01/26/2010 11:34

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES ATTENTION: MARY ANN ROUSE ADDRESS (number and street) 1000 BLYTHE BOULEVARD Check if different than previously **CHARLOTTE** NC 28203 2861 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00423871 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2009 12 3 1 2009 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mary Ann Rouse Type or Print Name of Treasurer Electronically Filed by Mary Ann Rouse 0 1 26 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/81

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

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

D D " D 0 1 3 1 07 2009 12 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand (a) 2009° 110368.27 January 1 (b) Cash on Hand at 135076.09 Begining of Reporting Period 34889.09 59596.91 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 169965.18 169965.18 6(a) and 6(c) for Column B) 7000.00 7000.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 162965.18 162965.18 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) X 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

FEC Form 3X (Rev. 06/2004) 3 / 81

Write or Type Committee Name

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

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. C (a	ontributions (other than loans) From:) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	33111.83	51608.71
	(ii) Unitemized	1709.13	7873.58
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	34820.96	59482.29
(b) Political Party Committees	0.00	0.00
(c	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	34820.96	59482.29
	ransfers From Affiliated/Other arty Committees	0.00	0.00
3. A	I Loans Received	0.00	0.00
	pan Repayments Received	0.00	0.00
(C	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	Federal candidates and Other Ditical Committees	0.00	0.00
	ther Federal Receipts Dividends, Interest, etc.)	68.13	114.62
	ransfers 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
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	34889.09	59596.91
	otal Federal Receipts Ubtract Line 18(c) from Line 19)	34889.09	59596.91

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/81

	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)	0.00	0.00
	()	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party		
3.	Committees	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	7000.00	7000.00
1.	Independent Expenditure (use Schedule E)	0.00	0.00
j.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use schedule F)		
6.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
_	(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
,	Other Disbursements	0.00	0.00
	_	0.00	0.00
).	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7000.00	7000.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	7000.00	7000 00
	from Line 31)	7000.00	7000.00

DETAILED SUMMARY PAGE

of Disbursements

5 / 81

	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)	34820.96	59482.29
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	34820.96	59482.29
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 81 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	FED PAC Full Name (Last, First, Middle Initial) Peter Acker Mailing Address 816 East Park Drive	TINE NOTI	OTHER TO A LICENSE OF THE ALE	Date of Receipt
	City Lincolnton	State NC	Zip Code 28092	Transaction ID: SA11AI.6991 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	n	250.00
	Name of Employer Carolinas HealthCare System Receipt For: 2010 Primary X General Other (specify) ▼	Administ		
- 3.	Full Name (Last, First, Middle Initial) C. Stephen Bale Mailing Address 2613 Cole Creek Lane	,		Date of Receipt 1 1 0 9 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6970
	Rock Hill FEC ID number of contributing federal political committee.	SC	29732	Amount of Each Receipt this Period 250.00
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Physicial	n	
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ ;.	Full Name (Last, First, Middle Initial) Pamela M Beckwith	1		Date of Receipt
	Mailing Address 1709 Rosebank Lane			07 01 2009
	City Charlotte	State NC	Zip Code 28226	Transaction ID: SA11AI.6699 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20220	166.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$166.67 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1166.69	
	SUBTOTAL of Receipts This Page (optional)	1		666.67

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 81 (check only one) X
A	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	name and add	dress of any political committee to	solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Pamela M Beckwith Mailing Address 1709 Rosebank Lane City	State	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Charlotte FEC ID number of contributing federal political committee.	NC C	28226	Amount of Each Receipt this Period 166.67
	Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	Occupatio ADMIN Aggregate	e Year-to-Date ▼ 1333.36	Payroll Deduction \$166.67 monthly
	Full Name (Last, First, Middle Initial) Pamela M Beckwith Mailing Address 1709 Rosebank Lane			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6789
	Charlotte FEC ID number of contributing federal political committee.	NC C	28226	Amount of Each Receipt this Period 166.67
	Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	Occupatio ADMIN Aggregate	Year-to-Date ▼	Payroll Deduction \$166.67 monthly
	Full Name (Last, First, Middle Initial) Pamela M Beckwith			Date of Receipt
	Mailing Address 1709 Rosebank Lane			10 01 2009
	City Charlotte	State NC	Zip Code 28226	Transaction ID: SA11AI.6833 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20220	166.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$166.67 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.70	
	SUBTOTAL of Receipts This Page (optional)		.	500.01

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 81 (check only one) X
A	ny information copied from such Reports and so for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	FED PAC Full Name (Last, First, Middle Initial) Pamela M Beckwith Mailing Address 1709 Rosebank Lane			Date of Receipt 10 30 2009
	City Charlotte	State NC	Zip Code 28226	Transaction ID: SA11AI.6880 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20220	166.67
	Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	Occupation ADMIN Aggregate	Year-to-Date ▼ 1833.37	Payroll Deduction \$166.67 monthly
3.	Full Name (Last, First, Middle Initial) Pamela M Beckwith Mailing Address 1709 Rosebank Lane			Date of Receipt 1 2 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6933
	<u>Charlotte</u>	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.63 Payroll Deduction \$166.63
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	monthly
	Receipt For: 2009 Primary X General Other (specify) ▼		Year-to-Date ▼ 2000.00	
	Full Name (Last, First, Middle Initial) Dr. Herbert L Bonkovsky			Date of Receipt
	Mailing Address 2214 Cumberland Ro	ad		11 1 16 2009
	City Charlotte	State NC	Zip Code 28203	Transaction ID: SA11AI.6980
	FEC ID number of contributing federal political committee.	C	20200	Amount of Each Receipt this Period 300.00
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS	1	
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .			633.30

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 81 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Joseph Bowers			Date of Receipt
Mailing Address 5221 Amherst Trail [Orive		11 16 2009
City	State	Zip Code	Transaction ID: SA11Al.6984
Charlotte	NC	28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Carolinas HealthCare Syst- em	Occupation Vice Pres		
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Fred T Brown			Date of Receipt
Mailing Address 7427 Saint Clair Driv	/e		07 01 YYYY 2009
City	State	Zip Code	Transaction ID: SA11Al.6725
<u>Charlotte</u>	NC	28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	١	Payroll Deduction \$41.67 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.69	
Full Name (Last, First, Middle Initial) Mr. Fred T Brown			Date of Receipt
Mailing Address 7427 Saint Clair Driv	/e		07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State NC	Zip Code 28270	Transaction ID: SA11AI.6770 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	ו	Payroll Deduction \$41.67 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36	
SUBTOTAL of Receipts This Page (optional)			333.34

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
A 0	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	name and addr	ess of any political committee t	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Fred T Brown Mailing Address 7427 Saint Clair Drive			Date of Receipt 0 9 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6814
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$41.67 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 375.03	
	Full Name (Last, First, Middle Initial) Mr. Fred T Brown Mailing Address 7407 Spint Clair Drives			Date of Receipt
	Mailing Address 7427 Saint Clair Drive		10 01 2009	
	City	State	Zip Code	Transaction ID: SA11Al.6858
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67 Payroll Deduction \$41.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate \	∕ear-to-Date ▼ 416.70	
	Full Name (Last, First, Middle Initial) Mr. Fred T Brown Mailing Address 7427 Saint Clair Drive			Date of Receipt
	Mailing Address 7427 Saint Clair Drive			10 30 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.6905
	<u>Charlotte</u>	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67 Payroll Deduction \$41.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 458.37	
Γ,	SUBTOTAL of Receipts This Page (optional)			125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 81 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE FED PAC	tatements may not be sold or used by any perso name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Fred T Brown Mailing Address 7427 Saint Clair Drive City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28270	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer CarolinasHealthCareSystem Receipt For: 2010 Primary X General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date 808.37	
Full Name (Last, First, Middle Initial) Mr. Fred T Brown Mailing Address 7427 Saint Clair Drive City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28270 C Occupation ADMIN Aggregate Year-to-Date 850.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Jerry L Bryson Mailing Address 6503 Elfreda Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28270 C Occupation ADMIN Aggregate Year-to-Date 208.40	Date of Receipt M M / D D / 2009 Transaction ID: SA11AI.6855 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
SUBTOTAL of Receipts This Page (optional)	······	412.47

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 81 (check only one) X 11a
or for	nformation copied from such Reports and S commercial purposes, other than using the NME OF COMMITTEE (In Full) HARLOTTE-MECKLENBURG HOSF	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Fu A. <u>Mr</u>	ED PAC Il Name (Last, First, Middle Initial) . Jerry L Bryson ailing Address 6503 Elfreda Road	TIAL AUTH	OTITI I JOAN GENERAL TIERET	Date of Receipt
Cit		State NC	Zip Code 28270	Transaction ID: SA11AI.6902 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C		20.84
	ame of Employer arolinasHealthCareSystem acceipt For: 2009 Primary X General Other (specify) ▼	Occupation ADMIN Aggregate	e Year-to-Date ▼ 229.24	Payroll Deduction \$20.84 monthly
. Mr	Il Name (Last, First, Middle Initial) . Jerry L Bryson ailing Address 6503 Elfreda Road			Date of Receipt 1 2 0 1 2 0 0 9
Cit	zy	State	Zip Code	Transaction ID: SA11AI.6955
<u>Cł</u>	narlotte	NC	28270	Amount of Each Receipt this Period
fec	C ID number of contributing deral political committee.	С		20.76 Payroll Deduction \$20.76
Na Ca	nne of Employer arolinasHealthCareSystem	Occupation ADMIN	n	monthly
Re	eceipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Mr	ll Name (Last, First, Middle Initial) . Stephen C Burr			Date of Receipt
Ma	ailing Address 203 Eslynn Road			10 01 7 2009
Cit	ty ount Holly	State NC	Zip Code	Transaction ID: SA11AI.6837
FE	EC ID number of contributing deral political committee.	C	28120	Amount of Each Receipt this Period 20.84
Na Ca	me of Employer arolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$20.84 monthly
Re	eceipt For: 2009 Primary X General Other (specify) ▼		e Year-to-Date ▼ 208.40	
SUB ⁻	TOTAL of Receipts This Page (optional)	1		62.44

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag	e Check only one)
7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
/	FED PAC	PITAL AUTHORITY/CAROLINAS F	HEALTHCARE SYSTEM EMPLOYEES
۵.	Full Name (Last, First, Middle Initial) Mr. Stephen C Burr		Date of Receipt
	Mailing Address 203 Eslynn Road		10 30 2009
	City Mount Holly	State Zip Code NC 28120	Transaction ID: SA11AI.6884 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.84
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.2	24
3.	Full Name (Last, First, Middle Initial) Mr. Stephen C Burr Mailing Address 203 Eslynn Road		Date of Receipt
			12 01 2009
	City Mount Holly	State Zip Code NC 28120	Transaction ID: SA11AI.6937 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.76
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.76 monthly
	Receipt For: 2009 Primary X General Other (specify)	Aggregate Year-to-Date ▼ 250.0	00
	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee		Date of Receipt
	Mailing Address PO Box 550934		07 01 YYYY 2009
	City Gastonia	State Zip Code NC 28055-0934	Transaction ID: SA11AI.6734
	FEC ID number of contributing federal political committee.	C 20033-0934	Amount of Each Receipt this Period 41.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	69
Γ	OUDTOTAL of Descriptor This Descriptor (astis and)		83.27

