

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) ATTENTION: MARY ANN ROUSE 1000 BLYTHE BOULEVARD CHARLOTTE NC 28203 2861

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 07 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer Electronically Filed by Mary Ann Rouse Date 01 26 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		110368.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	135076.09									
(c) Total Receipts (from Line 19)	34889.09	59596.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	169965.18	169965.18								
7. Total Disbursements (from Line 31)	7000.00	7000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	162965.18	162965.18								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(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) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	34820.96	59482.29
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	68.13	114.62
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	34889.09	59596.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34889.09	59596.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7000.00	7000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	7000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Peter Acker	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 816 East Park Drive	Transaction ID: SA11AI.6991
	City State Zip Code Lincolnton NC 28092	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Administrator Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) C. Stephen Bale	Date of Receipt MM / DD / YYYY 11 / 09 / 2009
	Mailing Address 2613 Cole Creek Lane	Transaction ID: SA11AI.6970
	City State Zip Code Rock Hill SC 29732	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Pamela M Beckwith	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 1709 Rosebank Lane	Transaction ID: SA11AI.6699
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1166.69	

SUBTOTAL of Receipts This Page (optional)	666.67
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Pamela M Beckwith	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1709 Rosebank Lane	Transaction ID: SA11AI.6745
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer CarolinasHealthCareSystem Occupation ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1333.36	

B.	Full Name (Last, First, Middle Initial) Pamela M Beckwith	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 1709 Rosebank Lane	Transaction ID: SA11AI.6789
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer CarolinasHealthCareSystem Occupation ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.03	

C.	Full Name (Last, First, Middle Initial) Pamela M Beckwith	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 1709 Rosebank Lane	Transaction ID: SA11AI.6833
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer CarolinasHealthCareSystem Occupation ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.70	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Pamela M Beckwith	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 1709 Rosebank Lane	Transaction ID: SA11AI.6880
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37	

B.	Full Name (Last, First, Middle Initial) Pamela M Beckwith	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 1709 Rosebank Lane	Transaction ID: SA11AI.6933
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.63 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Herbert L Bonkovsky	Date of Receipt MM / DD / YYYY 11 / 16 / 2009
	Mailing Address 2214 Cumberland Road	Transaction ID: SA11AI.6980
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	633.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Joseph Bowers	Date of Receipt MM / DD / YYYY 11 / 16 / 2009
	Mailing Address 5221 Amherst Trail Drive	Transaction ID: SA11AI.6984
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Vice President Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Fred T Brown	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 7427 Saint Clair Drive	Transaction ID: SA11AI.6725
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.69	

C.	Full Name (Last, First, Middle Initial) Mr. Fred T Brown	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 7427 Saint Clair Drive	Transaction ID: SA11AI.6770
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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)	

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

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

FOR LINE NUMBER: PAGE 10 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Fred T Brown

Mailing Address 7427 Saint Clair Drive

City State Zip Code
 Charlotte NC 28270

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.03

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 01 2009

Transaction ID: SA11AI.6814

Amount of Each Receipt this Period
 41.67

Payroll Deduction \$41.67 monthly

B. Full Name (Last, First, Middle Initial)
Mr. Fred T Brown

Mailing Address 7427 Saint Clair Drive

City State Zip Code
 Charlotte NC 28270

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 01 2009

Transaction ID: SA11AI.6858

Amount of Each Receipt this Period
 41.67

Payroll Deduction \$41.67 monthly

C. Full Name (Last, First, Middle Initial)
Mr. Fred T Brown

Mailing Address 7427 Saint Clair Drive

City State Zip Code
 Charlotte NC 28270

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 30 2009

Transaction ID: SA11AI.6905

Amount of Each Receipt this Period
 41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional) ► **125.01**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 81
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Fred T Brown

Mailing Address 7427 Saint Clair Drive

City State Zip Code
Charlotte NC 28270

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
808.37

Date of Receipt
MM / DD / YYYY
11 / 10 / 2009

Transaction ID: SA11AI.6989

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Fred T Brown

Mailing Address 7427 Saint Clair Drive

City State Zip Code
Charlotte NC 28270

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2009

Transaction ID: SA11AI.6958

Amount of Each Receipt this Period
41.63

Payroll Deduction \$41.63 monthly

C.

Full Name (Last, First, Middle Initial)
Mr. Jerry L Bryson

Mailing Address 6503 Elfreda Road

City State Zip Code
Charlotte NC 28270

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt
MM / DD / YYYY
10 / 01 / 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**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 81
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Jerry L Bryson

Mailing Address 6503 Elfreda Road

City State Zip Code
Charlotte NC 28270

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt
MM / DD / YYYY
10 / 30 / 2009

Transaction ID: SA11AI.6902

Amount of Each Receipt this Period
20.84

Payroll Deduction \$20.84
monthly

B.

Full Name (Last, First, Middle Initial)
Mr. Jerry L Bryson

Mailing Address 6503 Elfreda Road

City State Zip Code
Charlotte NC 28270

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2009

Transaction ID: SA11AI.6955

Amount of Each Receipt this Period
20.76

Payroll Deduction \$20.76
monthly

C.

