

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) ATTENTION: MARY ANN ROUSE
1000 BLYTHE BOULEVARD
 Check if different than previously reported. (ACC)
CHARLOTTE NC 28203-2861

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 06 30 2008

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

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer Electronically Filed by Mary Ann Rouse Date 07 08 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		102620.76
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	119896.05									
(c) Total Receipts (from Line 19)	12200.52	30530.19								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	132096.57	133150.95								
7. Total Disbursements (from Line 31)	2700.00	3754.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	129396.57	129396.57								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9768.51	23035.25
(i) Itemized (use Schedule A)	2360.91	7195.25
(ii) Unitemized	12129.42	30230.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12129.42	30230.50
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	163.48
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	71.10	136.21
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))	12200.52	30530.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12200.52	30530.19

DETAILED SUMMARY PAGE
of Disbursements

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	54.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	54.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2700.00	3700.00
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))..	2700.00	3754.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2700.00	3754.38

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	12129.42	30230.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12129.42	30230.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	54.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	163.48
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	-109.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<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) Dr. Herbert L Bonkovsky	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 2214 Cumberland Road	Transaction ID: SA11AI.5819
	City State Zip Code Charlotte NC 28203	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 CarolinashHealthCareSystem PHYS	
Receipt For: 2008 <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. Herbert L Bonkovsky	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 2214 Cumberland Road	Transaction ID: SA11AI.5871
	City State Zip Code Charlotte NC 28203	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 CarolinashHealthCareSystem PHYS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address PO Box 550934	Transaction ID: SA11AI.5906
	City State Zip Code Gastonia NC 28055-0934	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$35 monthly
	Name of Employer Occupation CarolinashHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	135.00
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 7 / 29
	<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 M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Mailing Address 2501 Sedley Road	Transaction ID: SA11AI.5761
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

B.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita	Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 8
	Mailing Address 2501 Sedley Road	Transaction ID: SA11AI.5821
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

C.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita	Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 8
	Mailing Address 2501 Sedley Road	Transaction ID: SA11AI.5873
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

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 8 / 29
	<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 04 / 01 / 2008
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.5782
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

B.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.5841
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

C.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 6836 Alexander Road	Transaction ID: SA11AI.5893
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

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 9 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 1320 FILLMORE AVENUE #413	Transaction ID: SA11AI.5745
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.68	

B.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 1320 FILLMORE AVENUE #413	Transaction ID: SA11AI.5807
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2083.35	

C.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 1320 FILLMORE AVENUE #413	Transaction ID: SA11AI.5859
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.02	

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 10 / 29
(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. Janet D Handy

Mailing Address 8044 Silver Jade 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: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.5846

Amount of Each Receipt this Period
 41.67

Payroll Deduction \$41.67 monthly

B.

Full Name (Last, First, Middle Initial)
Ms. Janet D Handy

Mailing Address 8044 Silver Jade 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: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.5898

Amount of Each Receipt this Period
 41.67

Payroll Deduction \$41.67 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 Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.5845

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: (check only one)	PAGE 11 / 29
	<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 05 / 30 / 2008
	Mailing Address 7733 Compton Court	Transaction ID: SA11AI.5897
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

B.	Full Name (Last, First, Middle Initial) Mr. John J Knox	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 6530 Boykin Spaniel Road	Transaction ID: SA11AI.5840
	City State Zip Code Charlotte NC 28277	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

C.	Full Name (Last, First, Middle Initial) Mr. John J Knox	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 6530 Boykin Spaniel Road	Transaction ID: SA11AI.5892
	City State Zip Code Charlotte NC 28277	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

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 12 / 29
	<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. W. Spencer Lilly	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Mailing Address 9306 Copans Glen Lane	Transaction ID: SA11AI.5791
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

B.	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 8
	Mailing Address 9306 Copans Glen Lane	Transaction ID: SA11AI.5850
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

C.	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 8
	Mailing Address 9306 Copans Glen Lane	Transaction ID: SA11AI.5902
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

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 13 / 29
	<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 G Martin	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 458 Beateu Path	Transaction ID: SA11AI.5768
	City State Zip Code Mooreville NC 28117	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$100 monthly
Name of Employer Carolinas HealthCare System	Occupation Vice President Government Relations	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.5789
	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 CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	

C.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.5848
	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 CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.35	

SUBTOTAL of Receipts This Page (optional)	433.34
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 14 / 29
	<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 05 / 30 / 2008
	Mailing Address 826 Berkeley Avenue	Transaction ID: SA11AI.5900
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.02	

B.	Full Name (Last, First, Middle Initial) Mr. Russell W Moore	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 15731 Pine Street	Transaction ID: SA11AI.5808
	City State Zip Code Huntersville NC 28078	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