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 81 (check only one)			
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES			
Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee			Date of Receipt			
Mailing Address PO Box 550934						
City	State	Zip Code	07 31 2009 Transaction ID: SA11Al.6779			
Gastonia FEC ID number of contributing	NC C	28055-0934	Amount of Each Receipt this Period 41.67			
federal political committee.						
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$41.67 monthly			
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36				
Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee	L		Date of Receipt			
Mailing Address PO Box 550934			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: SA11AI.6823			
Gastonia FEC ID number of contributing	NC NC	28055-0934	Amount of Each Receipt this Period			
federal political committee.	C		41.67			
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$41.67 monthly			
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.03				
Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee			Date of Receipt			
Mailing Address PO Box 550934			10 01 2009			
City	State	Zip Code	Transaction ID: SA11AI.6867			
Gastonia FEC ID number of contributing	NC	28055-0934	Amount of Each Receipt this Period			
federal political committee.	C		41.67			
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$41.67 monthly			
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70				
SUBTOTAL of Receipts This Page (optional	l)		125.01			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 81 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person in a name and address of any political committee to PITAL AUTHORITY/CAROLINAS HEALT	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee Mailing Address PO Box 550934 City Gastonia FEC ID number of contributing federal political committee.	State Zip Code NC 28055-0934	Date of Receipt M M
Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date 458.37	mónthly
Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee Mailing Address PO Box 550934 City Gastonia FEC ID number of contributing federal political committee.	State Zip Code NC 28055-0934	Date of Receipt M M
Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation ADMIN Aggregate Year-to-Date 500.00	monthly
Mr. Paul G Colavita Mailing Address 2501 Sedley Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	State Zip Code NC 28211 C Occupation ADMIN Aggregate Year-to-Date 208.40	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	·····	104.14

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to DSPITAL AUTHORITY/CAROLINAS HEALTH	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Paul G Colavita Mailing Address 2501 Sedley Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General	State Zip Code NC 28211 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) Mr. Paul G Colavita Mailing Address 2501 Sedley Road	229.24	Date of Receipt
City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28211 C Occupation ADMIN Aggregate Year-to-Date 250.00	Transaction ID: SA11AI.6940 Amount of Each Receipt this Period 20.76 Payroll Deduction \$20.76 monthly
Full Name (Last, First, Middle Initial) Eugene DeLaddy Mailing Address 5213 Lila Wood Cit City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28209	Date of Receipt 1 2 0 0 9 Transaction ID: SA11AI.6983 Amount of Each Receipt this Period 250.00
Name of Employer Carolinas HealthCare System Receipt For: 2010 Primary X General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional	l)	291.60

NAME OF CO CHARLOTT FED PAC Full Name (La David L Dunla Mailing Addre City Charleston FEC ID numb federal politica Name of Emp Carolinas Herem Receipt For: Primary	DMMITTEE (In Full) TE-MECKLENBURG HOS List, First, Middle Initial) poss 54 Picard Way Ler of contributing al committee. Loyer althCare Syst- 2010 X General Expecify)	State SC C Occupation Administr	Zip Code 29412 rator Year-to-Date	Date of Receipt Transaction ID: SA11AI.6985 Amount of Each Receipt this Period
NAME OF CO CHARLOTT FED PAC Full Name (La David L Dunla Mailing Addre City Charleston FEC ID numb federal politica Name of Emp Carolinas Herem Receipt For: Primary	DMMITTEE (In Full) TE-MECKLENBURG HOS List, First, Middle Initial) poss 54 Picard Way Ler of contributing al committee. Loyer althCare Syst- 2010 X General Expecify)	State SC C Occupation Administr	Zip Code 29412 rator Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (La David L Dunla) Mailing Addre City Charleston FEC ID numb federal politica Name of Emp Carolinas Herem Receipt For: Primary	er of contributing al committee. loyer althCare Syst- 2010 X General specify)	SC C Occupation Administr	29412 rator Year-to-Date ▼	Transaction ID: SA11AI.6985 Amount of Each Receipt this Period
City Charleston FEC ID numb federal politica Name of Emp Carolinas Heaem Receipt For: Primary	er of contributing al committee. loyer althCare Syst- 2010 X General specify) P	SC C Occupation Administr	29412 rator Year-to-Date ▼	Transaction ID: SA11AI.6985 Amount of Each Receipt this Period
Charleston FEC ID numb federal politica Name of Emp Carolinas Heaem Receipt For: Primary	loyer althCare Syst- 2010 X General specify)	SC C Occupation Administr	29412 rator Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID numb federal political Name of Emp Carolinas Herem Receipt For:	loyer althCare Syst- 2010 X General specify)	Occupation Administr	rator Year-to-Date	Amount of Each Receipt this Period
Name of Emp Carolinas Hea em Receipt For:	loyer althCare Syst- 2010 X General specify)	Occupation Administr	ator Year-to-Date ▼	1000.00
em Receipt For: Primary	2010 X General specify) ₩	Administ	ator Year-to-Date ▼	
Receipt For: Primary	X General specify) ▼		Year-to-Date ▼	1
Primary	X General specify) ▼	Aggregate		1
		1	1000.00	
Full Name (La Dr. Leonard G	st, First, Middle Initial) Feld	<u> </u>		Date of Receipt
	ss 11310 Ballantyne Cro	ssing Av		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.6826
Charlotte		NC	28277	Amount of Each Receipt this Period
	er of contributing al committee.	C		20.84
Name of Emp CarolinasHea	loyer lthCareSystem	Occupation PHYS	١	Payroll Deduction \$20.84 monthly
Receipt For: Primary Other (s	2009 X General specify) ₩	Aggregate	Year-to-Date ▼ 208.40	
Full Name (La Dr. Leonard G	ast, First, Middle Initial) Feld			Date of Receipt
Mailing Addre	ss 11310 Ballantyne Cro	ssing Av		10 30 2009
City		State	Zip Code	Transaction ID: SA11Al.6873
Charlotte		NC	28277	Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	C		20.84
Name of Emp CarolinasHea	loyer lthCareSystem	Occupation PHYS	1	Payroll Deduction \$20.84 monthly
Receipt For:	2009	Aggregate	Year-to-Date ▼	7
Primary Other (s	X General specify) ▼		229.24	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, oth NAME OF COMMITTEE (In CHARLOTTE-MECKLE)	er than using the name and a Full)	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. THCARE SYSTEM EMPLOYEES
FED PAC Full Name (Last, First, Middl Dr. Leonard G Feld Mailing Address 11310 B	e Initial) allantyne Crossing Av		Date of Receipt 1 2 0 1 2 0 0 9
City Charlotte	State NC	Zip Code 28277	Transaction ID: SA11AI.6926 Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.			20.76 Payroll Deduction \$20.76
Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X Gene Other (specify) ▼	Aggrega	te Year-to-Date ▼ 250.00	monthly
Full Name (Last, First, Middl Dr. Marsha D Ford Mailing Address 6836 Ale	e Initial) exander Road		Date of Receipt 0 7 0 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.6723
Charlotte FEC ID number of contributi federal political committee.	ng NC	28270	Amount of Each Receipt this Period 83.34
Name of Employer CarolinasHealthCareSystem	Occupati PHYS	on	Payroll Deduction \$83.34 monthly
Receipt For: 2009 Primary X Gene Other (specify) ▼		te Year-to-Date ▼ 583.38	
Full Name (Last, First, Middl Dr. Marsha D Ford	e Initial)		Date of Receipt
Mailing Address 6836 Ale	exander Road		07 31 YYYY 2009
City	State	Zip Code	Transaction ID: SA11AI.6768
Charlotte FEC ID number of contributi federal political committee.	ng C	28270	Amount of Each Receipt this Period 83.34
Name of Employer CarolinasHealthCareSystem	Occupati PHYS	on	Payroll Deduction \$83.34 monthly
Receipt For: 2009 Primary X Gene Other (specify) ▼		te Year-to-Date ▼ 666.72	
SUBTOTAL of Receipts This I	Page (optional)		187.44

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 81 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	o solicit contributions from such committee.
FED PAC Full Name (Last, First, Middle Initial) Dr. Marsha D Ford Mailing Address 6836 Alexander Roa City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28270 C Occupation PHYS Aggregate Year-to-Date 750.06	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford Mailing Address 6836 Alexander Roa City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28270 C Occupation PHYS Aggregate Year-to-Date 833.40	Date of Receipt M M J D D J 2009 Transaction ID: SA11AI.6856 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford Mailing Address 6836 Alexander Roa City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28270 C Occupation PHYS Aggregate Year-to-Date 916.74	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional	l)	250.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	SPITAL AUTHORITY/CAROLINAS HEALTI	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford Mailing Address 6836 Alexander Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas Health Care System Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28270 C Occupation PHYS Aggregate Year-to-Date 1000.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Avenu City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28203 C Occupation ADMIN Aggregate Year-to-Date 2916.69	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Avenu City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28203 C Occupation ADMIN Aggregate Year-to-Date 3333.36	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	916.60

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 21 / 81 (check only one) X
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	ing the name and address of any po	olitical committee to	on for the purpose of soliciting contributions solicit contributions from such committee. HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Av City Charlotte	venue #413 State Zip Code NC 28203		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem	Occupation	• •	Payroll Deduction \$416.67 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	ADMIN Aggregate Year-to-Date	3750.03	
Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Av	venue #413		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	!	Transaction ID: SA11Al.6829
Charlotte	NC 28203		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.67 Payroll Deduction \$416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date	4166.70	
Full Name (Last, First, Middle Initial) Mr. Paul S Franz	'		Date of Receipt
Mailing Address 1320 Fillmore A	venue #413		10 30 7 2009
City Charlotte	State Zip Code NC 28203		Transaction ID: SA11AI.6876
FEC ID number of contributing federal political committee.	NC 28203	· ·	Amount of Each Receipt this Period 416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$416.67 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date	4583.37	
SUBTOTAL of Receipts This Page (opti	onal)		1250.01

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 81 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOFED PAC			
Full Name (Last, First, Middle Initial) Mr. Paul S Franz			Date of Receipt
Mailing Address 1320 Fillmore Aver	nue #413		12 01 2009
City	State	Zip Code	Transaction ID: SA11Al.6929
Charlotte FEC ID number of contributing	NC	28203	Amount of Each Receipt this Period
federal political committee.	C		416.63
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$416.63 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman			Date of Receipt
Mailing Address 8221 Buena Vista	Drive		0 7 0 1 Y Y Y Y Y Y
City Denver	State NC	Zip Code 28037	Transaction ID: SA11AI.6728
FEC ID number of contributing federal political committee.	C	20037	Amount of Each Receipt this Period 250.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$250 monthly
Receipt For: 2009 Primary X General Other (specify) ▼		Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman			Date of Receipt
Mailing Address 8221 Buena Vista	Drive		07 31 2009
City	State	Zip Code	Transaction ID: SA11AI.6773
Denver FEC ID number of contributing federal political committee.	C	28037	Amount of Each Receipt this Period 250.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$250 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (options	al)		916.63