Full Name (Last, First, Middle Initial)
Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City State Zip Code
Mount Holly NC 28120

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt
MM / DD / YYYY
10 / 01 / 2009

Transaction ID: SA11AI.6837

Amount of Each Receipt this Period
20.84

Payroll Deduction \$20.84
monthly

SUBTOTAL of Receipts This Page (optional) ► **62.44**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 81
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City State Zip Code
Mount Holly NC 28120

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt
MM / DD / YYYY
10 / 30 / 2009

Transaction ID: SA11AI.6884

Amount of Each Receipt this Period
20.84

Payroll Deduction \$20.84 monthly

B.

Full Name (Last, First, Middle Initial)
Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City State Zip Code
Mount Holly NC 28120

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2009

Transaction ID: SA11AI.6937

Amount of Each Receipt this Period
20.76

Payroll Deduction \$20.76 monthly

C.

Full Name (Last, First, Middle Initial)
Mr. Jack F Chamblee

Mailing Address PO Box 550934

City State Zip Code
Gastonia NC 28055-0934

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt
MM / DD / YYYY
07 / 01 / 2009

Transaction ID: SA11AI.6734

Amount of Each Receipt this Period
41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional) ► **83.27**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 31 / 2009
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6779
		Amount of Each Receipt this Period	
		41.67	
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2009		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 333.36		

B.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 01 / 2009
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6823
		Amount of Each Receipt this Period	
		41.67	
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2009		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 375.03		

C.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 10 / 01 / 2009
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6867
		Amount of Each Receipt this Period	
		41.67	
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2009		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 416.70		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 125.01
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 81
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Jack F Chamblee

Mailing Address PO Box 550934

City State Zip Code
Gastonia NC 28055-0934

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6914

Amount of Each Receipt this Period
41.67

Payroll Deduction \$41.67 monthly

B.

Full Name (Last, First, Middle Initial)
Mr. Jack F Chamblee

Mailing Address PO Box 550934

City State Zip Code
Gastonia NC 28055-0934

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.6967

Amount of Each Receipt this Period
41.63

Payroll Deduction \$41.63 monthly

C.

Full Name (Last, First, Middle Initial)
Mr. Paul G Colavita

Mailing Address 2501 Sedley Road

City State Zip Code
Charlotte NC 28211

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.6840

Amount of Each Receipt this Period
20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional) ► **104.14**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 2501 Sedley Road	Transaction ID: SA11AI.6887
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

B.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 2501 Sedley Road	Transaction ID: SA11AI.6940
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Eugene DeLaddy	Date of Receipt MM / DD / YYYY 12 / 02 / 2009
	Mailing Address 5213 Lila Wood Circle	Transaction ID: SA11AI.6983
	City State Zip Code Charlotte NC 28209	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carolinas HealthCare System Administrator	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
David L Dunlap

Mailing Address 54 Picard Way

City Charleston State SC Zip Code 29412

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

Name of Employer Carolinas HealthCare System Occupation Administrator

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 19 / 2009

Transaction ID: SA11AI.6985

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Leonard G Feld

Mailing Address 11310 Ballantyne Crossing Av

City Charlotte State NC Zip Code 28277

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

Name of Employer CarolinasHealthCareSystem Occupation PHYS

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.40

Date of Receipt 10 / 01 / 2009

Transaction ID: SA11AI.6826

Amount of Each Receipt this Period 20.84

Payroll Deduction \$20.84 monthly

C.

Full Name (Last, First, Middle Initial)
Dr. Leonard G Feld

Mailing Address 11310 Ballantyne Crossing Av

City Charlotte State NC Zip Code 28277

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

Name of Employer CarolinasHealthCareSystem Occupation PHYS

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 30 / 2009

Transaction ID: SA11AI.6873

Amount of Each Receipt this Period 20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional) ► **1041.68**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Leonard G Feld	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 11310 Ballantyne Crossing Av	Transaction ID: SA11AI.6926
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.6723
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

C.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.6768
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

SUBTOTAL of Receipts This Page (optional)	187.44
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.6812
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: PHYS Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.06	

B.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.6856
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: PHYS Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.40	

C.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.6903
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: PHYS Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 916.74	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.6956
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.26
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.26 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 1320 Fillmore Avenue #413	Transaction ID: SA11AI.6695
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.69	

C.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1320 Fillmore Avenue #413	Transaction ID: SA11AI.6741
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.36	

SUBTOTAL of Receipts This Page (optional)	916.60
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 81
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
Charlotte NC 28203

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.03

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2009

Transaction ID: SA11AI.6785

Amount of Each Receipt this Period
416.67

Payroll Deduction \$416.67 monthly

B.

Full Name (Last, First, Middle Initial)
Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
Charlotte NC 28203

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4166.70

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 01 / 2009

Transaction ID: SA11AI.6829

Amount of Each Receipt this Period
416.67

Payroll Deduction \$416.67 monthly

C.

Full Name (Last, First, Middle Initial)
Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
Charlotte NC 28203

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4583.37

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 30 / 2009

Transaction ID: SA11AI.6876

Amount of Each Receipt this Period
416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional) ► **1250.01**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 81
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
Charlotte NC 28203

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2009

Transaction ID: SA11AI.6929

Amount of Each Receipt this Period
416.63

Payroll Deduction \$416.63 monthly

B.

Full Name (Last, First, Middle Initial)
Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code
Denver NC 28037

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2009

Transaction ID: SA11AI.6728

Amount of Each Receipt this Period
250.00

Payroll Deduction \$250 monthly

C.

