.50
 Date of Receipt 11 / 20 / 2007
Transaction ID: SA11AI.5490
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 291.60
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 67
	<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) Joseph Bowers	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 5221 Amherst Trail Drive	Transaction ID: SA11AI.5442
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$12.5 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Vice President Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

B.	Full Name (Last, First, Middle Initial) Stephen Burr	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 203 Eslynn Road	Transaction ID: SA11AI.5141
	City State Zip Code Mount Holly NC 28120	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: 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 ▼ 333.36

C.	Full Name (Last, First, Middle Initial) Stephen Burr	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 203 Eslynn Road	Transaction ID: SA11AI.5199
	City State Zip Code Mount Holly NC 28120	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: 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 ▼ 375.03

SUBTOTAL of Receipts This Page (optional)	95.84
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 67
	<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) Stephen Burr	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 203 Eslynn Road	Transaction ID: SA11AI.5297
	City State Zip Code Mount Holly NC 28120	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: 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 ▼ 416.70	

B.	Full Name (Last, First, Middle Initial) Stephen Burr	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 203 Eslynn Road	Transaction ID: SA11AI.5355
	City State Zip Code Mount Holly NC 28120	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: 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 ▼ 458.37	

C.	Full Name (Last, First, Middle Initial) Stephen Burr	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 203 Eslynn Road	Transaction ID: SA11AI.5420
	City State Zip Code Mount Holly NC 28120	Amount of Each Receipt this Period 41.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.63 monthly
	Name of Employer: 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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	124.97
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 67
	<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) Augie Campanello	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 1900 Scott Avenue	Transaction ID: SA11AI.5197
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Augie Campanello	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 1900 Scott Avenue	Transaction ID: SA11AI.5295
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2007 <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) Augie Campanello	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 1900 Scott Avenue	Transaction ID: SA11AI.5353
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 67
	<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) Augie Campanello		Date of Receipt
	Mailing Address 1900 Scott Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28203
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5418
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 300.00	Payroll Deduction \$25 monthly

B.	Full Name (Last, First, Middle Initial) Jack Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5183
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 240.00	Payroll Deduction \$30 monthly

C.	Full Name (Last, First, Middle Initial) Jack Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5241
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 270.00	Payroll Deduction \$30 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 85.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 67
	<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) Jack Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Carolinas HealthCare System		Occupation Administrator	Transaction ID: SA11AI.5339
Receipt For: 2007		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="30.00"/>	
		Aggregate Year-to-Date ▼	Payroll Deduction \$30 monthly
		<input type="text" value="300.00"/>	

B.	Full Name (Last, First, Middle Initial) Jack Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Carolinas HealthCare System		Occupation Administrator	Transaction ID: SA11AI.5397
Receipt For: 2007		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="30.00"/>	
		Aggregate Year-to-Date ▼	Payroll Deduction \$30 monthly
		<input type="text" value="330.00"/>	

C.	Full Name (Last, First, Middle Initial) Jack Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Carolinas HealthCare System		Occupation Administrator	Transaction ID: SA11AI.5462
Receipt For: 2007		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="30.00"/>	
		Aggregate Year-to-Date ▼	Payroll Deduction \$30 monthly
		<input type="text" value="360.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="90.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 / 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Charles C Copenhaver	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 4826 McAlpine Farm Road	Transaction ID: SA11AI.5488
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas HealthCare System	Occupation Hospital Admin	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Lundee Covington	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 6116 Tripp Place	Transaction ID: SA11AI.5323
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$20.84 monthly
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

C.	Full Name (Last, First, Middle Initial) Lundee Covington	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 6116 Tripp Place	Transaction ID: SA11AI.5381
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$20.84 monthly
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

SUBTOTAL of Receipts This Page (optional)	291.68
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 67
	<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) Lundee Covington		Date of Receipt
	Mailing Address 6116 Tripp Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28277
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5446
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 20.76
			Payroll Deduction \$20.76 monthly

B.	Full Name (Last, First, Middle Initial) Eugene A DeLaddy		Date of Receipt
	Mailing Address 5213 Lila Wood Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28209
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5489
Name of Employer Carolinas HealthCare System		Occupation Chief Compliance Officer	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	<input type="text"/> 2000.00

C.	Full Name (Last, First, Middle Initial) Tagbo Ekwonu		Date of Receipt
	Mailing Address 5008 Stanbury Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Matthews	NC	28104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5316
Name of Employer Carolinas HealthCare System		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.40	<input type="text"/> 20.84
			Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2041.60
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 67
	<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) Tagbo Ekwonu	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 5008 Stanbury Drive	Transaction ID: SA11AI.5374
	City State Zip Code Matthews NC 28104	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.24	

B.	Full Name (Last, First, Middle Initial) Tagbo Ekwonu	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 5008 Stanbury Drive	Transaction ID: SA11AI.5439
	City State Zip Code Matthews NC 28104	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2007 <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) Marsha Ford	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.5172
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.72	

SUBTOTAL of Receipts This Page (optional)	124.94
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Marsha Ford	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.5230
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.06	

