

**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)

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<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)
RICHARD BURR COMMITTEE

Transaction ID: SB23.6250

Date of Disbursement

Mailing Address POST OFFICE BOX 5928

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	8

City Winston-Salem State NC Zip Code 27113

Amount of Each Disbursement this Period

4500.00

Purpose of Disbursement
Campaign Contribution

011
Category/ Type

Candidate Name
RICHARD M BURR

Office Sought: House
 Senate
 President
State: NC District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

20000.00