Full Name (Last, First, Middle Initial)
Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code
Denver NC 28037

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.6773

Amount of Each Receipt this Period
250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional) ▶ **916.63**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 81
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code
Denver NC 28037

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 01 2009

Transaction ID: SA11AI.6817

Amount of Each Receipt this Period
250.00

Payroll Deduction \$250 monthly

B. Full Name (Last, First, Middle Initial)
Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code
Denver NC 28037

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 01 2009

Transaction ID: SA11AI.6861

Amount of Each Receipt this Period
250.00

Payroll Deduction \$250 monthly

C. Full Name (Last, First, Middle Initial)
Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code
Denver NC 28037

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 30 2009

Transaction ID: SA11AI.6908

Amount of Each Receipt this Period
250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 81
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code
Denver NC 28037

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2009

Transaction ID: SA11AI.6961

Amount of Each Receipt this Period
250.00

Payroll Deduction \$250 monthly

B. Full Name (Last, First, Middle Initial)
Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
Charlotte NC 28226

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2009

Transaction ID: SA11AI.6714

Amount of Each Receipt this Period
400.00

Payroll Deduction \$400 monthly

C. Full Name (Last, First, Middle Initial)
Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
Charlotte NC 28226

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.6759

Amount of Each Receipt this Period
400.00

Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
 Charlotte NC 28226

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 01 2009

Transaction ID: SA11AI.6803

Amount of Each Receipt this Period
 400.00

Payroll Deduction \$400 monthly

B. Full Name (Last, First, Middle Initial)
Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
 Charlotte NC 28226

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 01 2009

Transaction ID: SA11AI.6847

Amount of Each Receipt this Period
 400.00

Payroll Deduction \$400 monthly

C. Full Name (Last, First, Middle Initial)
Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
 Charlotte NC 28226

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 30 2009

Transaction ID: SA11AI.6894

Amount of Each Receipt this Period
 400.00

Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 4625 Cotton Creek Drive	Transaction ID: SA11AI.6947
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

B.	Full Name (Last, First, Middle Initial) Mr. Clark E Goodwin	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 6028 Alexa Road	Transaction ID: SA11AI.6853
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

C.	Full Name (Last, First, Middle Initial) Mr. Clark E Goodwin	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 6028 Alexa Road	Transaction ID: SA11AI.6900
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

SUBTOTAL of Receipts This Page (optional)	441.68
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Clark E Goodwin	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 6028 Alexa Road	Transaction ID: SA11AI.6953
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Frederick L Greene	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 128 Altondale Avenue	Transaction ID: SA11AI.6827
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

C.	Full Name (Last, First, Middle Initial) Dr. Frederick L Greene	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 128 Altondale Avenue	Transaction ID: SA11AI.6874
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 81
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Frederick L Greene

Mailing Address 128 Altondale Avenue

City State Zip Code
Charlotte NC 28207

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

Name of Employer Occupation
CarolinasHealthCareSystem PHYS

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.6927

Amount of Each Receipt this Period
20.76

Payroll Deduction \$20.76
monthly

B. Full Name (Last, First, Middle Initial)
Edith Miller Hall

Mailing Address 1114 Belgrave Place

City State Zip Code
Charlotte NC 28203

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

Name of Employer Occupation
Carolinas HealthCare System Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.6996

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
James B Hall

Mailing Address 1114 Belgrave Place

City State Zip Code
Charlotte NC 28203

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

Name of Employer Occupation
Carolinas HealthCare System Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.6998

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► **1520.76**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 8044 Silver Jade Drive	Transaction ID: SA11AI.6727
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

B.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 8044 Silver Jade Drive	Transaction ID: SA11AI.6772
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

C.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 8044 Silver Jade Drive	Transaction ID: SA11AI.6816
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 8044 Silver Jade Drive	Transaction ID: SA11AI.6860
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70	

B.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 8044 Silver Jade Drive	Transaction ID: SA11AI.6907
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 458.37	

C.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 8044 Silver Jade Drive	Transaction ID: SA11AI.6960
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 41.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.63 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 81
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Frank Harrison

Mailing Address 3741 Hearthstone Court

City State Zip Code
Charlotte NC 28211

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

Name of Employer: Carolinas HealthCare System
Occupation: Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 11 / 05 / 2009
Transaction ID: SA11AI.6981
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas E Hassett

Mailing Address 7733 Compton Court

City State Zip Code
Charlotte NC 28270

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

Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.6859
Amount of Each Receipt this Period: 20.84
Payroll Deduction \$20.84 monthly

C. Full Name (Last, First, Middle Initial)
Mr. Thomas E Hassett

Mailing Address 7733 Compton Court

City State Zip Code
Charlotte NC 28270

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

Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt: 10 / 30 / 2009
Transaction ID: SA11AI.6906
Amount of Each Receipt this Period: 20.84
Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional) ▶ **291.68**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Thomas E Hassett	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 7733 Compton Court	Transaction ID: SA11AI.6959
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Henry C Hawthorne	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 1310 James B White Hwy N	Transaction ID: SA11AI.6694
	City State Zip Code Whiteville NC 28472	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$50 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Henry C Hawthorne	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1310 James B White Hwy N	Transaction ID: SA11AI.6740
	City State Zip Code Whiteville NC 28472	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$50 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	120.76
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 33 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City State Zip Code
 Whiteville NC 28472

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 01 / 2009

Transaction ID: SA11AI.6784

Amount of Each Receipt this Period
 50.00

Payroll Deduction \$50 monthly

B. Full Name (Last, First, Middle Initial)
Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City State Zip Code
 Whiteville NC 28472