C.	Full Name (Last, First, Middle Initial) Mr. Russell W Moore	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 15731 Pine Street	Transaction ID: SA11AI.5860
	City State Zip Code Huntersville NC 28078	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional)	250.01
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 15 / 29
	<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 04 / 01 / 2008
	Mailing Address 5900 Summerston Place	Transaction ID: SA11AI.5776
	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 CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Mr. James C Olsen	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 5900 Summerston Place	Transaction ID: SA11AI.5835
	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 CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <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. James C Olsen	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 5900 Summerston Place	Transaction ID: SA11AI.5887
	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 CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	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 16 / 29
	<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 04 / 01 / 2008
	Mailing Address 2028 Hopedale Avenue	Transaction ID: SA11AI.5755
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00	

B.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 2028 Hopedale Avenue	Transaction ID: SA11AI.5816
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 2028 Hopedale Avenue	Transaction ID: SA11AI.5868
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00	

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 17 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Roger A Ray	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 11029 Lederer Ave	Transaction ID: SA11AI.5742
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 333.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$333.34 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.02	

B.	Full Name (Last, First, Middle Initial) Mr. Roger A Ray	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 11029 Lederer Ave	Transaction ID: SA11AI.5804
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 333.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$333.34 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1333.36	

C.	Full Name (Last, First, Middle Initial) Mr. Roger A Ray	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 11029 Lederer Ave	Transaction ID: SA11AI.5856
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 333.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$333.34 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.70	

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 18 / 29
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Lawrence W Raymond

Mailing Address 2539 Summerlake Rd.

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: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt: 05 / 01 / 2008
Transaction ID: SA11AI.5823
 Amount of Each Receipt this Period: 50.00
 Payroll Deduction \$50 monthly

B. Full Name (Last, First, Middle Initial)
Lawrence W Raymond

Mailing Address 2539 Summerlake Rd.

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: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt: 05 / 30 / 2008
Transaction ID: SA11AI.5875
 Amount of Each Receipt this Period: 50.00
 Payroll Deduction \$50 monthly

C. Full Name (Last, First, Middle Initial)
Mr. F. Traylor Renfro

Mailing Address 811 E Morehead Street Apt 3

City State Zip Code
 Charlotte NC 28202

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

Name of Employer: CarolinasHealthCareSystem
 Occupation: ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt: 05 / 01 / 2008
Transaction ID: SA11AI.5847
 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 19 / 29
	<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. F. Traylor Renfro	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 811 E Morehead Street Apt 3	Transaction ID: SA11AI.5899
	City State Zip Code Charlotte NC 28202	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: 2008 <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) Mr. Michael L Rose	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 6901 Foxglove Drive	Transaction ID: SA11AI.5783
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$200 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Mr. Michael L Rose	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 6901 Foxglove Drive	Transaction ID: SA11AI.5842
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$200 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	450.00
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 20 / 29
(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 L Rose

Mailing Address 6901 Foxglove 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: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.5894

Amount of Each Receipt this Period
 200.00

Payroll Deduction \$200 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: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.5757

Amount of Each Receipt this Period
 400.00

Payroll Deduction \$400 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: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.5818

Amount of Each Receipt this Period
 400.00

Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 21 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 2137 Dilworth Road East	Transaction ID: SA11AI.5870
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

B.	Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 18324 Turnberry Court	Transaction ID: SA11AI.5813
	City State Zip Code Davidson NC 28036	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

C.	Full Name (Last, First, Middle Initial) Mr. Dennie R Underwood	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 18324 Turnberry Court	Transaction ID: SA11AI.5865
	City State Zip Code Davidson NC 28036	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional)	483.34
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 22 / 29
(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 L Wagner

Mailing Address 4301 Morrowick Road

City State Zip Code
Charlotte NC 28226

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.5826

Amount of Each Receipt this Period
41.67

Payroll Deduction \$41.67
monthly

B.

Full Name (Last, First, Middle Initial)
Mr. Stephen L Wagner

Mailing Address 4301 Morrowick Road

City State Zip Code
Charlotte NC 28226

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.5878

Amount of Each Receipt this Period
41.67

Payroll Deduction \$41.67
monthly

C.