B.	Full Name (Last, First, Middle Initial) Marsha Ford	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.5328
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.40	

C.	Full Name (Last, First, Middle Initial) Marsha Ford	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.5386
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 916.74	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 67
	<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) Marsha Ford		Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 6836 Alexander Road		Transaction ID: SA11AI.5451
	City Charlotte	State NC	Zip Code 28270
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.26
	Name of Employer Carolinas HealthCare System	Occupation Physician	Payroll Deduction \$83.26 monthly

Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
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B.	Full Name (Last, First, Middle Initial) Paul Franz		Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 1320 FILLMORE AVENUE #413		Transaction ID: SA11AI.5131
	City Charlotte	State NC	Zip Code 28203
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.67
	Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$416.67 monthly

Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.68
---	-------------------------------------

C.	Full Name (Last, First, Middle Initial) Paul Franz		Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 1320 FILLMORE AVENUE #413		Transaction ID: SA11AI.5189
	City Charlotte	State NC	Zip Code 28203
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.67
	Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$416.67 monthly

Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.35
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SUBTOTAL of Receipts This Page (optional)	916.60
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 67
	<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 MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 1320 FILLMORE AVENUE #413	Transaction ID: SA11AI.5287
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer: 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 ▼ 2500.02	

B.	Full Name (Last, First, Middle Initial) Paul Franz	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 1320 FILLMORE AVENUE #413	Transaction ID: SA11AI.5345
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer: 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 ▼ 2916.69	

C.	Full Name (Last, First, Middle Initial) Paul Franz	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 1320 Fillmore Ave #413	Transaction ID: SA11AI.5411
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.63 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Healthcare Administration Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2083.31	

SUBTOTAL of Receipts This Page (optional)	1249.97
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 67
	<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) Suzanne Freeman	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 8221 Buena Vista Drive	Transaction ID: SA11AI.5179
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: 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 ▼ 666.68

B.	Full Name (Last, First, Middle Initial) Suzanne Freeman	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 8221 Buena Vista Drive	Transaction ID: SA11AI.5237
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: 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 ▼ 833.35

C.	Full Name (Last, First, Middle Initial) Suzanne Freeman	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 8221 Buena Vista Drive	Transaction ID: SA11AI.5335
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: 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 ▼ 1000.02

SUBTOTAL of Receipts This Page (optional)	500.01
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 67
	<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) Suzanne Freeman	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 8221 Buena Vista Drive	Transaction ID: SA11AI.5393
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: 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 ▼ 1166.69	

B.	Full Name (Last, First, Middle Initial) Suzanne Freeman	Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address 8221 Buena Vista Ln	Transaction ID: SA11AI.5495
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Senior VP - CHS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3166.68	

C.	Full Name (Last, First, Middle Initial) Suzanne Freeman	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 8221 Buena Vista Ln	Transaction ID: SA11AI.5458
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 166.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.63 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Senior VP - CHS Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3333.31	

SUBTOTAL of Receipts This Page (optional)	2833.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 67
	<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) Greg Gombar	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 4625 Cotton Creek Drive	Transaction ID: SA11AI.5158
	City State Zip Code Charlotte NC 28226	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 Administrator	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

B.	Full Name (Last, First, Middle Initial) Greg Gombar	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 4625 Cotton Creek Drive	Transaction ID: SA11AI.5216
	City State Zip Code Charlotte NC 28226	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 Administrator	
Receipt For: 2007 <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 MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 4625 Cotton Creek Drive	Transaction ID: SA11AI.5314
	City State Zip Code Charlotte NC 28226	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 Administrator	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 67
	<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) Greg Gombar	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 4625 Cotton Creek Drive	Transaction ID: SA11AI.5372
	City State Zip Code Charlotte NC 28226	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 Administrator	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	

B.	Full Name (Last, First, Middle Initial) Greg Gombar	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 4625 Cotton Creek Drive	Transaction ID: SA11AI.5437
	City State Zip Code Charlotte NC 28226	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 Hospital Administration	
Receipt For: 2007 <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) Dr. Frederick Greene	Date of Receipt MM / DD / YYYY 11 / 08 / 2007
	Mailing Address 128 Altondale Avenue	Transaction ID: SA11AI.5471
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas HealthCare System	Occupation PHYS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 67
	<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) Russell Guerin	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 3324 Meadow Bluff Drive	Transaction ID: SA11AI.5150
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: 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 ▼ 666.68	

B.	Full Name (Last, First, Middle Initial) Russell Guerin	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 3324 Meadow Bluff Drive	Transaction ID: SA11AI.5208
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: 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 ▼ 833.35	

C.	Full Name (Last, First, Middle Initial) Russell Guerin	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 3324 Meadow Bluff Drive	Transaction ID: SA11AI.5306
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: 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 ▼ 1000.02	

SUBTOTAL of Receipts This Page (optional)	500.01
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 67
	<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) Russell Guerin	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 3324 Meadow Bluff Drive	Transaction ID: SA11AI.5364
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: 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 ▼ 1166.69	