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2009

Transaction ID: SA11AI.6828

Amount of Each Receipt this Period
 50.00

Payroll Deduction \$50 monthly

C. Full Name (Last, First, Middle Initial)
Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City State Zip Code
 Whiteville NC 28472

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2009

Transaction ID: SA11AI.6875

Amount of Each Receipt this Period
 50.00

Payroll Deduction \$50 monthly

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Henry C Hawthorne	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 1310 James B White Hwy N	Transaction ID: SA11AI.6928
	City State Zip Code Whiteville NC 28472	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$50 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Kent C Holtzmuller	Date of Receipt MM / DD / YYYY 11 / 17 / 2009
	Mailing Address PO Box 220248	Transaction ID: SA11AI.7006
	City State Zip Code Charlotte NC 28222-0248	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carolinas HealthCare System Physician	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 8304 Indigo Row	Transaction ID: SA11AI.6863
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 21.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$21.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.70	

SUBTOTAL of Receipts This Page (optional)	571.67
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 / 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer		Date of Receipt
	Mailing Address 8304 Indigo Row		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	City	State	Zip Code
	Charlotte	NC	28277
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6910
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 21.67
		<input type="text"/> 238.37	Payroll Deduction \$21.67 monthly

B.	Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer		Date of Receipt
	Mailing Address 8304 Indigo Row		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 1 / 2 0 0 9
	City	State	Zip Code
	Charlotte	NC	28277
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6963
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 21.63
		<input type="text"/> 260.00	Payroll Deduction \$21.63 monthly

C.	Full Name (Last, First, Middle Initial) James C Hunter		Date of Receipt
	Mailing Address 1525 Kenilworth Ave #106		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 7 / 0 1 / 2 0 0 9
	City	State	Zip Code
	Charlotte	NC	28203
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6697
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.34
		<input type="text"/> 583.38	Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 126.64
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James C Hunter	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1525 Kenilworth Ave #106	Transaction ID: SA11AI.6743
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

B.	Full Name (Last, First, Middle Initial) James C Hunter	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 1525 Kenilworth Ave #106	Transaction ID: SA11AI.6787
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

C.	Full Name (Last, First, Middle Initial) James C Hunter	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 1525 Kenilworth Ave #106	Transaction ID: SA11AI.6831
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.40	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James C Hunter	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 1525 Kenilworth Ave #106	Transaction ID: SA11AI.6878
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	

B.	Full Name (Last, First, Middle Initial) James C Hunter	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 1525 Kenilworth Ave #106	Transaction ID: SA11AI.6931
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.26
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.26 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 2316 Vail Avenue	Transaction ID: SA11AI.6795
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	191.60
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 2316 Vail Avenue	Transaction ID: SA11AI.6839
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 2316 Vail Avenue	Transaction ID: SA11AI.6886
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 2316 Vail Avenue	Transaction ID: SA11AI.6939
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 81
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Michael D Kaufman

Mailing Address 1010 Edgehill Road North

City State Zip Code
Charlotte NC 28207

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

Name of Employer Occupation
CarolinasHealthCareSystem PHYS

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.6824

Amount of Each Receipt this Period
21.00

Payroll Deduction \$21 monthly

B. Full Name (Last, First, Middle Initial)
Dr. Michael D Kaufman

Mailing Address 1010 Edgehill Road North

City State Zip Code
Charlotte NC 28207

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

Name of Employer Occupation
CarolinasHealthCareSystem PHYS

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6871

Amount of Each Receipt this Period
21.00

Payroll Deduction \$21 monthly

C. Full Name (Last, First, Middle Initial)
Dr. Michael D Kaufman

Mailing Address 1010 Edgehill Road North

City State Zip Code
Charlotte NC 28207

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

Name of Employer Occupation
CarolinasHealthCareSystem PHYS

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.6924

Amount of Each Receipt this Period
21.00

Payroll Deduction \$21 monthly

SUBTOTAL of Receipts This Page (optional) ► **63.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 81
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert M Keener

Mailing Address 625 Club Drive

City State Zip Code
Stanley NC 28164

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2009

Transaction ID: SA11AI.6810

Amount of Each Receipt this Period
25.00

Payroll Deduction \$25 monthly

B. Full Name (Last, First, Middle Initial)
Mr. Robert M Keener

Mailing Address 625 Club Drive

City State Zip Code
Stanley NC 28164

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 01 / 2009

Transaction ID: SA11AI.6854

Amount of Each Receipt this Period
25.00

Payroll Deduction \$25 monthly

C. Full Name (Last, First, Middle Initial)
Mr. Robert M Keener

Mailing Address 625 Club Drive

City State Zip Code
Stanley NC 28164

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 30 / 2009

Transaction ID: SA11AI.6901

Amount of Each Receipt this Period
25.00

Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 81
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Robert M Keener

