

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 01 01 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer Electronically Filed by Mary Ann Rouse Date 04 09 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 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | 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>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 102620.76 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 102620.76 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 18329.67 | 18329.67 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 120950.43 | 120950.43 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 1054.38 | 1054.38 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 119896.05 | 119896.05 | | | | | | | | |
| 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 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| 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 | 13266.74 | 13266.74 |
| (i) Itemized (use Schedule A) | 4834.34 | 4834.34 |
| (ii) Unitemized | 18101.08 | 18101.08 |
| (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) | 18101.08 | 18101.08 |
| 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) | 163.48 | 163.48 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 65.11 | 65.11 |
| 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)) | 18329.67 | 18329.67 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 18329.67 | 18329.67 |

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..... | 54.38 | 54.38 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 54.38 | 54.38 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 1000.00 | 1000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 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)).. | 1054.38 | 1054.38 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1054.38 | 1054.38 |

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 | 18101.08 | 18101.08 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 18101.08 | 18101.08 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 54.38 | 54.38 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 163.48 | 163.48 |
| 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 / 17 |
| | <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) Mr. Paul G Colavita | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 2501 Sedley Road | Transaction ID: SA11AI.5704 |
| | City State Zip Code Charlotte NC 28211 | 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 Occupation CarolinasHealthCareSystem ADMIN | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.02 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Marsha D Ford | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 6836 Alexander Road | Transaction ID: SA11AI.5725 |
| | 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 Occupation CarolinasHealthCareSystem PHYS | |
| Receipt For: 2008 <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) Mr. Paul S Franz | Date of Receipt MM / DD / YYYY 01 / 02 / 2008 |
| | Mailing Address 1320 FILLMORE AVENUE #413 | Transaction ID: SA11AI.5527 |
| | 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 Occupation CarolinasHealthCareSystem ADMIN | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 416.67 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 583.35 |
| 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 / 17 |
| | <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. Paul S Franz | Date of Receipt MM / DD / YYYY 02 / 01 / 2008 |
| | Mailing Address 1320 FILLMORE AVENUE #413 | Transaction ID: SA11AI.5631 |
| | 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 CarolinasHealthCareSystem | Occupation ADMIN | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 833.34 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Paul S Franz | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 1320 FILLMORE AVENUE #413 | Transaction ID: SA11AI.5689 |
| | 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 CarolinasHealthCareSystem | Occupation ADMIN | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.01 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Greg A Gombar | Date of Receipt MM / DD / YYYY 01 / 02 / 2008 |
| | Mailing Address 4625 Cotton Creek Drive | Transaction ID: SA11AI.5571 |
| | City State Zip Code Charlotte NC 28226 | Amount of Each Receipt this Period 4800.00 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction \$4800 monthly |
| Name of Employer CarolinasHealthCareSystem | Occupation ADMIN | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4800.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5633.34 |
| 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 8 / 17 |
| | <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. W. Spencer Lilly | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 9306 Copans Glen Lane | Transaction ID: SA11AI.5734 |
| | City State Zip Code Huntersville NC 28078 | 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 Occupation CarolinahHealthCareSystem ADMIN | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.02 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) James G Martin | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 458 Beateu Path | Transaction ID: SA11AI.5711 |
| | 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 Occupation CarolinahHealthCare System Vice President Government Relations | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell | Date of Receipt MM / DD / YYYY 01 / 02 / 2008 |
| | Mailing Address 3617 Charolais Lane | Transaction ID: SA11AI.5564 |
| | City State Zip Code Harrisburg NC 28075 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction \$500 monthly |
| | Name of Employer Occupation CarolinahHealthCareSystem ADMIN | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 683.34 |
| 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 9 / 17 |
| | <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. James T McDeavitt | Date of Receipt MM / DD / YYYY 02 / 01 / 2008 |
| | Mailing Address 826 Berkeley Avenue | Transaction ID: SA11AI.5674 |
| | 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 Occupation CarolinasHealthCareSystem ADMIN | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 333.34 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Mr. James T McDeavitt | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 826 Berkeley Avenue | Transaction ID: SA11AI.5732 |
| | 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 Occupation CarolinasHealthCareSystem ADMIN | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.01 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Ms. G. Genell Moore | Date of Receipt MM / DD / YYYY 01 / 02 / 2008 |
| | Mailing Address 9601 Mountain Ivy Court | Transaction ID: SA11AI.5619 |
| | City State Zip Code Charlotte NC 28210 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction \$250 monthly |
| | Name of Employer Occupation CarolinasHealthCareSystem ADMIN | |
| 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) | 583.34 |
| 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: PAGE 10 / 17
(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)
Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
Charlotte NC 28277

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2008

Transaction ID: SA11AI.5719

Amount of Each Receipt this Period
100.00

Payroll Deduction \$100 monthly

B.

Full Name (Last, First, Middle Initial)
Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
Charlotte NC 28207

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2008

Transaction ID: SA11AI.5545

Amount of Each Receipt this Period
400.00

Payroll Deduction \$400 monthly

C.