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman Mailing Address 8221 Buena Vista Driv City Denver FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem	e State NC C C Occupation ADMIN	Zip Code 28037	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: 2009 Primary X General Other (specify) ▼		e Year-to-Date ▼ 2250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman Mailing Address 8221 Buena Vista Driv	e		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6861
	Denver FEC ID number of contributing federal political committee.	C	28037	Amount of Each Receipt this Period 250.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$250 mo- nthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
C.	Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman Mailing Address 8221 Buena Vista Driv	e		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6908
	<u>Denver</u>	NC	28037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	_	Payroll Deduction \$250 mo- nthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2750.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)		

ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 81 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOFED PAC			
Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman			Date of Receipt
Mailing Address 8221 Buena Vista I	Drive		M M / D D / Y Y Y Y
City	State	Zip Code	1 2 0 1 2 0 0 9 Transaction ID: SA11AI.6961
Denver	NC	28037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$250 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar	I		Date of Receipt
Mailing Address 4625 Cotton Creek	Drive		07 01 7 2009
City Charlotte	State NC	Zip Code	Transaction ID: SA11AI.6714
FEC ID number of contributing federal political committee.	C	28226	Amount of Each Receipt this Period 400.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$400 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00]
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar			Date of Receipt
Mailing Address 4625 Cotton Creek	Drive		0 7 3 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.6759
<u>Charlotte</u>	NC	28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$400 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3200.00]
SUBTOTAL of Receipts This Page (optional	-0		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 81 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	ne name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar Mailing Address 4625 Cotton Creek D City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General	State NC C Occupatio ADMIN	Year-to-Date ▼	Date of Receipt M M M O D D O D 2 O D 9 Transaction ID: SA11AI.6803 Amount of Each Receipt this Period 400.00 Payroll Deduction \$400 monthly
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Greg A Gombar Mailing Address 4625 Cotton Creek D City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General	State NC C Occupatio ADMIN	Zip Code 28226	Date of Receipt M M M / D D / 2009 Transaction ID: SA11Al.6847 Amount of Each Receipt this Period 400.00 Payroll Deduction \$400 monthly
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar Mailing Address 4625 Cotton Creek D City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General	State NC C Occupatio ADMIN	Zip Code 28226 • Year-to-Date ▼ 4400.00	Date of Receipt 10 30 2009 Transaction ID: SA11AI.6894 Amount of Each Receipt this Period 400.00 Payroll Deduction \$400 monthly
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	1200.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Page	ne (crieck offly offe)	
or for commercial purposes, other th NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by an using the name and address of any political comm	nittee to solicit contributions from such committee.	
Full Name (Last, First, Middle Init Mr. Greg A Gombar Mailing Address 4625 Cotton	·	Date of Receipt 1 2 0 1 2 0 0 9	
City Charlotte	State Zip Code NC 28226	Transaction ID: SA11AI.6947 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	400.00	
Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 4800.	Payroll Deduction \$400 mo- nthly	
Full Name (Last, First, Middle Init Mr. Clark E Goodwin Mailing Address 6028 Alexa	al)	Date of Receipt	
City	State Zip Code	1 0 0 1 2 0 0 9 Transaction ID: SA11AI.6853	
Charlotte FEC ID number of contributing federal political committee.	NC 28277	Amount of Each Receipt this Period 20.84	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly	
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.	40	
Full Name (Last, First, Middle Init Mr. Clark E Goodwin	Full Name (Last, First, Middle Initial) Mr. Clark E Goodwin		
Mailing Address 6028 Alexa	Road	10 30 YYYYY 2009	
City Charlotte	State Zip Code NC 28277	Transaction ID: SA11AI.6900 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.84	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly	
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	24	
SUBTOTAL of Receipts This Page	(optional)	441.68	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 81 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE FED PAC	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Clark E Goodwin Mailing Address 6028 Alexa Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009	State NC C Occupatio ADMIN Aggregate	Zip Code 28277 In	Date of Receipt M M D D 2009 Transaction ID: SA11AI.6953 Amount of Each Receipt this Period 20.76 Payroll Deduction \$20.76
Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Frederick L Greene Mailing Address 128 Altondale Avenue		250.00	Date of Receipt
City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	State NC C Occupatio PHYS Aggregate	Zip Code 28207 In P Year-to-Date ▼ 208.40	Transaction ID: SA11AI.6827 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
Full Name (Last, First, Middle Initial) Dr. Frederick L Greene Mailing Address 128 Altondale Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State NC C Occupatio PHYS	Zip Code 28207 nn e Year-to-Date ▼	Date of Receipt M M M / D D / 2009 Transaction ID: SA11AI.6874 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
SUBTOTAL of Receipts This Page (optional) .	•		62.44

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 81 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	statements mage name and add	 y not be sold or used by any perso dress of any political committee to	non for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Dr. Frederick L Greene			Date of Receipt
Mailing Address 128 Altondale Avenue			12 01 2009
City	State	Zip Code	Transaction ID: SA11Al.6927
Charlotte	NC	28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.76
Name of Employer CarolinasHealthCareSystem	Occupatio PHYS	n	Payroll Deduction \$20.76 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Edith Miller Hall			Date of Receipt
Mailing Address 1114 Belgrave Place			11 05 7 9 9
City	State	Zip Code	Transaction ID: SA11AI.6996
Charlotte	NC	28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer Carolinas HealthCare Syst- em	Occupatio Physicia		
Receipt For: 2010 Primary X General	Aggregate	e Year-to-Date ▼	_
Other (specify)		750.00	
Full Name (Last, First, Middle Initial) James B Hall			Date of Receipt
Mailing Address 1114 Belgrave Place			1 1 0 5 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.6998
Charlotte	NC	28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		750.00
Name of Employer Carolinas HealthCare Syst- em	Occupatio Physicia		
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)			1520.76

TOTAL This Period (last page this line number only)

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 81 (check only one)
Any ir or for	nformation copied from such Reports and Sta commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
N/ CI	AME OF COMMITTEE (In Full) HARLOTTE-MECKLENBURG HOSPI ED PAC			
	ıll Name (Last, First, Middle Initial) s. Janet D Handy			Date of Receipt
_	ailing Address 8044 Silver Jade Drive	M M / D D / Y Y Y		
Cit	ty	State	Zip Code	0 7 0 1 2 0 0 9 Transaction ID: SA11Al.6727
	enver	NC	28037	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		41.67
Na Ca	ame of Employer arolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$41.67 monthly
Re	eceipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.69	
	ull Name (Last, First, Middle Initial) s. Janet D Handy			Date of Receipt
Ma	ailing Address 8044 Silver Jade Drive			07 31 7 2009
Cit		State	Zip Code	Transaction ID: SA11AI.6772
	enver	NC	28037	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		41.67
Na Ca	ame of Employer arolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$41.67 monthly
Re	eceipt For: 2009 Primary X General	Aggregate	e Year-to-Date ▼	
	Primary X General Other (specify) ▼		333.36	
	III Name (Last, First, Middle Initial) s. Janet D Handy			Date of Receipt
	ailing Address 8044 Silver Jade Drive			09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit		State	Zip Code	Transaction ID: SA11AI.6816
	enver	NC	28037	Amount of Each Receipt this Period
fed	EC ID number of contributing deral political committee.	C		41.67
Na Ca	ame of Employer arolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$41.67 monthly
Re	eceipt For: 2009 Primary X General	Aggregate	Year-to-Date ▼	,
	Other (specify) ▼		375.03	
	TOTAL of Receipts This Page (optional)			125.01

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 81 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	o solicit contributions from such committee.
FED PAC Full Name (Last, First, Middle Initial) Ms. Janet D Handy Mailing Address 8044 Silver Jade Dr City Denver FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009	State Zip Code NC 28037 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2009 Transaction ID: SA11AI.6860 Amount of Each Receipt this Period 41.67 Payroll Deduction \$41.67 monthly
Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Janet D Handy Mailing Address 8044 Silver Jade Dr City Denver FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	416.70	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Janet D Handy Mailing Address 8044 Silver Jade Dr City Denver FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28037 C Occupation ADMIN Aggregate Year-to-Date 500.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	124.97

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	PITAL AUTH	IORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Dr. Frank Harrison			Date of Receipt
	Mailing Address 3741 Hearthstone Co			11 05 2009
	City Charlotte	State NC	Zip Code 28211	Transaction ID: SA11AI.6981 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation Physicia		
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Thomas E Hassett	<u> </u>		Date of Receipt
	Mailing Address 7733 Compton Court			10 01 2009
	City Charlotte	State NC	Zip Code 28270	Transaction ID: SA11AI.6859
	FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Occup ADM		20270	Amount of Each Receipt this Period 20.84
			n	Payroll Deduction \$20.84 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 208.40	
- C.	Full Name (Last, First, Middle Initial) Mr. Thomas E Hassett			Date of Receipt
	Mailing Address 7733 Compton Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Charlotte	State NC	Zip Code 28270	Transaction ID: SA11AI.6906
	FEC ID number of contributing federal political committee.	C	20210	Amount of Each Receipt this Period 20.84
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$20.84 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 229.24	
	SUBTOTAL of Receipts This Page (optional)			291.68
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEAL	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Thomas E Hassett Mailing Address 7733 Compton Cou City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28270 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt M M D D 2009
Full Name (Last, First, Middle Initial) Henry C Hawthorne Mailing Address 1310 James B Whit City Whiteville FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	e Hwy N State Zip Code NC 28472 C Occupation ADMIN Aggregate Year-to-Date 350.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Henry C Hawthorne Mailing Address 1310 James B Whit City Whiteville FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	e Hwy N State Zip Code NC 28472 C Occupation ADMIN Aggregate Year-to-Date 400.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	120.76

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per- ne name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Henry C Hawthorne Mailing Address 1310 James B White City Whiteville FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCareSystem	State Zip Code NC 28472 C Occupation	Date of Receipt M M D D 2009 Transaction ID: SA11Al.6784 Amount of Each Receipt this Period 50.00 Payroll Deduction \$50 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	ADMIN Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Henry C Hawthorne Mailing Address 1310 James B White	Hwy N	Date of Receipt 1 0 0 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.6828
Whiteville FEC ID number of contributing federal political committee.	NC 28472	Amount of Each Receipt this Period 50.00 Payroll Deduction \$50 mon-
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	thly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Henry C Hawthorne		Date of Receipt
Mailing Address 1310 James B White	Hwy N	10 30 2009
City Whiteville	State Zip Code NC 28472	Transaction ID: SA11AI.6875 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$50 mon- thly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)	•	150.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 81 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any personal rest of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H FED PAC			
Full Name (Last, First, Middle Initial) Henry C Hawthorne			Date of Receipt
Mailing Address 1310 James B Wh	nite Hwy N		M M / D D / Y Y Y Y
City	State	Zip Code	1 2 0 1 2 0 0 9 Transaction ID: SA11Al.6928
Whiteville	NC	28472	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$50 mon- thly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Kent C Holtzmuller			Date of Receipt
Mailing Address PO Box 220248			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7006
Charlotte NC		28222-0248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Carolinas HealthCare Syst- em	Occupation Physician		
Receipt For: 2010		Year-to-Date V	
Primary X General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer			Date of Receipt
Mailing Address 8304 Indigo Row			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.6863
<u>Charlotte</u>	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.67 Payroll Deduction \$21.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		monthly
Receipt For: 2009 Primary X General	Aggregate	Year-to-Date ▼	
Other (specify) ▼		216.70	
SUBTOTAL of Receipts This Page (option			571.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per name and address of any political committee	person for the purpose of soliciting contributions see to solicit contributions from such committee.
` '	SPITAL AUTHORITY/CAROLINAS HE	ALTHCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer Mailing Address 8304 Indigo Row		Date of Receipt
City	State Zip Code	1 0 3 0 2 0 0 9 Transaction ID: SA11AI.6910
<u>Charlotte</u>	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$21.67 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 238.37	
Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer		Date of Receipt
Mailing Address 8304 Indigo Row		12 01 2009
City	State Zip Code	Transaction ID: SA11Al.6963
<u>Charlotte</u>	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	Payroll Deduction \$21.63
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	monthly
Receipt For: 2009	Aggregate Year-to-Date ▼	
Primary X General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) James C Hunter		Date of Receipt
Mailing Address 1525 Kenilworth Ave	#106	07 01 2009
City	State Zip Code	Transaction ID: SA11Al.6697
Charlotte	NC 28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Payroll Deduction \$83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	
SUBTOTAL of Receipts This Page (optional)		126.64