Mailing Address 625 Club Drive

City State Zip Code
Stanley NC 28164

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2009

Transaction ID: SA11AI.6954

Amount of Each Receipt this Period
25.00

Payroll Deduction \$25 monthly

B. Full Name (Last, First, Middle Initial)
Mr. Frank S Letherby

Mailing Address 5234 Lancelot Drive

City State Zip Code
Charlotte NC 28270

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: SA11AI.6804

Amount of Each Receipt this Period
25.00

Payroll Deduction \$25 monthly

C. Full Name (Last, First, Middle Initial)
Mr. Frank S Letherby

Mailing Address 5234 Lancelot Drive

City State Zip Code
Charlotte NC 28270

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2009

Transaction ID: SA11AI.6848

Amount of Each Receipt this Period
25.00

Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 5234 Lancelot Drive	Transaction ID: SA11AI.6895
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 5234 Lancelot Drive	Transaction ID: SA11AI.6948
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Ms. Donna Lockhart	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 5523 Challis View Lane	Transaction ID: SA11AI.6850
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

SUBTOTAL of Receipts This Page (optional)	70.84
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ms. Donna Lockhart		Date of Receipt
	Mailing Address 5523 Challis View Lane		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6897
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="229.24"/>	<input type="text" value="20.84"/>
			Payroll Deduction \$20.84 monthly

B.	Full Name (Last, First, Middle Initial) Ms. Donna Lockhart		Date of Receipt
	Mailing Address 5523 Challis View Lane		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6950
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="20.76"/>
			Payroll Deduction \$20.76 monthly

C.	Full Name (Last, First, Middle Initial) Michael J Lutes		Date of Receipt
	Mailing Address 4025 Camrose Crossing		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Matthews	NC	28104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6712
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	<input type="text" value="40.00"/>
			Payroll Deduction \$40 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="81.60"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael J Lutes	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 4025 Camrose Crossing	Transaction ID: SA11AI.6757
	City State Zip Code Matthews NC 28104	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$40 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

B.	Full Name (Last, First, Middle Initial) Michael J Lutes	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 4025 Camrose Crossing	Transaction ID: SA11AI.6801
	City State Zip Code Matthews NC 28104	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$40 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Michael J Lutes	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 4025 Camrose Crossing	Transaction ID: SA11AI.6845
	City State Zip Code Matthews NC 28104	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$40 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael J Lutes	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 4025 Camrose Crossing	Transaction ID: SA11AI.6892
	City State Zip Code Matthews NC 28104	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$40 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

B.	Full Name (Last, First, Middle Initial) Michael J Lutes	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 4025 Camrose Crossing	Transaction ID: SA11AI.6945
	City State Zip Code Matthews NC 28104	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$40 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 3617 Charolais Lane	Transaction ID: SA11AI.6711
	City State Zip Code Harrisburg NC 28075	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

SUBTOTAL of Receipts This Page (optional)	163.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 3617 Charolais Lane	Transaction ID: SA11AI.6756
	City State Zip Code Harrisburg NC 28075	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

B.	Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 3617 Charolais Lane	Transaction ID: SA11AI.6800
	City State Zip Code Harrisburg NC 28075	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

C.	Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 3617 Charolais Lane	Transaction ID: SA11AI.6844
	City State Zip Code Harrisburg NC 28075	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.40	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 3617 Charolais Lane	Transaction ID: SA11AI.6891
	City State Zip Code Harrisburg NC 28075	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	

B.	Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 3617 Charolais Lane	Transaction ID: SA11AI.6944
	City State Zip Code Harrisburg NC 28075	Amount of Each Receipt this Period 83.26
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.26 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.6729
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.69	

SUBTOTAL of Receipts This Page (optional)	333.27
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.6774
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36	

B.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.6818
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03	

C.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.6862
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.6909
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37	

B.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.6962
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.63
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.63 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) John A. Miller	Date of Receipt MM / DD / YYYY 11 / 17 / 2009
	Mailing Address 1205 Briarwood Avenue	Transaction ID: SA11AI.6977
	City State Zip Code Anderson SC 29621	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carolinas HealthCare System Administrator	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	833.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. F Del Murphy	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 2824 Winding Oak Drive	Transaction ID: SA11AI.6842
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

B.	Full Name (Last, First, Middle Initial) Mr. F Del Murphy	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 2824 Winding Oak Drive	Transaction ID: SA11AI.6889
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

C.	Full Name (Last, First, Middle Initial) Mr. F Del Murphy	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 2824 Winding Oak Drive	Transaction ID: SA11AI.6942
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 51 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
 Charlotte NC 28277

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 01 / 2009

Transaction ID: SA11AI.6719

Amount of Each Receipt this Period
 100.00

Payroll Deduction \$100 monthly

B. Full Name (Last, First, Middle Initial)
Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
 Charlotte NC 28277

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2009

Transaction ID: SA11AI.6764

Amount of Each Receipt this Period
 100.00

Payroll Deduction \$100 monthly

C. Full Name (Last, First, Middle Initial)
Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
 Charlotte NC 28277

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 01 / 2009

Transaction ID: SA11AI.6808

Amount of Each Receipt this Period
 100.00

Payroll Deduction \$100 monthly

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. James C Olsen	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 5900 Summerston Place	Transaction ID: SA11AI.6852
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinashHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. James C Olsen	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 5900 Summerston Place	Transaction ID: SA11AI.6899
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinashHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

C.	Full Name (Last, First, Middle Initial) Mr. James C Olsen	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 5900 Summerston Place	Transaction ID: SA11AI.6952
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinashHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jerry A Parrish		Date of Receipt
	Mailing Address 107 Nottingham Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Anderson	SC	29621
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6973
Name of Employer Carolinas HealthCare System		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Mr. Dennis Phillips		Date of Receipt
	Mailing Address 4310 4th Street Circle NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Hickory	NC	28601-9021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6982
Name of Employer Carolinas HealthCare System		Occupation Administration	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont		Date of Receipt
	Mailing Address 2028 Hopedale Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28207
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6703
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 2800.00	<input type="text"/> 400.00
			Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1400.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 2028 Hopedale Avenue	Transaction ID: SA11AI.6748
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3200.00	