Full Name (Last, First, Middle Initial)
Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
Charlotte NC 28207

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2008

Transaction ID: SA11AI.5641

Amount of Each Receipt this Period
400.00

Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 / 17 |
| | <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. Joseph G Piemont | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 2028 Hopedale Avenue | Transaction ID: SA11AI.5699 |
| | City State Zip Code Charlotte NC 28207 | Amount of Each Receipt this Period 400.00 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction \$400 monthly |
| | Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Roger A Ray, MD | Date of Receipt MM / DD / YYYY 01 / 02 / 2008 |
| | Mailing Address 11029 Lederer Ave | Transaction ID: SA11AI.5521 |
| | City State Zip Code Charlotte NC 28277 | Amount of Each Receipt this Period 333.34 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction \$333.34 monthly |
| | Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.34 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Roger A Ray | Date of Receipt MM / DD / YYYY 02 / 01 / 2008 |
| | Mailing Address 11029 Lederer Ave | Transaction ID: SA11AI.5628 |
| | City State Zip Code Charlotte NC 28277 | Amount of Each Receipt this Period 333.34 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction \$333.34 monthly |
| | Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.34 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1066.68 |
| 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 12 / 17 |
| | <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. Roger A Ray | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 11029 Lederer Ave | Transaction ID: SA11AI.5686 |
| | City State Zip Code Charlotte NC 28277 | Amount of Each Receipt this Period 333.34 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction \$333.34 monthly |
| | Name of Employer Occupation CarolinasHealthCareSystem ADMIN | |
| Receipt For: 2008 <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) Mr. Michael L Rose | Date of Receipt MM / DD / YYYY 02 / 01 / 2008 |
| | Mailing Address 6901 Foxglove Drive | Transaction ID: SA11AI.5668 |
| | City State Zip Code Charlotte NC 28226 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction \$200 monthly |
| | Name of Employer Occupation CarolinasHealthCareSystem ADMIN | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Michael L Rose | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 6901 Foxglove Drive | Transaction ID: SA11AI.5726 |
| | City State Zip Code Charlotte NC 28226 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction \$200 monthly |
| | Name of Employer Occupation CarolinasHealthCareSystem ADMIN | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 733.34 |
| 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 13 / 17 |
| | <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) GRACE SOTOMAYOR | Date of Receipt MM / DD / YYYY 01 / 03 / 2008 |
| | Mailing Address 6506 Donnegal Farm Road | Transaction ID: SA11AI.5514 |
| | 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 SYST-EM | Occupation ADMINISTRATION | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater | Date of Receipt MM / DD / YYYY 01 / 02 / 2008 |
| | Mailing Address 2137 Dilworth Road East | Transaction ID: SA11AI.5549 |
| | City State Zip Code Charlotte NC 28203 | Amount of Each Receipt this Period 400.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CarolinashHealthCareSystem | Occupation ADMIN | Payroll Deduction \$400 monthly |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater | Date of Receipt MM / DD / YYYY 02 / 01 / 2008 |
| | Mailing Address 2137 Dilworth Road East | Transaction ID: SA11AI.5643 |
| | City State Zip Code Charlotte NC 28203 | Amount of Each Receipt this Period 400.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CarolinashHealthCareSystem | Occupation ADMIN | Payroll Deduction \$400 monthly |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | |
|--|----------------|
| 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 14 / 17 |
| | <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. Michael C Tarwater | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 2137 Dilworth Road East | Transaction ID: SA11AI.5701 |
| | City State Zip Code Charlotte NC 28203 | Amount of Each Receipt this Period 400.00 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction \$400 monthly |
| | Name of Employer Occupation CarolinasHealthCareSystem ADMIN | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1200.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 6417 Seton House Lane | Transaction ID: SA11AI.5722 |
| | 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 Occupation CarolinasHealthCareSystem ADMIN | |
| Receipt For: 2008 <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) Phyllis Wingate-Jones | Date of Receipt MM / DD / YYYY 02 / 01 / 2008 |
| | Mailing Address 5522 Challis View Ln | Transaction ID: SA11AI.5658 |
| | City State Zip Code Charlotte NC 28226 | Amount of Each Receipt this Period 150.00 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction \$150 monthly |
| | Name of Employer Occupation Carolinas HealthCare System Hospital Admin SVP Operations | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

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|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 633.34 |
| 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 15 / 17 |
| | <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) Phyllis Wingate-Jones | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 5522 Challis View Ln | Transaction ID: SA11AI.5716 |
| | City State Zip Code Charlotte NC 28226 | Amount of Each Receipt this Period 150.00 |
| | FEC ID number of contributing federal political committee. C | Payroll Deduction \$150 monthly |
| Name of Employer Carolinas HealthCare System | Occupation Hospital Admin SVP Operations | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Zachary J Zapack | Date of Receipt MM / DD / YYYY 01 / 02 / 2008 |
| | Mailing Address 1800 Camden Road Suite 107, #214 | Transaction ID: SA11AI.5535 |
| | 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 Hospital Administrator | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 416.67 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Zachary J Zapack | Date of Receipt MM / DD / YYYY 02 / 01 / 2008 |
| | Mailing Address 1800 Camden Road Suite 107, #214 | Transaction ID: SA11AI.5636 |
| | 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 Hospital Administrator | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 833.34 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 983.34 |
| 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: | | PAGE 16 / 17 | |
| | (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>0</td><td>2</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 2 | / | 2 | 9 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | |
| | City Charlotte State NC Zip Code 28203 | | Transaction ID: SA11AI.5694 | | | | | | | | | | | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 416.67 | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Carolinas HealthCare System Occupation Hospital Administrator | | Payroll Deduction \$416.67 monthly | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1250.01 | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 416.67 |
| TOTAL This Period (last page this line number only) | 13266.74 |

**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 17 / 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

McHenry for Congress

Mailing Address PO BOX 1406

City
HICKORY

State
NC

Zip Code
28601

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: NC District: 10

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5738

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)