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	e name and add	dress of any political committee to	o solicit contributions from such committee.
7	Full Name (Last, First, Middle Initial)	TITAL AOTTI	OTIT I/OANGENAG NEAE	
Α.	James C Hunter Mailing Address 1525 Kenilworth Ave #	#106		Date of Receipt 0 7 3 1 2 0 0 9
	City Charlotte	State NC	Zip Code 28203	Transaction ID: SA11AI.6743 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$83.34 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.72	
– В.	Full Name (Last, First, Middle Initial) James C Hunter Mailing Address 1525 Kenilworth Ave #	#106		Date of Receipt 0 9 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11Al.6787
	Charlotte FEC ID number of contributing federal political committee.	NC C	28203	Amount of Each Receipt this Period 83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$83.34 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.06	
_ C.	Full Name (Last, First, Middle Initial) James C Hunter Mailing Address 1525 Kenilworth Ave #	#106		Date of Receipt
	City	State	Zip Code	1 0 0 1 2 0 0 9 Transaction ID: SA11Al.6831
	<u>Charlotte</u>	NC NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$83.34 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 833.40	
	SUBTOTAL of Receipts This Page (optional)			250.02

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) James C Hunter Mailing Address 1525 Kenilworth Ave	#106		Date of Receipt 10 30 2009
	City	State	Zip Code	Transaction ID: SA11Al.6878
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$83.34 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 916.74	
	Full Name (Last, First, Middle Initial) James C Hunter Mailing Address 1525 Kenilworth Ave	#106		Date of Receipt
		12 01 2009		
	City	State	Zip Code	Transaction ID: SA11AI.6931
	Charlotte FEC ID number of contributing federal political committee.	C	28203	Amount of Each Receipt this Period 83.26
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$83.26 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney Mailing Address 2316 Vail Avenue			Date of Receipt 0 9 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11Al.6795
	Charlotte	NC	28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$25 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .			191.60

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 38 / 81 (check only one) X
\ \ \	uny information copied from such Reports and ir for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of	any political committee to	solicit contributions from such committee.
	CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY	//CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney Mailing Address 2316 Vail Avenue			Date of Receipt
	walling Address 2316 Vall Avenue			10 01 2009
	Charlette		o Code	Transaction ID: SA11AI.6839
	Charlotte FEC ID number of contributing federal political committee.	C	3207	Amount of Each Receipt this Period 25.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$25 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to	250.00	
 3.	Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney Mailing Address 2316 Vail Avenue			Date of Receipt
				10 30 2009
	City Charlotte		o Code	Transaction ID: SA11AI.6886
	FEC ID number of contributing federal political committee.	C	3207	Amount of Each Receipt this Period 25.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$25 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 275.00	
_ ;.	Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney			Date of Receipt
	Mailing Address 2316 Vail Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Charlotte		o Code 3207	Transaction ID: SA11AI.6939
	FEC ID number of contributing federal political committee.	C	5207	Amount of Each Receipt this Period 25.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$25 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	1		75.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate solution for each category Detailed Summa	y of the Crieck only one)
Any information copied from such Repor or for commercial purposes, other than u	s and Statements may not be sold or used sing the name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG FED PAC	HOSPITAL AUTHORITY/CAROLIN	IAS HEALTHCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Dr. Michael D Kaufman		Date of Receipt
Mailing Address 1010 Edgehill R		10 01 2009
City <u>Charlotte</u>	State Zip Code NC 28207	Transaction ID: SA11AI.6824 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21.00
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$21 mon- thly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	210.00
Full Name (Last, First, Middle Initial) Dr. Michael D Kaufman Mailing Address 1010 Edgehill R	and North	Date of Receipt
		10 30 2009
City Charlotte	State Zip Code NC 28207	Transaction ID: SA11Al.6871 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21.00
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$21 mon- thly
Receipt For: 2009 Primary X General Other (specify)	Aggregate Year-to-Date ▼	231.00
Full Name (Last, First, Middle Initial) C. Dr. Michael D Kaufman		Date of Receipt
Mailing Address 1010 Edgehill R	oad North	12 01 2009
City Charlotte	State Zip Code NC 28207	Transaction ID: SA11AI.6924
FEC ID number of contributing federal political committee.	NC 28207	Amount of Each Receipt this Period 21.00
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$21 mon- thly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	252.00
SUBTOTAL of Receipts This Page (on	ional)	63.00
	number only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
2	` '	SPITAL AUTHORITY/CAROLINAS HEAL	THCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Mr. Robert M Keener Mailing Address 625 Club Drive		Date of Receipt
			09 01 2009
	City Stanley	State Zip Code NC 28164	Transaction ID: SA11AI.6810 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 25107	25.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$25 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
– В.	Full Name (Last, First, Middle Initial) Mr. Robert M Keener Mailing Address 625 Club Drive		Date of Receipt
	Walling Address 625 Club Diffe		10 01 2009
	City	State Zip Code	Transaction ID: SA11Al.6854
	Stanley FEC ID number of contributing federal political committee.	NC 28164	Amount of Each Receipt this Period 25.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$25 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) Mr. Robert M Keener		Date of Receipt
	Mailing Address 625 Club Drive		10 30 7 2009
	City Stanley	State Zip Code NC 28164	Transaction ID: SA11AI.6901 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 28104	25.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$25 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Γ		1	75.00

SCHEDULE A	•		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 81 (check only one)
Any information copied or for commercial purp	from such Reports and States oses, other than using the r	atements may	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMI CHARLOTTE-M FED PAC	, ,	TAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Full Name (Last, Fi				Date of Receipt
Mailing Address				12 01 2009
City		State	Zip Code	Transaction ID: SA11AI.6954
Stanley		NC	28164	Amount of Each Receipt this Period
FEC ID number of federal political con		C		25.00
Name of Employer CarolinasHealthCa	reSystem	Occupation ADMIN	ı	Payroll Deduction \$25 mon- thly
Receipt For: Primary Other (specif	2009 X General /) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, Fi				Date of Receipt
Mailing Address !	5234 Lancelot Drive			09 / 01 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City Charlotte		State NC	Zip Code 28270	Transaction ID: SA11AI.6804
FEC ID number of federal political con		C	20270	Amount of Each Receipt this Period 25.00
Name of Employer CarolinasHealthCa	reSystem	Occupation ADMIN	1	Payroll Deduction \$25 mon- thly
Receipt For:	2009	Aggregate	Year-to-Date ▼	
Other (specif	X General /) ▼		225.00	
Full Name (Last, Fi				Date of Receipt
Mailing Address	5234 Lancelot Drive			10 01 2009
City		State	Zip Code	Transaction ID: SA11AI.6848
<u>Charlotte</u>		NC	28270	Amount of Each Receipt this Period
FEC ID number of federal political con	mittee.	C		25.00 Payroll Deduction \$25 mon-
Name of Employer CarolinasHealthCa	1	Occupation ADMIN		thly
Receipt For: Primary	2009 X General	Aggregate	Year-to-Date ▼	-
Other (specif			250.00	
SUBTOTAL of Recei				75.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI FED PAC	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby Mailing Address 5234 Lancelot Drive	State	Zip Code	Date of Receipt 10 30 2009
	City Charlotte	NC	28270	Transaction ID: SA11AI.6895 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20270	25.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$25 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby Mailing Address 5234 Lancelot Drive			Date of Receipt 1 2 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11Al.6948
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$25 mon- thly
	Receipt For: 2009 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Ms. Donna Lockhart Mailing Address 5523 Challis View Lar	ne		Date of Receipt 1 0 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6850
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.84 Payroll Deduction \$20.84
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 208.40	
	SUBTOTAL of Receipts This Page (optional)	•		70.84

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	e name and ad	dress of any political committee to	solicit contributions from such committee.
A.	FED PAC Full Name (Last, First, Middle Initial) Ms. Donna Lockhart		ONIT FOUNDLINAS HEALT	Date of Receipt
	Mailing Address 5523 Challis View Lan City	State	Zip Code	1 0 3 0 2 0 0 9 Transaction ID: SA11AI.6897
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.84
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$20.84 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 229.24	
В.	Full Name (Last, First, Middle Initial) Ms. Donna Lockhart Mailing Address 5523 Challis View Lan	ne		Date of Receipt 1 2 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6950
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.76
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN		Payroll Deduction \$20.76 monthly
	Receipt For: 2009 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Michael J Lutes	•		Date of Receipt
	Mailing Address 4025 Camrose Crossi	ng		07 01 7 2009
	City Matthews	State NC	Zip Code 28104	Transaction ID: SA11AI.6712 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20104	40.00
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$40 mon- thly
	Receipt For: 2009 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 280.00	
	SUBTOTAL of Receipts This Page (optional)	1		81.60
	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 81 (check only one) X
4	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CHARLOTTE-MECKLENBURG HO	SPITAL AUTHO	DRITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Δ.	Full Name (Last, First, Middle Initial) Michael J Lutes Mailing Address 4025 Camrose Cros	eina		Date of Receipt
		Siriy		07 31 2009
	City	State NC	Zip Code	Transaction ID: SA11AI.6757
	Matthews FEC ID number of contributing federal political committee.	C	28104	Amount of Each Receipt this Period 40.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$40 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	
_ 3.	Full Name (Last, First, Middle Initial) Michael J Lutes			Date of Receipt
	Mailing Address 4025 Camrose Cros	sing		09 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.6801
	Matthews	NC	28104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00 Payroll Deduction \$40 mon-
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		thly
	Receipt For: 2009		Year-to-Date ▼	
	Primary X General Other (specify) ▼	0 0	360.00	
-).	Full Name (Last, First, Middle Initial) Michael J Lutes			Date of Receipt
	Mailing Address 4025 Camrose Cros	sing		10 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.6845
	Matthews	NC	28104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00 Payroll Deduction \$40 mon-
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Γ				120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	(Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 81 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOFED PAC	OSPITAL AUTHO	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Michael J Lutes			Date of Receipt
Mailing Address 4025 Camrose Cro	ssing		10 30 2009
City	State	Zip Code	Transaction ID: SA11AI.6892
Matthews	NC	28104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	Payroll Deduction \$40 mon- thly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Michael J Lutes			Date of Receipt
Mailing Address 4025 Camrose Cro	12 01 2009		
City	State	Zip Code	Transaction ID: SA11Al.6945
Matthews	NC	28104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	Payroll Deduction \$40 mon- thly
Receipt For: 2009	Aggregate	Year-to-Date ▼	
Primary X General Other (specify) ▼	0 0	480.00	
Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell			Date of Receipt
Mailing Address 3617 Charolais Lan	ne		07 01 2009
City	State	Zip Code	Transaction ID: SA11AI.6711
Harrisburg	NC	28075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		Payroll Deduction \$83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	l	monthly
Receipt For: 2009	Aggregate	Year-to-Date ▼	_
Primary X General Other (specify) ▼		583.38	
SUBTOTAL of Receipts This Page (optional			163.34