B.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 2028 Hopedale Avenue	Transaction ID: SA11AI.6792
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3600.00	

C.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 2028 Hopedale Avenue	Transaction ID: SA11AI.6836
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 2028 Hopedale Avenue	Transaction ID: SA11AI.6883
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	

B.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 2028 Hopedale Avenue	Transaction ID: SA11AI.6936
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

C.	Full Name (Last, First, Middle Initial) Mr. Roger A Ray	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 11029 Lederer Ave	Transaction ID: SA11AI.6691
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 333.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$333.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2333.38	

SUBTOTAL of Receipts This Page (optional)	1133.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 81
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2666.72

Date of Receipt
M M / D D / Y Y Y Y Y
07 31 2009

Transaction ID: SA11AI.6737

Amount of Each Receipt this Period
333.34

Payroll Deduction \$333.34 monthly

B.

Full Name (Last, First, Middle Initial)
Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.06

Date of Receipt
M M / D D / Y Y Y Y Y
09 01 2009

Transaction ID: SA11AI.6781

Amount of Each Receipt this Period
333.34

Payroll Deduction \$333.34 monthly

C.

Full Name (Last, First, Middle Initial)
Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3333.40

Date of Receipt
M M / D D / Y Y Y Y Y
10 01 2009

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**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 81
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
 Charlotte NC 28277

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3666.74

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6872

Amount of Each Receipt this Period
 333.34

Payroll Deduction \$333.34 monthly

B. Full Name (Last, First, Middle Initial)
Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
 Charlotte NC 28277

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.6925

Amount of Each Receipt this Period
 333.26

Payroll Deduction \$333.26 monthly

C. Full Name (Last, First, Middle Initial)
Dr. Charles B Rich

Mailing Address 4100 Foxcroft Road

City State Zip Code
 Charlotte NC 28211

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

Name of Employer Occupation
 CarolinasHealthCareSystem PHYS

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.40

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.6846

Amount of Each Receipt this Period
 20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional) ► **687.44**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Charles B Rich	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 4100 Foxcroft Road	Transaction ID: SA11AI.6893
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

B.	Full Name (Last, First, Middle Initial) Dr. Charles B Rich	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 4100 Foxcroft Road	Transaction ID: SA11AI.6946
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Craig D. Richardville	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 17235 Glassfield Drive	Transaction ID: SA11AI.6834
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Craig D. Richardville	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 17235 Glassfield Drive	Transaction ID: SA11AI.6881
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

B.	Full Name (Last, First, Middle Initial) Mr. Craig D. Richardville	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 17235 Glassfield Drive	Transaction ID: SA11AI.6934
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Virginia Ellen Sheppard	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 5345 Hillingdon Road	Transaction ID: SA11AI.7004
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt		Date of Receipt
	Mailing Address P O Box 901		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Troutman	NC	28166
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Transaction ID: SA11AI.6732
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="30.00"/>
		<input type="text" value="210.00"/>	Payroll Deduction \$30 monthly

B.	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt		Date of Receipt
	Mailing Address P O Box 901		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Troutman	NC	28166
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Transaction ID: SA11AI.6777
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="30.00"/>
		<input type="text" value="240.00"/>	Payroll Deduction \$30 monthly

C.	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt		Date of Receipt
	Mailing Address P O Box 901		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Troutman	NC	28166
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Transaction ID: SA11AI.6821
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="30.00"/>
		<input type="text" value="270.00"/>	Payroll Deduction \$30 monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt		Date of Receipt
	Mailing Address P O Box 901		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Troutman	NC	28166
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Transaction ID: SA11AI.6865
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="30.00"/>
		<input type="text" value="300.00"/>	Payroll Deduction \$30 monthly

B.	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt		Date of Receipt
	Mailing Address P O Box 901		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Troutman	NC	28166
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Transaction ID: SA11AI.6912
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="30.00"/>
		<input type="text" value="330.00"/>	Payroll Deduction \$30 monthly

C.	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt		Date of Receipt
	Mailing Address P O Box 901		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Troutman	NC	28166
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Transaction ID: SA11AI.6965
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="30.00"/>
		<input type="text" value="360.00"/>	Payroll Deduction \$30 monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Keith A Smith	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 2122 Dilworth Road West	Transaction ID: SA11AI.6979
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Attorney Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) GRACE SOTOMAYOR	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address 6506 Donnegal Farm Road	Transaction ID: SA11AI.6987
	City State Zip Code CHARLOTTE NC 28270	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: CAROLINAS HEALTHCARE SYSTEM Occupation: ADMINISTRATION Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Jody Jay Stock	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 3466 Blue Jay Path	Transaction ID: SA11AI.6843
	City State Zip Code Fort Mill SC 29708	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.40	

SUBTOTAL of Receipts This Page (optional)	▶	1270.84
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mr. Jody Jay Stock		Date of Receipt																					
	Mailing Address 3466 Blue Jay Path		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		3	0		2	0	0	9														
	City State Zip Code Fort Mill SC 29708		Transaction ID: SA11AI.6890																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.84																						
Name of Employer Occupation CarolinasHealthCareSystem ADMIN		Payroll Deduction \$20.84 monthly																						
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 229.24																						