B.	Full Name (Last, First, Middle Initial) Russell C Guerin	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 3324 Meadow Bluff Dr.	Transaction ID: SA11AI.5429
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.63 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Sr. Vice Pres. Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.31	

C.	Full Name (Last, First, Middle Initial) James B Hall	Date of Receipt MM / DD / YYYY 12 / 03 / 2007
	Mailing Address 1114 Bellgrave Place	Transaction ID: SA11AI.5468
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	583.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 67
	<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	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 8044 Silver Jade Drive	Transaction ID: SA11AI.5235
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: 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 ▼ 208.35	

B.	Full Name (Last, First, Middle Initial) Janet Handy	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 8044 Silver Jade Drive	Transaction ID: SA11AI.5333
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: 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 ▼ 250.02	

C.	Full Name (Last, First, Middle Initial) Janet Handy	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 8044 Silver Jade Drive	Transaction ID: SA11AI.5391
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: 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 ▼ 291.69	

SUBTOTAL of Receipts This Page (optional)	125.01
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 67
	<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	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 8044 Silver Jade Lane	Transaction ID: SA11AI.5456
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 41.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.63 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Registered Nurse Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.31

B.	Full Name (Last, First, Middle Initial) Dr. Frank Harrison	Date of Receipt MM / DD / YYYY 11 / 09 / 2007
	Mailing Address 3741 Hearthstone Court	Transaction ID: SA11AI.5484
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: PHYS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) Thomas Hassett, III	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 7733 Compton Court	Transaction ID: SA11AI.5233
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

SUBTOTAL of Receipts This Page (optional)	566.63
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 67
	<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) Thomas Hassett, III	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 7733 Compton Court	Transaction ID: SA11AI.5331
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 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) Thomas Hassett, III	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 7733 Compton Court	Transaction ID: SA11AI.5389
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) Thomas Hassett, III	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 7733 Compton Court	Transaction ID: SA11AI.5454
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 67
	<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) LARRY HINSDALE	Date of Receipt MM / DD / YYYY 10 / 08 / 2007
	Mailing Address 7117 STIREWALT RD	Transaction ID: SA11AI.5253
	City State Zip Code CONCORD NC 28027	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	OCTOBER 2007 INDIVIDUAL CONTRIBUTION
	Name of Employer Occupation CAROLINAS HEALTHCARE SYST-EM CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) LARRY HINSDALE	Date of Receipt MM / DD / YYYY 10 / 10 / 2007
	Mailing Address 7117 STIREWALT RD	Transaction ID: SA11AI.5250
	City State Zip Code CONCORD NC 28027	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	OCTOBER 2007 INDIVIDUAL CONTRIBUTION
	Name of Employer Occupation CAROLINAS HEALTHCARE SYST-EM CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) William Hubbard	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 3114 Quiet Cove	Transaction ID: SA11AI.5207
	City State Zip Code Tega Cay SC 29708	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.35	

SUBTOTAL of Receipts This Page (optional)	641.67
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 67
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
William Hubbard

Mailing Address 3114 Quiet Cove

City State Zip Code
Tega Cay SC 29708

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 ▼
250.02

Date of Receipt: MM / DD / YYYY
10 / 01 / 2007

Transaction ID: SA11AI.5305

Amount of Each Receipt this Period
41.67

Payroll Deduction \$41.67 monthly

B.

Full Name (Last, First, Middle Initial)
William Hubbard

Mailing Address 3114 Quiet Cove

City State Zip Code
Tega Cay SC 29708

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 ▼
291.69

Date of Receipt: MM / DD / YYYY
11 / 01 / 2007

Transaction ID: SA11AI.5363

Amount of Each Receipt this Period
41.67

Payroll Deduction \$41.67 monthly

C.

Full Name (Last, First, Middle Initial)
William Hubbard

Mailing Address 3114 Quiet Cove

City State Zip Code
Tega Cay SC 29708

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

Name of Employer: Carolinas HealthCare System
Occupation: Hospital Administrator

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.31

Date of Receipt: MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA11AI.5428

Amount of Each Receipt this Period
41.63

Payroll Deduction \$41.63 monthly

SUBTOTAL of Receipts This Page (optional) ► **124.97**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 67
	<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) Gary Jewell		Date of Receipt
	Mailing Address 308 Sara Lane		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Monroe	NC	28112
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5206
Name of Employer Carolinas HealthCare System		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="225.00"/>	Payroll Deduction \$25 monthly

B.	Full Name (Last, First, Middle Initial) Gary Jewell		Date of Receipt
	Mailing Address 308 Sara Lane		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Monroe	NC	28112
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5304
Name of Employer Carolinas HealthCare System		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="250.00"/>	Payroll Deduction \$25 monthly

C.	Full Name (Last, First, Middle Initial) Gary Jewell		Date of Receipt
	Mailing Address 308 Sara Lane		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Monroe	NC	28112
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5362
Name of Employer Carolinas HealthCare System		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="275.00"/>	Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Gary Jewell	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 308 Sara Lane	Transaction ID: SA11AI.5427
	City State Zip Code Monroe NC 28112	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) W. Johnson	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 445 Forest Hill Circle	Transaction ID: SA11AI.5312
	City State Zip Code Rutherfordton NC 28139	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	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 ▼ 208.40	