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 81 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO FED PAC	the name and add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell Mailing Address 3617 Charolais Land	Э		Date of Receipt 0 7
City Harrisburg	State NC	Zip Code 28075	Transaction ID: SA11AI.6756 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem	Occupation	1	Payroll Deduction \$83.34 monthly
CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	ADMIN	Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell Mailing Address 3617 Charolais Lane	9		Date of Receipt 0 9 0 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.6800
Harrisburg FEC ID number of contributing federal political committee.	C	28075	Amount of Each Receipt this Period 83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$83.34 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.06]
Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell			Date of Receipt
Mailing Address 3617 Charolais Land	-		10 01 2009
City Harrisburg	State NC	Zip Code 28075	Transaction ID: SA11AI.6844 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20075	83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	Payroll Deduction \$83.34 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40	
SUBTOTAL of Receipts This Page (optional)		250.02

SCHEDULE A (FEC Form	Use separate schedule(s for each category of the Detailed Summary Page	
or for commercial purposes, other than NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBUR	rts and Statements may not be sold or used by any using the name and address of any political committed. HOSPITAL AUTHORITY/CAROLINAS HE	tee to solicit contributions from such committee.
FED PAC Full Name (Last, First, Middle Initial Ms. Martha Ann B McConnell Mailing Address 3617 Charolai: City Harrisburg FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)		Date of Receipt M M
Full Name (Last, First, Middle Initial Ms. Martha Ann B McConnell Mailing Address 3617 Charolais City Harrisburg FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28075 C Occupation ADMIN Aggregate Year-to-Date 1000.00	Date of Receipt M M
Full Name (Last, First, Middle Initial Mr. James T McDeavitt Mailing Address 826 Berkeley A City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28203 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt M M D D 2 0 0 9
SUBTOTAL of Receipts This Page (c	otional)	333.27

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE			
<u>/</u>	FED PAC Full Name (Last, First, Middle Initial) Mr. James T McDeavitt Mailing Address 826 Berkeley Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem	State NC C	Zip Code 28203	Date of Receipt M M M
	Receipt For: 2009 Primary X General Other (specify)	ADMIN Aggregate	e Year-to-Date ▼ 1333.36	
	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt Mailing Address 826 Berkeley Avenue			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6818
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$166.67 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.03	
_	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt			Date of Receipt
	Mailing Address 826 Berkeley Avenue			10 01 7 2009
	City Charlotte	State NC	Zip Code	Transaction ID: SA11AI.6862
	FEC ID number of contributing federal political committee.	C	28203	Amount of Each Receipt this Period 166.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$166.67 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1666.70	
	SUBTOTAL of Receipts This Page (optional)	1		500.01

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 81 (check only one) X
or for NA	commercial purposes, other than using the ME OF COMMITTEE (In Full) HARLOTTE-MECKLENBURG HOSI	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ful Ful Mr.	ED PAC II Name (Last, First, Middle Initial) . James T McDeavitt iiling Address 826 Berkeley Avenue			Date of Receipt
Cit <u>C</u> r	y narlotte	State NC	Zip Code 28203	Transaction ID: SA11AI.6909 Amount of Each Receipt this Period
fed	C ID number of contributing leral political committee.	C	n	166.67 Payroll Deduction \$166.67
	me of Employer rrolinasHealthCareSystem ceipt For: 2009 Primary X General Other (specify)	ADMIN	Year-to-Date ▼ 1833.37	monthly
Mr.	Il Name (Last, First, Middle Initial) . James T McDeavitt illing Address 826 Berkeley Avenue	•		Date of Receipt 1 2 0 1 2 0 0 9
Cit	у	State	Zip Code	Transaction ID: SA11AI.6962
<u>Cł</u>	narlotte	NC	28203	Amount of Each Receipt this Period
fed	C ID number of contributing leral political committee.	C		166.63 Payroll Deduction \$166.63
Na Ca	me of Employer rolinasHealthCareSystem	Occupatio ADMIN	n	monthly
Re	ceipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
. Joh	ll Name (Last, First, Middle Initial) nn A. Miller			Date of Receipt
Ma	iling Address 1205 Briarwood Avenu	ue		11 1 7 2009
Cit	•	State	Zip Code	Transaction ID: SA11AI.6977
FE	nderson C ID number of contributing leral political committee.	SC C	29621	Amount of Each Receipt this Period 500.00
<u>em</u>		Occupatio Administ		
Re	ceipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUB	FOTAL of Receipts This Page (optional)			833.30

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each ca	rate schedule(s) ategory of the aummary Page	FOR LINE NUMBER: PAGE 50 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold one name and address of any p	or used by any perso political committee to	on for the purpose of soliciting contributions
CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAF	ROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Mr. F Del Murphy			Date of Receipt
Mailing Address 2824 Winding Oak E			10 01 2009
Charlette	State Zip Code	9	Transaction ID: SA11AI.6842
Charlotte	NC 28270		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$20.84 monthly
Receipt For: 2009	Aggregate Year-to-Date	. ▼	
Primary X General Other (specify) ▼		208.40	
Full Name (Last, First, Middle Initial) Mr. F Del Murphy	1		Date of Receipt
Mailing Address 2824 Winding Oak E	ve		10 30 7 2009
City	State Zip Code	Э	Transaction ID: SA11Al.6889
<u>Charlotte</u>	NC 28270		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$20.84 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date	229.24	
Full Name (Last, First, Middle Initial) Mr. F Del Murphy	-1		Date of Receipt
Mailing Address 2824 Winding Oak D	rive		12 01 2009
City	State Zip Code	Э	Transaction ID: SA11Al.6942
Charlotte	NC 28270		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.76
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$20.76 monthly
Receipt For: 2009	Aggregate Year-to-Date	. ▼	
Primary X General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			62.44

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 81 (check only one)			
Any information copied from such Reports or for commercial purposes, other than us	and Statements may ing the name and add	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)		•	THCARE SYSTEM EMPLOYEES			
Full Name (Last, First, Middle Initial) Mr. James C Olsen			Date of Receipt			
	Mailing Address 5900 Summerston Place					
City	State	Zip Code	0 7 0 1 2 0 0 9 Transaction ID: SA11Al.6719			
Charlotte	NC	28277	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	ו	Payroll Deduction \$100 monthly			
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00				
Full Name (Last, First, Middle Initial) Mr. James C Olsen			Date of Receipt			
Mailing Address 5900 Summersto	07 31 2009					
City	State	Zip Code	Transaction ID: SA11AI.6764			
Charlotte	NC	28277	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.			100.00 Payroll Deduction \$100 mo-			
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	nthly			
Receipt For: 2009	Aggregate	Year-to-Date ▼				
Primary X General Other (specify) ▼	0 0	800.00				
Full Name (Last, First, Middle Initial) Mr. James C Olsen			Date of Receipt			
Mailing Address 5900 Summersto	on Place		09 01 2009			
City	State	Zip Code	Transaction ID: SA11AI.6808			
<u>Charlotte</u>	NC	28277	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00 Payroll Deduction \$100 mo-			
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		nthly			
Receipt For: 2009 Primary X General	Aggregate	Year-to-Date ▼	_			
Other (specify)		900.00				
			300.00			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 81 (check only one) X
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CHARLOTTE-MECKLENBURG HOS	PITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
	Full Name (Last, First, Middle Initial) Mr. James C Olsen			Date of Receipt
	Mailing Address 5900 Summerston Pla			10 01 2009
	City Charlotte	State NC	Zip Code 28277	Transaction ID: SA11AI.6852 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$100 mo- nthly
	Receipt For: 2009 Primary X General Other (specify) ▼		Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Mr. James C Olsen			Date of Receipt
	Mailing Address 5900 Summerston Pla	10 30 2009		
	City	State	Zip Code	Transaction ID: SA11AI.6899
	Charlotte	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00 Payroll Deduction \$100 mo-
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	nthly
	Receipt For: 2009 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 1100.00	
_	Full Name (Last, First, Middle Initial) Mr. James C Olsen			Date of Receipt
	Mailing Address 5900 Summerston Pla	12 01 2009		
	City Charlotte	State NC	Zip Code	Transaction ID: SA11AI.6952
	FEC ID number of contributing federal political committee.	C	28277	Amount of Each Receipt this Period 100.00
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$100 mo- nthly
	Receipt For: 2009 Primary X General Other (specify) ▼		Year-to-Date ▼ 1200.00	
\[SUBTOTAL of Receipts This Page (optional) .	1		300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 81 (check only one) X 11a
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	 y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
. ∠ \.	Full Name (Last, First, Middle Initial) Jerry A Parrish			Date of Receipt
	Mailing Address 107 Nottingham Cour	1 1 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.6973
	Anderson	SC	29621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Administ		
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) Mr. Dennis Phillips			Date of Receipt
•	Mailing Address 4310 4th Street Circle	1 1 0 5 2 0 0 9		
	City	Transaction ID: SA11AI.6982		
	Hickory	NC	28601-9021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Administ		
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ :	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont			Date of Receipt
-	Mailing Address 2028 Hopedale Avenu	re		0 7 0 1 2 0 0 9
	City Charlotte	State NC	Zip Code 28207	Transaction ID: SA11Al.6703 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$400 mo- nthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2800.00	
	SUBTOTAL of Receipts This Page (optional) .			1400.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements may not be sold or used by any personal the name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont Mailing Address 2028 Hopedale Aver City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28207 C Occupation ADMIN Aggregate Year-to-Date 3200.00	Date of Receipt M M J D D J 2009 Transaction ID: SA11AI.6748 Amount of Each Receipt this Period 400.00 Payroll Deduction \$400 monthly
Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont Mailing Address 2028 Hopedale Aver City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28207 C Occupation ADMIN Aggregate Year-to-Date 3600.00	Date of Receipt O 9 O 1 2 0 0 9 Transaction ID: SA11AI.6792 Amount of Each Receipt this Period 400.00 Payroll Deduction \$400 monthly
Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont Mailing Address 2028 Hopedale Aver City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28207 C Occupation ADMIN Aggregate Year-to-Date 4000.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional))	1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	Statements may not be sold or used by any pe name and address of any political committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont Mailing Address 2028 Hopedale Avenu City Charlotte FEC ID number of contributing	State Zip Code NC 28207	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	C Occupation ADMIN Aggregate Year-to-Date ▼ 4400.00	Payroll Deduction \$400 monthly
Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont Mailing Address 2028 Hopedale Avenu City	le State Zip Code	Date of Receipt M
Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	NC 28207 C Occupation ADMIN Aggregate Year-to-Date ▼ 4800.00	Amount of Each Receipt this Period 400.00 Payroll Deduction \$400 monthly
Full Name (Last, First, Middle Initial) Mr. Roger A Ray Mailing Address 11029 Lederer Ave City Charlotte FEC ID number of contributing	State Zip Code NC 28277	Date of Receipt M M M
Receipt For: Primary Other (specify) Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date 2333.38	Payroll Deduction \$333.34 monthly
SUBTOTAL of Receipts This Page (optional) .		1133.34

