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RESPOND TO RALEIGH OFFICE

Steven B. Long
SLONG@MAUPINTAYLOR.COM
919-981-4085

May 3, 2006

VIA OVERNIGHT DELIVERY

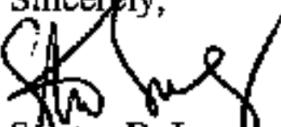
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Carolinas HealthCare System Employees Federal PAC
Our File No. 18216.002

Dear Sir or Madam:

On behalf of Carolinas HealthCare System, I submit for filing the enclosed Statement of Organization. I request that you return to me in the enclosed, self-addressed stamped envelope a file-stamped copy of the Statement of Organization after it has been accepted for receipt.

A copy of the enclosed Statement of Organization will be forwarded to the North Carolina State Board of Elections.

Sincerely,

Steven B. Long

SBL:tc

Enclosure

cc: Ms. Mary Ann Rouse (w/enclosure)
Ms. Martha Ann McConnell (w/enclosure)
George E. Battle, III, Esq. (w/enclosure)

RECEIVED
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OPERATIONS CENTER
2006 MAY -U A 10 15

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RECEIVED
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OPERATIONS CENTER

2006 MAY -4 A 10 15

FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FEDERAL PAC

ADDRESS (number and street)

ATTENTION: MARY ANN ROUSE

1001 BLYTHE BOULEVARD

(Check if address is changed)

CHARLOTTE

NC

28203

2861

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MARYANN.ROUSE@CAROLINASHEALTHCARE.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

704 - 355 - 9682

2. DATE

05

03

2006

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

Mary Ann Rouse

Date

05

03

2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

SEE ATTACHMENT 1!

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM

Mailing Address

ATTENTION: MARY ANN ROUSE

P.O. BOX 32861

CHARLOTTE

NC

28232

2861

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

CONNECTED ORGANIZATION

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

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Write or Type Committee Name

CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FEDERAL PAC

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

TREASURER

Full Name

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer MARY ANN ROUSE

Mailing Address P. O. BOX 32861

CHARLOTTE NC 28232 2861

Title or Position CITY STATE ZIP CODE

TREASURER 704 355 6306

Telephone number

Full Name of Designated Agent MARTHA ANN BRAWLEY McCONNELL

Mailing Address P. O. BOX 32861

CHARLOTTE N C 28232 2861

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER 704 355 6304

Telephone number

25059070269

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WACHOVIA BANK, N.A.

Mailing Address

401 S. TRYON STREET

CHARLOTTE

NC

28288

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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ATTACHMENT NO. 1

Carolinas HealthCare System Employees Federal PAC
EIN: 20-4704336
FEC FORM 1 (Statement of Organization)

Item 6:

Name of Any Connected Organization or Affiliated Committee:

Carolinas HealthCare System Employees NC PAC

Mailing Address:

Attention: Mary Ann Rouse
P. O. Box 32861
Charlotte, NC 28232-2861

Relationship:

Affiliated State Political Action Committee

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From: Origin ID: (919)981-3208
Toni Colon
Maupin Taylor
3200 Beechleaf Court

Raleigh, NC 27604



CL942206/10/00

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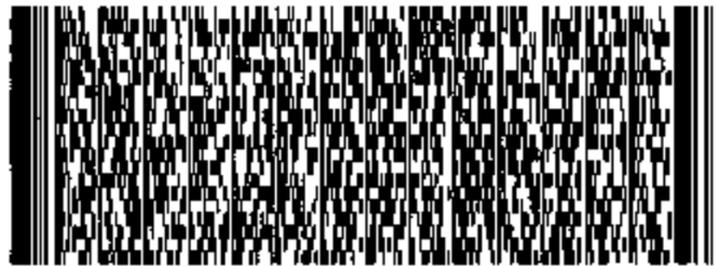


Delivery Address Bar Code

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Federal Election Commission

999 East Street, N. W.

Washington, DC 20463



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0201

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Shipping Label: Your shipment is complete

1. Use the 'Print' feature from your browser to send this page to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i>	Shipping Date <i>5/3/06</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Ju
 PREPARER
 (3/2005)

5/4/06
 DATE PREPARED

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