C.	Full Name (Last, First, Middle Initial) W. Johnson	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 445 Forest Hill Circle	Transaction ID: SA11AI.5370
	City State Zip Code Rutherfordton NC 28139	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	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 ▼ 229.24	

SUBTOTAL of Receipts This Page (optional)	66.68
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) W. Johnson	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 445 Forest Hill Circle	Transaction ID: SA11AI.5435
	City State Zip Code Rutherfordton NC 28139	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
Name of Employer 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) John Knox, III	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 6530 Boykin Spaniel Road	Transaction ID: SA11AI.5171
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
Name of Employer 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 ▼ 333.36	

C.	Full Name (Last, First, Middle Initial) John Knox, III	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 6530 Boykin Spaniel Road	Transaction ID: SA11AI.5229
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
Name of Employer 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 ▼ 375.03	

SUBTOTAL of Receipts This Page (optional)	104.10
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 33 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6530 Boykin Spaniel Road

City State Zip Code
 Charlotte NC 28277

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 ▼
 416.70

Date of Receipt: MM / DD / YYYY
 10 / 01 / 2007

Transaction ID: SA11AI.5327

Amount of Each Receipt this Period
 41.67

Payroll Deduction \$41.67 monthly

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

Mailing Address 6530 Boykin Spaniel Road

City State Zip Code
 Charlotte NC 28277

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 ▼
 458.37

Date of Receipt: MM / DD / YYYY
 11 / 01 / 2007

Transaction ID: SA11AI.5385

Amount of Each Receipt this Period
 41.67

Payroll Deduction \$41.67 monthly

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

Mailing Address 6530 Boykin Spaniel Road

City State Zip Code
 Charlotte NC 28277

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 ▼
 500.00

Date of Receipt: MM / DD / YYYY
 11 / 30 / 2007

Transaction ID: SA11AI.5450

Amount of Each Receipt this Period
 41.63

Payroll Deduction \$41.63 monthly

SUBTOTAL of Receipts This Page (optional) ► **124.97**

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 34 / 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Eric Lavonas, MD

Mailing Address 507 Moncure Drive

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Physician

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M / D D / Y Y Y Y
08 / 01 / 2007

Transaction ID: SA11AI.5162

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

B.

Full Name (Last, First, Middle Initial)

Eric Lavonas, MD

Mailing Address 507 Moncure Drive

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Physician

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2007

Transaction ID: SA11AI.5220

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

C.

Full Name (Last, First, Middle Initial)

Eric Lavonas, MD

Mailing Address 507 Moncure Drive

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Physician

Receipt For: 2007
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M / D D / Y Y Y Y
10 / 01 / 2007

Transaction ID: SA11AI.5318

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

SUBTOTAL of Receipts This Page (optional) ▶

125.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 67
	<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) Eric Lavonas, MD	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 507 Moncure Drive	Transaction ID: SA11AI.5376
	City State Zip Code Charlotte NC 28209	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
Name of Employer Carolinas HealthCare System	Occupation Physician	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	

B.	Full Name (Last, First, Middle Initial) Eric Lavonas, MD	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 507 Moncure Drive	Transaction ID: SA11AI.5441
	City State Zip Code Charlotte NC 28209	Amount of Each Receipt this Period 41.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.63 monthly
Name of Employer Carolinas HealthCare System	Occupation Physician	
Receipt For: 2007 <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) James Martin	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 458 Beaten Path Road	Transaction ID: SA11AI.5157
	City State Zip Code Mooresville NC 28117	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 Administrator	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	183.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 67
	<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)
James Martin

Mailing Address 458 Beaten Path Road

City State Zip Code
Mooreville NC 28117

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 ▼
 500.00

Date of Receipt: 08 / 31 / 2007
Transaction ID: SA11AI.5215
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction \$100 monthly

B.

Full Name (Last, First, Middle Initial)
James Martin

Mailing Address 458 Beaten Path Road

City State Zip Code
Mooreville NC 28117

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 ▼
 600.00

Date of Receipt: 10 / 01 / 2007
Transaction ID: SA11AI.5313
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction \$100 monthly

C.

Full Name (Last, First, Middle Initial)
James Martin

Mailing Address 458 Beaten Path Road

City State Zip Code
Mooreville NC 28117

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 ▼
 700.00

Date of Receipt: 11 / 01 / 2007
Transaction ID: SA11AI.5371
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction \$100 monthly

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 67
	<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) James G Martin	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 458 Beateu Path	Transaction ID: SA11AI.5436
	City State Zip Code Mooreville NC 28117	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 Vice President Government Relations	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) John A Marx	Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 3535 Knapdale Lane	Transaction ID: SA11AI.5482
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas HealthCare System	Occupation MD	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.	Full Name (Last, First, Middle Initial) James McDeavitt	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.5180
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
Name of Employer 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 ▼ 1333.36	