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	I Statements may not be sold or used by any perso he name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	solicit contributions from such committee.
FED PAC Full Name (Last, First, Middle Initial) Mr. Roger A Ray Mailing Address 11029 Lederer Ave City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date 2666.72	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Roger A Ray Mailing Address 11029 Lederer Ave City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date 3000.06	Date of Receipt M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Roger A Ray Mailing Address 11029 Lederer Ave City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas Health Care System Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date 3333.40	Date of Receipt M M / D D / Y Y Y O D Transaction ID: SA11AI.6825 Amount of Each Receipt this Period 333.34 Payroll Deduction \$333.34 monthly
SUBTOTAL of Receipts This Page (optional)		1000.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 81 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	PITAL AUTHORITY/CAROLINAS HEAL	
Full Name (Last, First, Middle Initial) Mr. Roger A Ray		Date of Receipt
Mailing Address 11029 Lederer Ave	State Zip Code	10 30 2009
City Charlotte	NC 28277	Transaction ID: SA11AI.6872 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$333.34 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 3666.74	
Full Name (Last, First, Middle Initial) Mr. Roger A Ray		Date of Receipt
Mailing Address 11029 Lederer Ave	1 2 0 1 2 0 0 9	
City	State Zip Code	Transaction ID: SA11AI.6925
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.26
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$333.26 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial)		
Dr. Charles B Rich Mailing Address 4100 Foxcroft Road		Date of Receipt 1 0 0 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.6846
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$20.84 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	
SUBTOTAL of Receipts This Page (optional)	1	687.44

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 81 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE FED PAC	e name and add	dress of any political committee to	o solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) Dr. Charles B Rich Mailing Address 4100 Foxcroft Road City Charlotte	State NC	Zip Code 28211	Date of Receipt 10 30 2009 Transaction ID: SA11AI.6893 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.84
	Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	Occupation PHYS Aggregate	Year-to-Date ▼ 229.24	Payroll Deduction \$20.84 monthly
3.	Full Name (Last, First, Middle Initial) Dr. Charles B Rich Mailing Address 4100 Foxcroft Road			Date of Receipt 1 2 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6946
	Charlotte FEC ID number of contributing federal political committee.	C	28211	Amount of Each Receipt this Period 20.76 Payroll Deduction \$20.76
	Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	Occupation PHYS Aggregate	Year-to-Date ▼ 250.00	monthly
	Full Name (Last, First, Middle Initial) Mr. Craig D. Richardville Mailing Address 17235 Glassfield Drive	e		Date of Receipt 1 0 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6834
	Huntersville FEC ID number of contributing federal political committee.	NC C	28078	Amount of Each Receipt this Period 20.84
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN		1	Payroll Deduction \$20.84 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.40	
	SUBTOTAL of Receipts This Page (optional)			62.44

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee	
1 \	OSPITAL AUTHORITY/CAROLINAS HEAL	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Mr. Craig D. Richardville		Date of Receipt
Mailing Address 17235 Glassfield D	rive	10 30 2009
City	State Zip Code	Transaction ID: SA11AI.6881
Huntersville	NC 28078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	
Full Name (Last, First, Middle Initial) Mr. Craig D. Richardville	I	Date of Receipt
Mailing Address 17235 Glassfield D	rive	12 01 2009
City	State Zip Code	Transaction ID: SA11Al.6934
<u>Huntersville</u>	NC 28078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.76
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.76 monthly
Receipt For: 2009 Primary X General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Virginia Ellen Sheppard	'	Date of Receipt
Mailing Address 5345 Hillingdon Ro	ad	M M M / D D / Y Y Y Y 1 1 3 0
City	State Zip Code	Transaction ID: SA11AI.7004
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	291.60

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 81 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE FED PAC	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt Mailing Address P O Box 901 City Troutman FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State NC C Occupation ADMIN Aggregate	Zip Code 28166 n e Year-to-Date ▼	Date of Receipt 0 7 0 1 2 0 0 9 Transaction ID: SA11Al.6732 Amount of Each Receipt this Period 30.00 Payroll Deduction \$30 monthly
Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt Mailing Address P O Box 901 City Troutman FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State NC C Occupatio ADMIN Aggregate	Zip Code 28166 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 7 3 1 2 0 0 9 Transaction ID: SA11AI.6777 Amount of Each Receipt this Period 30.00 Payroll Deduction \$30 monthly
Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt Mailing Address P O Box 901 City Troutman FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State NC C Occupation ADMIN Aggregate	Zip Code 28166 n • Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			90.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 81 (check only one) X
7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
/	FED PAC	SPITAL AUTHORITY/CAROLINAS HEA	ALTHCARE SYSTEM EMPLOYEES
Δ.	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt		Date of Receipt
	Mailing Address P O Box 901		10 01 2009
	City <u>Troutman</u>	State Zip Code NC 28166	Transaction ID: SA11AI.6865 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$30 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
_ 3.	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt Mailing Address P O Box 901		Date of Receipt
		State 7in Code	10 30 2009
	City Troutman	State Zip Code NC 28166	Transaction ID: SA11AI.6912 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$30 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
_).	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt		Date of Receipt
	Mailing Address P O Box 901		12 01 2009
	City Troutman	State Zip Code NC 28166	Transaction ID: SA11AI.6965
	FEC ID number of contributing federal political committee.	NC 28166	Amount of Each Receipt this Period 30.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$30 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
	CURTOTAL of Descripts This Dags (antispel)		90.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than	rts and Statements may not be sold or used by any persusing the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG FED PAC	G HOSPITAL AUTHORITY/CAROLINAS HEAL	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Keith A Smith		Date of Receipt
Mailing Address 2122 Dilworth I	Road West	11 19 2009
City	State Zip Code	Transaction ID: SA11AI.6979
Charlotte	NC 28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Carolinas HealthCare Syst- em	Occupation Attorney	
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) GRACE SOTOMAYOR		Date of Receipt
Mailing Address 6506 Donnega	11 03 2009	
City	State Zip Code	Transaction ID: SA11AI.6987
CHARLOTTE	NC 28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CAROLINAS HEALTHCARE SYST EM	ADMINISTRATION	
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Jody Jay Stock	I	Date of Receipt
Mailing Address 3466 Blue Jay	Path	10 01 2009
City	State Zip Code	Transaction ID: SA11AI.6843
Fort Mill FEC ID number of contributing	SC 29708	Amount of Each Receipt this Period
federal political committee.	C	20.84 Payroll Deduction \$20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	
SUBTOTAL of Receipts This Page (or	otional)	1270.84

SCHEDULE A (ITEMIZED REC	•		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purpo	ses, other than using the nan TEE (In Full)	ne and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. THCARE SYSTEM EMPLOYEES
Full Name (Last, Firs Mr. Jody Jay Stock Mailing Address 3. City Fort Mill FEC ID number of crederal political commod Femployer Carolinas Health Care	2009 X General	State SC C Occupation ADMIN Aggregate	Zip Code 29708 Year-to-Date ▼ 229.24	Date of Receipt M M M
City Fort Mill FEC ID number of crederal political common Name of Employer Carolinas Health Care	2009 X General	State SC C Occupation ADMIN Aggregate	Zip Code 29708 Year-to-Date ▼ 250.00	Date of Receipt M
City Cornelius FEC ID number of confederal political common Name of Employer Carolinas Health Care	O Box 43 Ontributing nittee. System 2009 X General	State NC C Occupatior ADMIN Aggregate	Zip Code 28031 Year-to-Date ▼	Date of Receipt M M M O D D O D 2009 Transaction ID: SA11AI.6822 Amount of Each Receipt this Period 25.00 Payroll Deduction \$25 monthly
SUBTOTAL of Receip	s This Page (optional)			66.60

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 64 / 81 (check only one)
TI LIMIZED RECEIF 13	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOFED PAC	OSPITAL AUTHORITY/CAROLINAS HEAL	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Ms. Robin E Surane		Date of Receipt
Mailing Address PO Box 43		10 01 2009
City	State Zip Code	Transaction ID: SA11Al.6866
Cornelius	NC 28031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$25 mon- thly
Receipt For: 2009	Aggregate Year-to-Date ▼	
Primary X General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms. Robin E Surane		Date of Receipt
Mailing Address PO Box 43		10 30 2009
City	State Zip Code	Transaction ID: SA11AI.6913
Cornelius	NC 28031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$25 mon- thly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Ms. Robin E Surane		Date of Receipt
Mailing Address PO Box 43		12 01 2009
City	State Zip Code	Transaction ID: SA11Al.6966
Cornelius	NC 28031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$25 mon- thly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 81 (check only one)
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIFED PAC			
	Full Name (Last, First, Middle Initial) Daniel W Sweat			Date of Receipt
	Mailing Address 133 Twin Lake Drive			07 01 2009
	City	State	Zip Code	Transaction ID: SA11Al.6696
	Shelby	NC	28152	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$100 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
	Full Name (Last, First, Middle Initial) Daniel W Sweat			Date of Receipt
	Mailing Address 133 Twin Lake Drive			07 31 7 9 9
	City Shelby	State NC	Zip Code 28152	Transaction ID: SA11AI.6742
	FEC ID number of contributing federal political committee.	C	20132	Amount of Each Receipt this Period
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$100 mo- nthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
	Full Name (Last, First, Middle Initial) Daniel W Sweat			Date of Receipt
	Mailing Address 133 Twin Lake Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6786
	Shelby	NC	28152	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00 Payroll Deduction \$100 mo-
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	nthly
	Receipt For: 2009 Primary X General	Aggregate	Year-to-Date ▼	,
	Other (specify)		900.00	
	UBTOTAL of Receipts This Page (optional)			300.00