B.	Full Name (Last, First, Middle Initial) Mr. Jody Jay Stock		Date of Receipt																					
	Mailing Address 3466 Blue Jay Path		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		0	1		2	0	0	9														
	City State Zip Code Fort Mill SC 29708		Transaction ID: SA11AI.6943																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.76																						
Name of Employer Occupation CarolinasHealthCareSystem ADMIN		Payroll Deduction \$20.76 monthly																						
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

C.	Full Name (Last, First, Middle Initial) Ms. Robin E Surane		Date of Receipt																					
	Mailing Address PO Box 43		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		0	1		2	0	0	9														
	City State Zip Code Cornelius NC 28031		Transaction ID: SA11AI.6822																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																						
Name of Employer Occupation CarolinasHealthCareSystem ADMIN		Payroll Deduction \$25 monthly																						
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00																						

SUBTOTAL of Receipts This Page (optional)	66.60
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 64 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Ms. Robin E Surane
 Mailing Address PO Box 43
 City State Zip Code
 Cornelius NC 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2009
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 1 / 2 0 0 9
Transaction ID: SA11AI.6866
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction \$25 monthly

B. Full Name (Last, First, Middle Initial)
 Ms. Robin E Surane
 Mailing Address PO Box 43
 City State Zip Code
 Cornelius NC 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2009
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9
Transaction ID: SA11AI.6913
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction \$25 monthly

C. Full Name (Last, First, Middle Initial)
 Ms. Robin E Surane
 Mailing Address PO Box 43
 City State Zip Code
 Cornelius NC 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2009
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 9
Transaction ID: SA11AI.6966
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction \$25 monthly

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 81
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City State Zip Code
Shelby NC 28152

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2009

Transaction ID: SA11AI.6696

Amount of Each Receipt this Period
100.00

Payroll Deduction \$100 monthly

B.

Full Name (Last, First, Middle Initial)
Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City State Zip Code
Shelby NC 28152

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.6742

Amount of Each Receipt this Period
100.00

Payroll Deduction \$100 monthly

C.

Full Name (Last, First, Middle Initial)
Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City State Zip Code
Shelby NC 28152

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: SA11AI.6786

Amount of Each Receipt this Period
100.00

Payroll Deduction \$100 monthly

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Daniel W Sweat	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 133 Twin Lake Drive	Transaction ID: SA11AI.6830
	City State Zip Code Shelby NC 28152	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Daniel W Sweat	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 133 Twin Lake Drive	Transaction ID: SA11AI.6877
	City State Zip Code Shelby NC 28152	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

C.	Full Name (Last, First, Middle Initial) Daniel W Sweat	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 133 Twin Lake Drive	Transaction ID: SA11AI.6930
	City State Zip Code Shelby NC 28152	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 2137 Dilworth Road East	Transaction ID: SA11AI.6705
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.69	

B.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 2137 Dilworth Road East	Transaction ID: SA11AI.6750
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.36	

C.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 2137 Dilworth Road East	Transaction ID: SA11AI.6794
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.03	

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

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

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

FOR LINE NUMBER: PAGE 68 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael C Tarwater

Mailing Address 2137 Dilworth Road East

City State Zip Code
 Charlotte NC 28203

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4166.70

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.6838

Amount of Each Receipt this Period
 416.67

Payroll Deduction \$416.67 monthly

B. Full Name (Last, First, Middle Initial)
Mr. Michael C Tarwater

Mailing Address 2137 Dilworth Road East

City State Zip Code
 Charlotte NC 28203

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4583.37

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6885

Amount of Each Receipt this Period
 416.67

Payroll Deduction \$416.67 monthly

C. Full Name (Last, First, Middle Initial)
Mr. Michael C Tarwater

Mailing Address 2137 Dilworth Road East

City State Zip Code
 Charlotte NC 28203

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.6938

Amount of Each Receipt this Period
 416.63

Payroll Deduction \$416.63 monthly

SUBTOTAL of Receipts This Page (optional) ► **1249.97**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 81
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Chris M Teigland		Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 700 Hungerford Place		Transaction ID: SA11AI.6724
	City Charlotte	State NC	Zip Code 28207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$100 monthly

Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Dr. Chris M Teigland		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 700 Hungerford Place		Transaction ID: SA11AI.6769
	City Charlotte	State NC	Zip Code 28207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$100 monthly

Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Dr. Chris M Teigland		Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 700 Hungerford Place		Transaction ID: SA11AI.6813
	City Charlotte	State NC	Zip Code 28207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$100 monthly

Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00
---	------------------------------------

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 81
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Chris M Teigland	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 700 Hungerford Place	Transaction ID: SA11AI.6857
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
Name of Employer CarolinashHealthCareSystem	Occupation PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Chris M Teigland	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 700 Hungerford Place	Transaction ID: SA11AI.6904
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
Name of Employer CarolinashHealthCareSystem	Occupation PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

C.	Full Name (Last, First, Middle Initial) Dr. Chris M Teigland	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 700 Hungerford Place	Transaction ID: SA11AI.6957
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
Name of Employer CarolinashHealthCareSystem	Occupation PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 2524 Flint Grove Road	Transaction ID: SA11AI.6841
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