SUBTOTAL of Receipts This Page (optional)	1766.67
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James McDeavitt	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.5238
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: 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 ▼ 1500.03	

B.	Full Name (Last, First, Middle Initial) James McDeavitt	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.5336
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: 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 ▼ 1666.70	

C.	Full Name (Last, First, Middle Initial) James McDeavitt	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.5394
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: 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 ▼ 1833.37	

SUBTOTAL of Receipts This Page (optional)	500.01
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James McDeavitt		Date of Receipt
	Mailing Address 826 Berkeley Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 3 0 / 2 0 0 7
	City	State	Zip Code
	Charlotte	NC	28203
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5459
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 166.63
		<input type="text"/> 2000.00	Payroll Deduction \$166.63 monthly

B.	Full Name (Last, First, Middle Initial) Charles McKay		Date of Receipt
	Mailing Address 4735 Parview Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5217
Name of Employer Carolinas HealthCare System		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 225.00	Payroll Deduction \$25 monthly

C.	Full Name (Last, First, Middle Initial) Charles McKay		Date of Receipt
	Mailing Address 4735 Parview Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 1 / 2 0 0 7
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5315
Name of Employer Carolinas HealthCare System		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 250.00	Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 216.63
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 67
	<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 McKay		Date of Receipt
	Mailing Address 4735 Parview Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5373
Name of Employer Carolinas HealthCare System		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 275.00	Payroll Deduction \$25 monthly

B.	Full Name (Last, First, Middle Initial) Charles McKay		Date of Receipt
	Mailing Address 4735 Parview Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5438
Name of Employer Carolinas HealthCare System		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 300.00	Payroll Deduction \$25 monthly

C.	Full Name (Last, First, Middle Initial) Russell Moore, Jr.		Date of Receipt
	Mailing Address 15731 Pine Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Huntersville	NC	28078
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5132
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.67
		<input type="text"/> 333.36	Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 91.67
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 / 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Russell Moore, Jr.	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 15731 Pine Street	Transaction ID: SA11AI.5190
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
Name of Employer 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 ▼ 375.03	

B.	Full Name (Last, First, Middle Initial) Russell Moore, Jr.	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 15731 Pine Street	Transaction ID: SA11AI.5288
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
Name of Employer 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 ▼ 416.70	

C.	Full Name (Last, First, Middle Initial) Russell Moore, Jr.	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 15731 Pine Street	Transaction ID: SA11AI.5346
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
Name of Employer 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 ▼ 458.37	

SUBTOTAL of Receipts This Page (optional)	125.01
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 67
	<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) Russell Moore, Jr.	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 15731 Pine Street	Transaction ID: SA11AI.5412
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 41.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.63 monthly
	Name of Employer: 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 ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) F Murphy, Jr.	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 2824 Winding Oak Drive	Transaction ID: SA11AI.5147
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: ADMIN Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36	

C.	Full Name (Last, First, Middle Initial) F Murphy, Jr.	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 2824 Winding Oak Drive	Transaction ID: SA11AI.5205
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: ADMIN Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.03	

SUBTOTAL of Receipts This Page (optional)	124.97
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 67
	<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 Murphy, Jr.	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 2824 Winding Oak Drive	Transaction ID: SA11AI.5303
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: ADMIN Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70	

B.	Full Name (Last, First, Middle Initial) F Murphy, Jr.	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 2824 Winding Oak Drive	Transaction ID: SA11AI.5361
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: ADMIN Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 458.37	

C.	Full Name (Last, First, Middle Initial) F Murphy, Jr.	Date of Receipt MM / DD / YYYY 11 / 27 / 2007
	Mailing Address 2824 Winding Oak Drive	Transaction ID: SA11AI.5481
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 708.37	

SUBTOTAL of Receipts This Page (optional)	333.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 67
	<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 Murphy, Jr.	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 2824 Winding Oak Drive	Transaction ID: SA11AI.5426
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 41.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.63 monthly
	Name of Employer: Carolinas HealthCare System Occupation: ADMIN Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) James Olsen	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 5900 Summerston Place	Transaction ID: SA11AI.5166
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: 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 ▼ 333.36	

C.	Full Name (Last, First, Middle Initial) James Olsen	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 5900 Summerston Place	Transaction ID: SA11AI.5224
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: 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 ▼ 416.70	

SUBTOTAL of Receipts This Page (optional)	208.31
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 / 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) James Olsen		Date of Receipt
	Mailing Address 5900 Summerston Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 1 / 2 0 0 7
	City	State	Zip Code
	Charlotte	NC	28277
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5322
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.34
		<input type="text"/> 500.04	Payroll Deduction \$83.34 monthly

B.	Full Name (Last, First, Middle Initial) James Olsen		Date of Receipt
	Mailing Address 5900 Summerston Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 1 / 2 0 0 7
	City	State	Zip Code
	Charlotte	NC	28277
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5380
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.34
		<input type="text"/> 583.38	Payroll Deduction \$83.34 monthly