ITEMIZED RE	A (FEC Form 3X) ECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one) X 11a
Any information copi or for commercial pu	ed from such Reports and rposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMI CHARLOTTE- FED PAC	, ,	SPITAL AUTH	ORITY/CAROLINAS HEAL	THCARE SYSTEM EMPLOYEES
Full Name (Last, Daniel W Sweat	First, Middle Initial)			Date of Receipt
Mailing Address	133 Twin Lake Drive			10 01 2009
City		State	Zip Code	Transaction ID: SA11AI.6830
Shelby		NC	28152	Amount of Each Receipt this Period
FEC ID number of federal political controls		C		100.00
Name of Employe CarolinasHealth	er CareSystem	Occupation ADMIN	n	Payroll Deduction \$100 monthly
Receipt For: Primary Other (spec	2009 X General sify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, Daniel W Sweat	First, Middle Initial)			Date of Receipt
Mailing Address	133 Twin Lake Drive			10 30 7 2009
City Shelby		State NC	Zip Code	Transaction ID: SA11AI.6877
FEC ID number of federal political co		C	28152	Amount of Each Receipt this Period 100.00
Name of Employe CarolinasHealth	er CareSystem	Occupation ADMIN	n	Payroll Deduction \$100 mo- nthly
Receipt For:	2009	Aggregate	e Year-to-Date ▼	
Other (spec	_X General cify) ▼		1100.00	
Full Name (Last, Daniel W Sweat	First, Middle Initial)			Date of Receipt
Mailing Address	133 Twin Lake Drive			12 01 2009
City		State	Zip Code	Transaction ID: SA11AI.6930
Shelby		NC	28152	Amount of Each Receipt this Period
FEC ID number of federal political co		С		Payroll Deduction \$100 mo-
Name of Employe CarolinasHealth(Occupation ADMIN	n	nthly
Receipt For: Primary	2009 X General	Aggregate	e Year-to-Date ▼	_
Other (spec			1200.00	
CURTOTAL of Door	o'ala Th'a Dana (ant'anal)	1		300.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 67 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 11
4	ny information copied from such Reports and r for commercial purposes, other than using t	Statements may not be sold one name and address of any p	or used by any persor olitical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE FED PAC	SPITAL AUTHORITY/CAF	ROLINAS HEALTH	HCARE SYSTEM EMPLOYEES
∠ 4.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater			Date of Receipt
	Mailing Address 2137 Dilworth Road			07 01 7 2009
	City Charlotte	State Zip Code NC 28203	9	Transaction ID: SA11AI.6705 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$416.67 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date	2916.69	
- 3.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 2127 Dilyearth Dood			Date of Receipt
	Mailing Address 2137 Dilworth Road			07 31 2009
	City Charlotte	State Zip Code NC 28203	9	Transaction ID: SA11AI.6750 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 25255	0 0	416.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$416.67 monthly
	Receipt For: 2009 Primary X General Other (specify)	Aggregate Year-to-Date	3333.36	
 ;.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater			Date of Receipt
	Mailing Address 2137 Dilworth Road	0 9 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Charlotte	State Zip Code NC 28203	9	Transaction ID: SA11AI.6794 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 20203		416.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$416.67 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date	3750.03	
Γ	SUBTOTAL of Receipts This Page (optional)	1		1250.01

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 81 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HERED PAC	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 2137 Dilworth Roa		7.0.4	Date of Receipt 1 0 0 1 2 0 0 9
City <u>Charlotte</u>	State NC	Zip Code 28203	Transaction ID: SA11AI.6838 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$416.67 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4166.70	
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 2137 Dilworth Roa	nd East		Date of Receipt 10 30 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City	State	Zip Code	Transaction ID: SA11AI.6885
Charlotte	NC	28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$416.67 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4583.37	
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	•		Date of Receipt
Mailing Address 2137 Dilworth Roa	d East		12 01 2009
City	State	Zip Code	Transaction ID: SA11Al.6938
Charlotte FEC ID number of contributing federal political committee.	C	28203	Amount of Each Receipt this Period 416.63
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$416.63 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (option	al)		1249.97

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(crieck offly offe)
for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee. EALTHCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Dr. Chris M Teigland Mailing Address 700 Hungerford Place		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28207	Transaction ID: SA11AI.6724 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	Occupation PHYS Aggregate Year-to-Date 700.00	Payroll Deduction \$100 mo- nthly
Full Name (Last, First, Middle Initial) Dr. Chris M Teigland Mailing Address 700 Hungerford Place	e	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.6769
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$100 mo- nthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	
 Full Name (Last, First, Middle Initial) Dr. Chris M Teigland		Date of Receipt
Mailing Address 700 Hungerford Plac	е	0 9 0 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.6813
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$100 mo- nthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		300.00

	FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	Check only one) X 11a
Α ο	ny information copied from such Reports and Si r for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	ITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
	Full Name (Last, First, Middle Initial) Dr. Chris M Teigland			Date of Receipt
	Mailing Address 700 Hungerford Place			10 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.6857
	Charlotte	NC	28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer CarolinasHealthCareSystem	Occupatio PHYS	n	Payroll Deduction \$100 monthly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dr. Chris M Teigland			Date of Receipt
	Mailing Address 700 Hungerford Place			10 30 2009
	Charlette	State	Zip Code	Transaction ID: SA11AI.6904
	Charlotte	NC	28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer CarolinasHealthCareSystem	Occupatio PHYS	n	Payroll Deduction \$100 mo- nthly
	Receipt For: 2009	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) ▼		1100.00	
_	Full Name (Last, First, Middle Initial) Dr. Chris M Teigland			Date of Receipt
	Mailing Address 700 Hungerford Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6957
	Charlotte	NC	28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer CarolinasHealthCareSystem	Occupatio PHYS	n	Payroll Deduction \$100 monthly
	Receipt For: 2009	Aggregate	e Year-to-Date ▼	_
	Primary X General Other (specify) ▼	0 0	1200.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 81 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t DSPITAL AUTHORITY/CAROLINAS HEAL	o solicit contributions from such committee.
FED PAC Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28226 C Occupation PHYS Aggregate Year-to-Date 208.40	Date of Receipt 1 0
Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28226 C Occupation PHYS Aggregate Year-to-Date 229.24	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger Mailing Address 2524 Flint Grove Ro City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28226 C Occupation PHYS Aggregate Year-to-Date ▼	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional	l)	62.44

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 81 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	I Statements may not be sold or used by any personal he name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	o solicit contributions from such committee.
FED PAC Full Name (Last, First, Middle Initial) Mr. David Thomas Mailing Address 1609 Penderlea Land City Matthews FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General	e State Zip Code NC 28105 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt M M M
Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. David Thomas Mailing Address 1609 Penderlea Land City Matthews FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify) ▼	e State Zip Code NC 28105 C Occupation ADMIN Aggregate Year-to-Date 229.24	Date of Receipt M M M J D D J 2009 Transaction ID: SA11AI.6879 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
Full Name (Last, First, Middle Initial) Mr. David Thomas Mailing Address 1609 Penderlea Land City Matthews FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2009 Primary X General Other (specify)	State Zip Code NC 28105 C Occupation ADMIN Aggregate Year-to-Date 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		62.44

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood			Date of Receipt
Mailing Address 18324 Turnberry Co.	urt		09 01 2009
City	State	Zip Code	Transaction ID: SA11Al.6791
Davidson FEC ID number of contributing federal political committee.	C	28036	Amount of Each Receipt this Period 25.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$25 mon- thly
Receipt For: 2009 Primary X General Other (specify) ▼		Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood			Date of Receipt
Mailing Address 18324 Turnberry Con	urt		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Davidson	State NC	Zip Code 28036	Transaction ID: SA11AI.6835
FEC ID number of contributing federal political committee.	C	20000	Amount of Each Receipt this Period 25.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$25 mon- thly
Receipt For: 2009 Primary X General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood			Date of Receipt
Mailing Address 18324 Turnberry Con	urt		10 30 2009
City	State	Zip Code	Transaction ID: SA11AI.6882
Davidson FEC ID number of contributing federal political committee.	C	28036	Amount of Each Receipt this Period 25.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$25 mon- thly
Receipt For: 2009 Primary X General Other (specify) ▼		Year-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (optional)			75.00

	SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any phe name and address of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEA	ALTHCARE SYSTEM EMPLOYEES
۹.	Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood Mailing Address 18324 Turnberry Co	urt	Date of Receipt
			12 01 2009
	City Davidson	State Zip Code NC 28036	Transaction ID: SA11AI.6935
	FEC ID number of contributing federal political committee.	C 20030	Amount of Each Receipt this Period 25.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$25 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	*
 3.	Full Name (Last, First, Middle Initial) Stephen L Wagner, MD Mailing Address 4301 Morrowick Roa		Date of Receipt
	Walling Address 4301 WOTOWICK ROa	la	11 03 2009
	City	State Zip Code	Transaction ID: SA11AI.7003
	Charlotte	NC 28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Carolinas HealthCare Syst-	Occupation Administrator	
	em Receipt For: 2010	Aggregate Year-to-Date ▼	
	Primary X General Other (specify) ▼	250.00	
- :.	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton	1	Date of Receipt
	Mailing Address 9526 Greyson Ridge	Drive	07 01 2009
	City	State Zip Code	Transaction ID: SA11Al.6731
	Charlotte	NC 28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00 Payroll Deduction \$40 mon-
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
	CURTOTAL of Pagainta This Paga (antional)		315.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton			Date of Receipt
	Mailing Address 9526 Greyson Ridge	Drive		07 31 7 2009
	City Charlotte	State NC	Zip Code 28277	Transaction ID: SA11AI.6776 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$40 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
- В.	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton Mailing Address 9526 Greyson Ridge	Drive		Date of Receipt
			7'a Cada	09 01 2009
	City Charlotte	State NC	Zip Code 28277	Transaction ID: SA11AI.6820 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$40 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
- C.	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton			Date of Receipt
	Mailing Address 9526 Greyson Ridge	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Charlotte	State NC	Zip Code 28277	Transaction ID: SA11AI.6864 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	LOZIT	40.00
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$40 mon- thly
	Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Γ		1		120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 81 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton			Date of Receipt
Mailing Address 9526 Greyson Ridge			10 / 30 / 2009
City	State	Zip Code	Transaction ID: SA11AI.6911
Charlotte	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$40 mon- thly
Receipt For: 2009	Aggregate	e Year-to-Date ▼	7
Primary X General Other (specify) ▼	35 0	440.00	
Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton			Date of Receipt
Mailing Address 9526 Greyson Ridge	Drive		1 2 0 1 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.6964
<u>Charlotte</u>	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$40 mon- thly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Stephen Wilhoit			Date of Receipt
Mailing Address 5933 Deveron Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.6986
Charlotte	NC	28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Carolinas HealthCare Syst- em	Occupation Healthca	n re Executive	7
Receipt For: 2010	Aggregate	e Year-to-Date ▼	
Primary X General Other (specify) ▼	0 0	300.00	
			380.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
	and Statements may not be sold or used by any persing the name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG FED PAC	HOSPITAL AUTHORITY/CAROLINAS HEAL	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones Mailing Address 5522 Challis View	w Lano	Date of Receipt
City	State Zip Code	0 7 0 1 2 0 0 9 Transaction ID: SA11Al.6716
<u>Charlotte</u>	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$100 mo- nthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones Mailing Address	ulana	Date of Receipt
Mailing Address 5522 Challis Vie		07 31 7 2009
City <u>Charlotte</u>	State Zip Code NC 28226	Transaction ID: SA11AI.6761
FEC ID number of contributing federal political committee.	C 20220	Amount of Each Receipt this Period
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$100 monthly
Receipt For: 2009	Aggregate Year-to-Date ▼	
Primary X General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones		Date of Receipt
Mailing Address 5522 Challis View	w Lane	09 01 2009
City	State Zip Code	Transaction ID: SA11AI.6805
<u>Charlotte</u>	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$100 monthly
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
SUPTOTAL of Possints This Page (onti	onal)	300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 81 (check only one) X
7	Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
۱.	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones Mailing Address 5522 Challis View La	200		Date of Receipt
	Walling Address SS22 Challis View La	ane		10 01 2009
	Charlette	State	Zip Code	Transaction ID: SA11AI.6849
	Charlotte FEC ID number of contributing	NC	28226	Amount of Each Receipt this Period
	federal political committee.	C		100.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$100 monthly
	Receipt For: 2009	Aggregate	e Year-to-Date ▼	
	Primary X General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones			Date of Receipt
	Mailing Address 5522 Challis View La	ane		10 30 2009
	City	State	Zip Code	Transaction ID: SA11AI.6896
	<u>Charlotte</u>	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00 Payroll Deduction \$100 mo-
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	nthly
	Receipt For: 2009		e Year-to-Date	
	Primary X General Other (specify) ▼		1100.00	
	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones			Date of Receipt
	Mailing Address 5522 Challis View La	ane		12 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.6949
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00 Payroll Deduction \$100 mo-
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	nthly
	Receipt For: 2009	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) ▼		1200.00	
	SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	PITAL AUTHORITY/CAROLINAS HEALTI	HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Jean Wright		Date of Receipt
Mailing Address 8636 Carly Lane	Olub 7's Out	12 02 2009
City Mint Hill	State Zip Code NC 28227	Transaction ID: SA11AI.6993 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Carolinas Healthcare Syst- em	Occupation Physician	
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Oren M Wyatt		Date of Receipt
Mailing Address 106 Pine Lake Drive		11 13 2009
City	State Zip Code	Transaction ID: SA11AI.6971
Kings Mountain	NC 28086	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Samuel Zimmern		Date of Receipt
Mailing Address 3601 Knapdale Lane		1 1 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.7001
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Carolinas HealthCare Syst-	Occupation Physician	
em Receipt For: 2010	Aggregate Year-to-Date ▼	-
Primary X General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		2250.00
TOTAL This Period (last page this line number	·	33111.83