B.	Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 2524 Flint Grove Road	Transaction ID: SA11AI.6888
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

C.	Full Name (Last, First, Middle Initial) Dr. Alan R Thalinger	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 2524 Flint Grove Road	Transaction ID: SA11AI.6941
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 20.76
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 72 / 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. David Thomas

Mailing Address 1609 Penderlea Lane

City State Zip Code
Matthews NC 28105

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.40

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.6832

Amount of Each Receipt this Period
 20.84

Payroll Deduction \$20.84 monthly

B. Full Name (Last, First, Middle Initial)
Mr. David Thomas

Mailing Address 1609 Penderlea Lane

City State Zip Code
Matthews NC 28105

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 229.24

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6879

Amount of Each Receipt this Period
 20.84

Payroll Deduction \$20.84 monthly

C. Full Name (Last, First, Middle Initial)
Mr. David Thomas

Mailing Address 1609 Penderlea Lane

City State Zip Code
Matthews NC 28105

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.6932

Amount of Each Receipt this Period
 20.76

Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional) ► **62.44**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 18324 Turnberry Court	Transaction ID: SA11AI.6791
	City State Zip Code Davidson NC 28036	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 18324 Turnberry Court	Transaction ID: SA11AI.6835
	City State Zip Code Davidson NC 28036	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 18324 Turnberry Court	Transaction ID: SA11AI.6882
	City State Zip Code Davidson NC 28036	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 18324 Turnberry Court	Transaction ID: SA11AI.6935
	City State Zip Code Davidson NC 28036	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$25 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Stephen L Wagner, MD	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address 4301 Morrowick Road	Transaction ID: SA11AI.7003
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carolinas HealthCare System Administrator	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 9526 Greyson Ridge Drive	Transaction ID: SA11AI.6731
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$40 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	315.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 9526 Greyson Ridge Drive	Transaction ID: SA11AI.6776
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$40 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

B.	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 9526 Greyson Ridge Drive	Transaction ID: SA11AI.6820
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$40 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 9526 Greyson Ridge Drive	Transaction ID: SA11AI.6864
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$40 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 9526 Greyson Ridge Drive	Transaction ID: SA11AI.6911
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$40 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00	

B.	Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 9526 Greyson Ridge Drive	Transaction ID: SA11AI.6964
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$40 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Stephen Wilhoit	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 5933 Deveron Drive	Transaction ID: SA11AI.6986
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Carolinas HealthCare System Occupation: Healthcare Executive Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	380.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 07 / 01 / 2009
	Mailing Address 5522 Challis View Lane	Transaction ID: SA11AI.6716
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 5522 Challis View Lane	Transaction ID: SA11AI.6761
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 5522 Challis View Lane	Transaction ID: SA11AI.6805
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones		Date of Receipt
	Mailing Address 5522 Challis View Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6849
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 1000.00	Payroll Deduction \$100 monthly

B.	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones		Date of Receipt
	Mailing Address 5522 Challis View Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6896
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 1100.00	Payroll Deduction \$100 monthly

C.	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones		Date of Receipt
	Mailing Address 5522 Challis View Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6949
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 1200.00	Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Jean Wright

Mailing Address 8636 Carly Lane

City State Zip Code
Mint Hill NC 28227

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

Name of Employer
Carolinas Healthcare System

Occupation
Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6993

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Oren M Wyatt

Mailing Address 106 Pine Lake Drive

City State Zip Code
Kings Mountain NC 28086

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

Name of Employer
Carolinas HealthCare System

Occupation
Administrator

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6971

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Samuel Zimmern

Mailing Address 3601 Knapdale Lane

City State Zip Code
Charlotte NC 28226

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

Name of Employer
Carolinas HealthCare System

Occupation
Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.7001

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

33111.83

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Anthony Foxx for Mayor <hr/> Mailing Address 1524 Elizabeth Avenue <hr/> City Charlotte State NC Zip Code 28204-2509 Purpose of Disbursement Anthony Foxx for Mayor Candidate Name Anthony Foxx Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.6919 Date of Disbursement 11 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 500.00
	Category/Type 011

B. Full Name (Last, First, Middle Initial) John Lassiter for Mayor <hr/> Mailing Address 1361 E. Morehead Street <hr/> City Charlotte State NC Zip Code 28204 Purpose of Disbursement John Lassiter for Mayor Candidate Name John Lassiter Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.6921 Date of Disbursement 11 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 500.00
	Category/Type 011

C. Full Name (Last, First, Middle Initial) Mike McIntyre for Congress <hr/> Mailing Address PO Box 1 <hr/> City Lumberton State NC Zip Code 28359 Purpose of Disbursement Panther's Game December 20th Candidate Name Mike McIntyre Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: SB23.6994 Date of Disbursement 11 / 24 / 2009 <hr/> Amount of Each Disbursement this Period 2500.00
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Sue Myrick <hr/> Mailing Address P. O. Box 37091 <hr/> City CHARLOTTE State NC Zip Code 28237 <hr/> Purpose of Disbursement Sue Myrick's Christmas/Hanukkah Reception Candidate Name Sue Myrick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6923 Date of Disbursement 11 / 06 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE <hr/> Mailing Address POST OFFICE BOX 5928 <hr/> City WINSTON-SALEM State NC Zip Code 27113 <hr/> Purpose of Disbursement The Richard Burr Committee Candidate Name RICHARD M BURR <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6918 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

7000.00