C.	Full Name (Last, First, Middle Initial) James Olsen		Date of Receipt
	Mailing Address 5900 Summerston Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 3 0 / 2 0 0 7
	City	State	Zip Code
	Charlotte	NC	28277
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5445
Name of Employer Carolinas HealthCare System		Occupation Materials Manager	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.26
		<input type="text"/> 416.62	Payroll Deduction \$83.26 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 249.94
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Dennis Phillips		Date of Receipt
	Mailing Address 4310 4th Street Circle NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Hickory	NC	28601-9021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5486
Name of Employer Carolinas HealthCare System		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) F. Renfro		Date of Receipt
	Mailing Address 811 E Morehead Street Apt 3		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28202
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5236
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
			Payroll Deduction \$50 monthly

C.	Full Name (Last, First, Middle Initial) F. Renfro		Date of Receipt
	Mailing Address 811 E Morehead Street Apt 3		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28202
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5334
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
			Payroll Deduction \$50 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) F. Renfro	Date of Receipt
	Mailing Address 811 E Morehead Street Apt 3	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 01 / 2007
	City State Zip Code Charlotte NC 28202	Transaction ID: SA11AI.5392
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 50.00
	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) ▼	Payroll Deduction \$50 monthly Aggregate Year-to-Date ▼ <input type="text"/> 350.00

B.	Full Name (Last, First, Middle Initial) F. Renfro	Date of Receipt
	Mailing Address 811 E. Morehead St. #3	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 30 / 2007
	City State Zip Code Charlotte NC 28202	Transaction ID: SA11AI.5457
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 50.00
	Name of Employer: Carolinas HealthCare System Occupation: Sr. VP - Human Resources Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction \$50 monthly Aggregate Year-to-Date ▼ <input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Dr. Wanda Robinson	Date of Receipt
	Mailing Address 233 Altondale Avenue	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 12 / 03 / 2007
	City State Zip Code Charlotte NC 28207	Transaction ID: SA11AI.5480
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer: Carolinas HealthCare System Occupation: PHYS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 350.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 48 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Dr. Susan Shaffner, MD
 Mailing Address 2131 Roswell Avenue
 City State Zip Code
 Charlotte NC 28207
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 7 / 2 0 0 7
Transaction ID: SA11AI.5477
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation **PHYS**
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

B. Full Name (Last, First, Middle Initial)
 Virginia Sheppard
 Mailing Address 5345 Hillington Road
 City State Zip Code
 Charlotte NC 28226
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 1 / 2 0 0 7
Transaction ID: SA11AI.5320
 Amount of Each Receipt this Period
 20.84
 Payroll Deduction \$20.84 monthly
 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 ▼
 208.40

C. Full Name (Last, First, Middle Initial)
 Virginia Sheppard
 Mailing Address 5345 Hillington Road
 City State Zip Code
 Charlotte NC 28226
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 1 / 2 0 0 7
Transaction ID: SA11AI.5378
 Amount of Each Receipt this Period
 20.84
 Payroll Deduction \$20.84 monthly
 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 ▼
 229.24

SUBTOTAL of Receipts This Page (optional) ► **341.68**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 67
	<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) Virginia Sheppard	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 5345 Hillingdon Road	Transaction ID: SA11AI.5443
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
	Name of Employer: 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) Ronald Smidt	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address P O Box 901	Transaction ID: SA11AI.5396
	City State Zip Code Troutman NC 28166	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$30 monthly
	Name of Employer: 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 ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Keith A Smith	Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address 2122 Dilworth Road West	Transaction ID: SA11AI.5475
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Attorney Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	1250.76
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 67
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							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		Date of Receipt MM / DD / YYYY 08 / 01 / 2007		
	Mailing Address 2137 Dilworth Road East		Transaction ID: SA11AI.5142		
	City Charlotte	State NC	Zip Code 28203	Amount of Each Receipt this Period 416.67	
	FEC ID number of contributing federal political committee. C		Payroll Deduction \$416.67 monthly		
	Name of Employer Carolinas HealthCare System	Occupation CEO	Aggregate Year-to-Date 1666.68		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Michael Tarwater		Date of Receipt MM / DD / YYYY 08 / 31 / 2007		
	Mailing Address 2137 Dilworth Road East		Transaction ID: SA11AI.5200		
	City Charlotte	State NC	Zip Code 28203	Amount of Each Receipt this Period 416.67	
	FEC ID number of contributing federal political committee. C		Payroll Deduction \$416.67 monthly		
	Name of Employer Carolinas HealthCare System	Occupation CEO	Aggregate Year-to-Date 2083.35		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Michael Tarwater		Date of Receipt MM / DD / YYYY 10 / 01 / 2007		
	Mailing Address 2137 Dilworth Road East		Transaction ID: SA11AI.5298		
	City Charlotte	State NC	Zip Code 28203	Amount of Each Receipt this Period 416.67	
	FEC ID number of contributing federal political committee. C		Payroll Deduction \$416.67 monthly		
	Name of Employer Carolinas HealthCare System	Occupation CEO	Aggregate Year-to-Date 2500.02		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1250.01
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 67
	<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	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 2137 Dilworth Road East	Transaction ID: SA11AI.5356
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: CEO Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2916.69	