TEMIZED DISBURSEMENTS for each category of the Detailed Summary Page D	CHEDULE B (FEC FOIII 3X)		arate schedule(s)			NE NUMBE	R:	F	AGE 80	0 / 81
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Fill Name (Last, First, Middle Initial) Anthony Foxx for Mayor City Charlotte NC 28204-2509 Purpose of Disbursement Anthony Foxx Office Sought: Full Name (Last, First, Middle Initial) John Lassiter for Mayor Mailing Address 1361 E. Morehead Street City Charlotte NC 28204 Purpose of Disbursement NC 28204 Purpose of Disbursement Other (specify) V Transaction ID: SB23,6919 Date of Disbursement this Peric Amount of Each Disbursement this Peric 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TEMIZED DISBURSEMENTS				21b	22				
FED PAC Full Name (Last, First, Middle Initial) Anthony Foxx for Mayor Mailing Address 1524 Elizabeth Avenue City Charlotte NC 28204-2509 Purpose of Disbursement Anthony Foxx Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) John Lassiter for Mayor Mailing Address 1361 E. Morehead Street City Charlotte NC 28204 City Charlotte NC 28204 City Charlotte NC 28204 Purpose of Disbursement Anthony Foxx Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) John Lassiter for Mayor Mailing Address 1361 E. Morehead Street City Charlotte NC 28204 Purpose of Disbursement John Lassiter for Mayor Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Mike Michlyre for Congress Mailing Address PO Box 1 City Lumberton NC 28359 Mailing Address PO Box 1 City Lumberton NC 28359 Amount of Each Disbursement Initial Peric Transaction ID: SB23.6994 Amount of Each Disbursement Initial Peric Transaction ID: SB23.6994 Date of Disbursement Transaction ID: SB23.6994 Amount of Each Disbursement Initial Peric Transaction ID: SB23.6994 Amount of Each Disbursement Initial Peric Transaction ID: SB23.6994 Date of Disbursement Transaction ID: SB23.6994 Amount of Each Disbursement Initial Peric Transaction ID: SB23.6994 Date of Disbursement Initial Peric Transaction ID: SB23.6994 Amount of Each Disbursement Initial Peric Transaction ID: SB23.6919 Amount of Each Disbursement Initial Peric Transaction ID: SB23.6919 Amount of Each Disbursement Initial Peric Transaction ID: SB23.6919 Amount of Each Disbursement Initial Peric Transaction ID: SB23.6919 Amount of Each Disbursement Initial Peric Transaction ID: SB23.6919 Amount of Each Disbursement Initial Peric Tran	r for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and addre	ss of any political	comn	nittee to	solicit contr	ibutions f	rom such	committe	
Anthony Foxx for Mayor Mailing Address 1524 Elizabeth Avenue City State Zip Code NC 28204-2509 Purpose of Disbursement Anthony Foxx for Mayor Candidate Name Anthony Foxx Office Sought: House Primary General Primary General John Lassiter for Mayor City State Zip Code NC 28204 Primary General Primary General Disbursement For: Primary General Primary General Disbursement To Date of	FED PAC	AL AUTHOR	HIT I/OANOLII	NAS I	ILALI					
City Charlotte NC 28204-2509 Purpose of Disbursement Anthony Fox for Mayor Candidate Name Anthony Fox X Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) John Lassiter for Mayor Cardidate Name Disbursement State: District: Full Name (Last, First, Middle Initial) Mike McIntyre for Congress Mailing Address PO Box 1 City State Zip Code NC 28204 President State: District: Full Name (Last, First, Middle Initial) Mike McIntyre for Congress Mailing Address PO Box 1 City State Zip Code NC 28359 Amount of Each Disbursement this Peric Transaction ID: SB23,6921 Amount of Each Disbursement this Peric Transaction ID: SB23,6921 Date of Disbursement this Peric Transaction ID: SB23,693 Date of Disbursement this Peric Transaction ID: SB23,6934 Date of Disbursement Date of Disbursement Transaction ID: SB23,6934 Date of Disbursement this Peric Transaction ID: SB23,6934 Date of Disbursement this Peric Transaction ID: SB23,6934 Date of Disbursement this Peric Transaction ID: SB23,6921 Date of Disbursement this Peric Tra	Anthony Foxx for Mayor					Date	of Disburs	ement		ý 9 ^Ý
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Anthony Fox for Mayor Candidate Name Anthony Fox for Mayor Cardidate Name Anthony Fox Office Sought:						Amou	nt of Eaci	1 Disburs		
Office Sought:	Anthony Foxx for Mayor Candidate Name			Cat	egory/				500	.00
Full Name (Last, First, Middle Initial) John Lassiter for Mayor Mailing Address 1361 E. Morehead Street City State Zip Code Charlotte NC 28204 Purpose of Disbursement John Lassiter for Mayor Candidate Name John Lassiter Office Sought: President Primary General Primary General Lumberton NC 28359 City State Zip Code NC 28204 Policy Senate Primary General Disbursement City State Zip Code NC 28359 City State Zip Code NC 28359 Purpose of Disbursement Other (specify) ▼ Amount of Each Disbursement this Peric 2010 Senate Primary General Disbursement Transaction ID: SB23.6994 Date of Disbursement Transaction ID: SB23.6994 Amount of Each Disbursement this Peric 2010 Amount of Each Disbursement this Peric 2010 Amount of Each Disbursement this Peric 2010 Senate V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Office Sought: House Disbur Senate President	Primary		Т	ype					
City State Zip Code Purpose of Disbursement John Lassiter for Mayor Candidate Name John Lassiter Office Sought: House Senate Primary General President State: District: Full Name (Last, First, Middle Initial) Mike McIntyre for Congress Mailing Address PO Box 1 City State Zip Code Lumberton NC 28359 Purpose of Disbursement Purpose of Disbursement Panther's Game December 20th Candidate Name Mike McIntyre Office Sought: X House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Peric Transaction ID: SB23.6994 Date of Disbursement M 1 1 1	Full Name (Last, First, Middle Initial)								3.6921	
Charlotte NC 28204 Purpose of Disbursement John Lassiter for Mayor Candidate Name John Lassiter Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Mike McIntyre for Congress Mailing Address PO Box 1 City State Zip Code Lumberton NC 28359 Purpose of Disbursement Panther's Game December 20th Candidate Name Mike McIntyre Office Sought: X House Primary General Other (specify) ▼ Transaction ID: SB23.6994 Date of Disbursement 1 1 1 M	Mailing Address 1361 E. Morehead Stre	et					M / D	0 2 /	y ž0	0 9 °
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Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Mike McIntyre for Congress Mailing Address PO Box 1 City State Zip Code Lumberton NC 28359 Purpose of Disbursement Panther's Game December 20th Candidate Name Mike McIntyre Office Sought: X House Senate President President Other (specify) ▼ State Zip Code Amount of Each Disbursement this Period Category/ Type Office Sought: X House Senate President Other (specify) ▼										
Full Name (Last, First, Middle Initial) Mike McIntyre for Congress Mailing Address PO Box 1 City State Zip Code Lumberton NC 28359 Purpose of Disbursement Panther's Game December 20th Candidate Name Mike McIntyre Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) Other (specify) Other (specify)	Senate President	Primary								
City State Zip Code Lumberton NC 28359 Purpose of Disbursement Panther's Game December 20th Candidate Name Mike McIntyre Office Sought: X House Senate President President State Zip Code NC 28359 Amount of Each Disbursement this Period Category/ Type Other (specify) Other (specify)	Full Name (Last, First, Middle Initial)					Date	of Disburs	ement		
Lumberton NC 28359 Purpose of Disbursement	Mailing Address PO Box 1					1 ^M 1	M / D	2 4	Ý Ž0	Ď9Ť
Panther's Game December 20th Candidate Name Mike McIntyre Office Sought: X House Senate President Disbursement For: Senate Other (specify) Type						Amou	nt of Eacl	n Disburs		
Mike McIntyre Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) ▼				C)11	1] [-			2500	.00
Senate X Primary General President Other (specify) ▼										
State. IVO DISTING.	Senate President	X Primary	General							
SURTOTAL of Disbursements This Page (ontional)	State. INC DISTINCT.									

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s) FOR LINE NUMBER: (check only one)			PAGE 81 / 81
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL FED PAC	. AUTHORITY/CAROLIN	NAS HEALTH(CARE SYSTEM E	MPLOYEES
Full Name (Last, First, Middle Initial) Sue Myrick			Transaction ID: Date of Disbursen	nent
Mailing Address P. O. Box 37091			111 006	2009
7	State Zip Code NC 28237		Amount of Each D	Disbursement this Period
Purpose of Disbursement Sue Myrick's Christmas/Hanukkah Reception		011		1000.00
Candidate Name Sue Myrick		Category/ Type		
Office Sought: X House Senate President State: NC Disburser X President	ment For: 2010 Primary General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID:	SB23 6918
RICHARD BURR COMMITTEE			Date of Disbursen	nent
Mailing Address POST OFFICE BOX 5928	3		10 27	2009
7	State Zip Code NC 27113		Amount of Each D	Disbursement this Period
Purpose of Disbursement The Richard Burr Committee		011		2500.00
Candidate Name RICHARD M BURR		Category/ Type		
Office Sought: House X Senate President Disburser	ment For: 2010 Primary General Other (specify)			

SUBTOTAL of Disbursements This Page (optional)	•	3500.00
TOTAL This Period (last page this line number only)		7000.00

State: NC

District: 00