Full Name (Last, First, Middle Initial)
Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code
Charlotte NC 28277

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.5851

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: (check only one)	PAGE 23 / 29
	<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 J Whitecotton	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 9526 Greyson Ridge Drive	Transaction ID: SA11AI.5903
	City State Zip Code Charlotte NC 28277	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

B.	Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 6417 Seton House Lane	Transaction ID: SA11AI.5779
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

C.	Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 6417 Seton House Lane	Transaction ID: SA11AI.5838
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional)	208.35
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 29
	<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. Robert H Wiggins	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 6417 Seton House Lane	Transaction ID: SA11AI.5890
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

B.	Full Name (Last, First, Middle Initial) Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 5522 Challis View Ln	Transaction ID: SA11AI.5773
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$150 monthly
	Name of Employer Occupation Carolinas HealthCare System Hospital Admin SVP Operations	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 5522 Challis View Ln	Transaction ID: SA11AI.5832
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$150 monthly
	Name of Employer Occupation Carolinas HealthCare System Hospital Admin SVP Operations	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	383.34
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 25 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 5522 Challis View Ln	Transaction ID: SA11AI.5884
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$150 monthly
Name of Employer Carolinas HealthCare System	Occupation Hospital Admin SVP Operations	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

B.	Full Name (Last, First, Middle Initial) Zachary J Zapack	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 1800 Camden Road Suite 107, #214	Transaction ID: SA11AI.5750
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
Name of Employer Carolinas HealthCare System	Occupation Hospital Administrator	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.68	

C.	Full Name (Last, First, Middle Initial) Zachary J Zapack	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 1800 Camden Road Suite 107, #214	Transaction ID: SA11AI.5812
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$416.67 monthly
Name of Employer Carolinas HealthCare System	Occupation Hospital Administrator	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.35	

SUBTOTAL of Receipts This Page (optional)	983.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 29	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Zachary J Zapack		Date of Receipt																					
	Mailing Address 1800 Camden Road Suite 107, #214		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		3	0		2	0	0	8														
	City	State	Zip Code		Transaction ID: SA11AI.5864																			
	Charlotte	NC	28203																					
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		C										Amount of Each Receipt this Period										
C																								
Name of Employer Carolinas HealthCare System		Occupation Hospital Administrator		<table border="1"> <tr> <td>416.67</td> </tr> </table>	416.67																			
416.67																								
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2500.02</td> </tr> </table>		2500.02	Payroll Deduction \$416.67 monthly																			
2500.02																								

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>416.67</td></tr></table>	416.67
416.67			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td>9768.51</td></tr></table>	9768.51
9768.51			

**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) Bill James for County Commission	Transaction ID: SB23.5915 Date of Disbursement																			
	Mailing Address PO Box 79315	<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>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
	City Charlotte State NC Zip Code 28271	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Non Federal Campaign Contribution	<table border="1"><tr><td>200.00</td></tr></table>	200.00																		
200.00																					
	Candidate Name Bill James Campaign	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	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:																				

B.	Full Name (Last, First, Middle Initial) Dan Ramirez Campaign	Transaction ID: SB23.5913 Date of Disbursement																			
	Mailing Address 4625 Piedmont Row E-407	<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>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
	City Charlotte State NC Zip Code 28210	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Non Federal Campaign Contribution	<table border="1"><tr><td>200.00</td></tr></table>	200.00																		
200.00																					
	Candidate Name Dan Ramirez Campaign	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	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:																				

C.	Full Name (Last, First, Middle Initial) Dumont Clarke Campaign	Transaction ID: SB23.5920 Date of Disbursement																			
	Mailing Address 2124 Kenmore Avenue	<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>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
	City Charlotte State NC Zip Code 28204	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Non Federal Campaign Contribution	<table border="1"><tr><td>200.00</td></tr></table>	200.00																		
200.00																					
	Candidate Name Dumont Clarke Campaign	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	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:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>600.00</td></tr></table>	600.00
600.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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) John Spratt for Congress <hr/> Mailing Address PO BOX 636 <hr/> City ANNANDALE State VA Zip Code 22003 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name John Spratt for Congress Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.5909 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Karen Bentley Campaign <hr/> Mailing Address 16036 Wynfield Creek Pkwy <hr/> City Huntersville State NC Zip Code 28078 <hr/> Purpose of Disbursement Non Federal Campaign Contribution Candidate Name Karen Bentley Campaign 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: SB23.5922 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 200.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Myrick for Congress <hr/> Mailing Address PO Box 37091 <hr/> City Charlotte State NC Zip Code 28237 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Myrick for Congress Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.5912 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1700.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 29

<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)
Norman Mitchell for County Commission

Mailing Address 5300 Reedham Court

City State Zip Code
Charlotte, NC 28208

Purpose of Disbursement
Non Federal Campaign Contribution

Candidate Name
Norman Mitchell Campaign

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB23.5910
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Valerie Woodard Campaign

Mailing Address 5524 Sunfield Drive

City State Zip Code
Charlotte, NC 28215

Purpose of Disbursement
Non Federal Campaign Contribution

Candidate Name
Valerie Woodard Campaign

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB23.5917
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)