B.	Full Name (Last, First, Middle Initial) Michael Tarwater	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 2137 Dilworth Road East	Transaction ID: SA11AI.5421
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.63 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Executive Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2083.31	

C.	Full Name (Last, First, Middle Initial) Chris Teigland, MD	Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 700 Hungerford Place	Transaction ID: SA11AI.5494
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: PHYS Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1333.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 67
	<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) Joan Thomas	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 230 Summermore Drive	Transaction ID: SA11AI.5299
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	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 ▼ 208.40	

B.	Full Name (Last, First, Middle Initial) Joan Thomas	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 230 Summermore Drive	Transaction ID: SA11AI.5357
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	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 ▼ 229.24	

C.	Full Name (Last, First, Middle Initial) Joan Thomas	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 230 Summermore Drive	Transaction ID: SA11AI.5422
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
	Name of Employer: 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	

SUBTOTAL of Receipts This Page (optional)	62.44
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 67
	<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) Laura Thomas		Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 5019 Jarrell Court		Transaction ID: SA11AI.5219
	City Charlotte	State NC	Zip Code 28211
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.50
	Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$22.5 monthly
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.50	

B.	Full Name (Last, First, Middle Initial) Laura Thomas		Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 5019 Jarrell Court		Transaction ID: SA11AI.5317
	City Charlotte	State NC	Zip Code 28211
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.50
	Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$22.5 monthly
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Laura Thomas		Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 5019 Jarrell Court		Transaction ID: SA11AI.5375
	City Charlotte	State NC	Zip Code 28211
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.50
	Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$22.5 monthly
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.50	

SUBTOTAL of Receipts This Page (optional)	67.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 67
	<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) Laura Thomas		Date of Receipt
	Mailing Address 5019 Jarrell Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28211
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5440
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 22.50
		<input type="text"/> 270.00	Payroll Deduction \$22.5 monthly

B.	Full Name (Last, First, Middle Initial) Harrison Trammell		Date of Receipt
	Mailing Address 421 Canyon Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28270
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5154
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 2000.00	Payroll Deduction \$250 monthly

C.	Full Name (Last, First, Middle Initial) Harrison Trammell		Date of Receipt
	Mailing Address 421 Canyon Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28270
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5212
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 2250.00	Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 522.50
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 67
	<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) Harrison Trammell		Date of Receipt
	Mailing Address 421 Canyon Trail		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Charlotte	NC	28270
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5310
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="2500.00"/>	Payroll Deduction \$250 monthly

B.	Full Name (Last, First, Middle Initial) Harrison Trammell		Date of Receipt
	Mailing Address 421 Canyon Trail		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Charlotte	NC	28270
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5368
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="2750.00"/>	Payroll Deduction \$250 monthly

C.	Full Name (Last, First, Middle Initial) Harrison Trammell		Date of Receipt
	Mailing Address 421 Canyon Trail		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Charlotte	NC	28270
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5433
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="3000.00"/>	Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Gregory Underwood, MD	Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 5231 Lila Wood Circle	Transaction ID: SA11AI.5492
	City State Zip Code Charlotte NC 28209	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas HealthCare System	Occupation PHYS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Stephen Wagner, PHD	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 4301 Morrowick Road	Transaction ID: SA11AI.5155
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$83.34 monthly
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

C.	Full Name (Last, First, Middle Initial) Stephen Wagner, PHD	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 4301 Morrowick Road	Transaction ID: SA11AI.5213
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$83.34 monthly
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional)	416.68
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 67
	<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) Stephen Wagner, PHD	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 4301 Morrowick Road	Transaction ID: SA11AI.5311
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: 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 ▼ 500.04	

B.	Full Name (Last, First, Middle Initial) Stephen Wagner, PHD	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 4301 Morrowick Road	Transaction ID: SA11AI.5369
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: 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 ▼ 583.38	

C.	Full Name (Last, First, Middle Initial) Stephen Wagner, PHD	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 4301 Morrowick Rd.	Transaction ID: SA11AI.5434
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 83.26
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.26 monthly
	Name of Employer: Carolinas HealthCare System Occupation: Health Care Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.62	

SUBTOTAL of Receipts This Page (optional)	249.94
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 67
	<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	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 9526 Greyson Ridge Drive	Transaction ID: SA11AI.5337
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 33.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$33.34 monthly
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 ▼ 200.04	

B.	Full Name (Last, First, Middle Initial) Martha Whitecotton	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 9526 Greyson Ridge Drive	Transaction ID: SA11AI.5395
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 33.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$33.34 monthly
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 ▼ 233.38	

C.	Full Name (Last, First, Middle Initial) Donald Whiteside	Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address 4640 Snow Drive	Transaction ID: SA11AI.5487
	City State Zip Code Harrisburg NC 28075	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas HealthCare System	Occupation PHYS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	316.68
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert Wiggins, Jr.	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 6417 Seton House Lane	Transaction ID: SA11AI.5169
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: CPA Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36	

B.	Full Name (Last, First, Middle Initial) Robert Wiggins, Jr.	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 6417 Seton House Lane	Transaction ID: SA11AI.5227
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: CPA Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.03	

C.	Full Name (Last, First, Middle Initial) Robert Wiggins, Jr.	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 6417 Seton House Lane	Transaction ID: SA11AI.5325
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: CPA Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional)	125.01
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 67
	<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) Robert Wiggins, Jr.	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 6417 Seton House Lane	Transaction ID: SA11AI.5383
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
Name of Employer Carolinas HealthCare System	Occupation CPA	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	

B.	Full Name (Last, First, Middle Initial) Robert Wiggins, Jr.	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 6417 Seton House Lane	Transaction ID: SA11AI.5448
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 41.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.63 monthly
Name of Employer Carolinas HealthCare System	Occupation CPA	
Receipt For: 2007 <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) Stephen Wilhoit	Date of Receipt MM / DD / YYYY 12 / 06 / 2007
	Mailing Address 5933 Deveron Drive	Transaction ID: SA11AI.5493
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas HealthCare System	Occupation Healthcare Executive	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	333.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Warden Woodard	Date of Receipt MM / DD / YYYY 11 / 06 / 2007
	Mailing Address 207 Belle Meade Court	Transaction ID: SA11AI.5474
	City State Zip Code Waxhaw NC 28173	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas HealthCare System	Occupation PHYS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Oren M Wyatt	Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 106 Pine Lake Drive	Transaction ID: SA11AI.5467
	City State Zip Code Kings Mountain NC 28086	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas HealthCare System	Occupation Vice President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Zachary Zapack	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 1800 Camden Road	Transaction ID: SA11AI.5137
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$416.67 monthly
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.68	

SUBTOTAL of Receipts This Page (optional)	1666.67
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 67
	<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) Zachary Zapack	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 1800 Camden Road	Transaction ID: SA11AI.5195
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer: 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 ▼ 2083.35	

B.	Full Name (Last, First, Middle Initial) Zachary Zapack	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 1800 Camden Road	Transaction ID: SA11AI.5293
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer: 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 ▼ 2500.02	

C.	Full Name (Last, First, Middle Initial) Zachary Zapack	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 1800 Camden Road	Transaction ID: SA11AI.5351
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer: 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 ▼ 2916.69	

SUBTOTAL of Receipts This Page (optional)	1250.01
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 63 / 67	
	(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		Date of Receipt																					
	Mailing Address 1800 Camden Road Suite 107, #214		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	3	0	/	2	0	0	7														
	City State Zip Code Charlotte NC 28203		Transaction ID: SA11AI.5416																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.63																					
Name of Employer Carolinas HealthCare System		Occupation Hospital Administrator																						
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$416.63 monthly Aggregate Year-to-Date ▼ 2083.31																						

SUBTOTAL of Receipts This Page (optional)	416.63
TOTAL This Period (last page this line number only)	30256.68

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 67

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
BONTERRA-DINING AND WINE ROOM

Mailing Address 1829 CLEVELAND AVENUE

City CHARLOTTE State NC Zip Code 28203

Purpose of Disbursement
FUNDRAISER

011
Category/
Type

Candidate Name
Robert Cannon Hayes

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NC District: 08

Transaction ID: SB23.5403

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

703.32

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

Mailing Address PO BOX 2918

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

011
Category/
Type

Candidate Name
ELIZABETH DOLE

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.5270

Date of Disbursement

07 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
HAYES FOR CONGRESS

Mailing Address Post Office Box 2000

City Concord State NC Zip Code 28026

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

011
Category/
Type

Candidate Name
Robert Cannon Hayes

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NC District: 08

Transaction ID: SB23.5276

Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

3296.68

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 65 / 67

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Myrick for Congress <hr/> Mailing Address PO Box 37091 <hr/> City Charlotte State NC Zip Code 28237 <hr/> Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name Sue Myrick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5271 Date of Disbursement 07 / 14 / 2007 <hr/> Amount of Each Disbursement this Period 500.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Myrick for Congress <hr/> Mailing Address PO Box 37091 <hr/> City Charlotte State NC Zip Code 28237 <hr/> Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name Sue Myrick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5463 Date of Disbursement 12 / 10 / 2007 <hr/> Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE <hr/> Mailing Address POST OFFICE BOX 5928 <hr/> City WINSTON-SALEM State NC Zip Code 27113 <hr/> Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name RICHARD M BURR <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5272 Date of Disbursement 09 / 18 / 2007 <hr/> Amount of Each Disbursement this Period 500.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 67

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
Spratt for Congress Committee

Mailing Address PO BOX 10986

City State Zip Code
Rock Hill SC 29731

Purpose of Disbursement
CAMPAIGN CONTRIBUTIONS

Candidate Name
John M. Spratt, Jr.

Office Sought: House
 Senate
 President

State: SC District: 05

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.5280

Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 67

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
Jennifer Roberts for County Commission

Mailing Address 619 Clement Avenue

City State Zip Code
Charlotte NC 28204

Purpose of Disbursement
non federal campaign contribution

Candidate Name
Jennifer Roberts

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB29.5503

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

200.00