

**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	5

D	D
0	3

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	6									
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">17045.29</td></tr></table>	17045.29	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">17045.29</td></tr></table>	17045.29								
17045.29												
17045.29												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">17045.29</td></tr></table>	17045.29	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">17045.29</td></tr></table>	17045.29								
17045.29												
17045.29												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">47.65</td></tr></table>	47.65	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">47.65</td></tr></table>	47.65								
47.65												
47.65												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">16997.64</td></tr></table>	16997.64	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">16997.64</td></tr></table>	16997.64								
16997.64												
16997.64												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
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	5

D	D
0	3

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	14750.00	14750.00
(i) Itemized (use Schedule A)	2247.64	2247.64
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16997.64	16997.64
(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)	16997.64	16997.64
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)	47.65	47.65
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
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))	17045.29	17045.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17045.29	17045.29

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.....	47.65	47.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	47.65	47.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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))..	47.65	47.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	47.65	47.65

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)	16997.64	16997.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16997.64	16997.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	47.65	47.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	47.65	47.65
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 13
	<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)
 John W. Baker

Mailing Address 16224 Leeward Lane

City State Zip Code
 Huntersville NC 28078

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

Name of Employer: Carolinas HealthCare System
 Occupation: Healthcare Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 09 / 2006

Transaction ID: SA11A1.4124

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
 Katie K Benfield

Mailing Address 2316 Vail Ave.

City State Zip Code
 Charlotte NC 28207

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

Name of Employer: Carolinas HealthCare System
 Occupation: Administration

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2006

Transaction ID: SA11A1.4134

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
 Charles C Copenhaver

Mailing Address 4826 McAlpine Farm Road

City State Zip Code
 Charlotte NC 28226

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

Name of Employer: Carolinas HealthCare System
 Occupation: Hospital Admin

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 26 / 2006

Transaction ID: SA11A1.4148

Amount of Each Receipt this Period
 500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 13
	<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)
 Eugene A DeLaddy

Mailing Address 5213 Lila Wood Circle

City State Zip Code
 Charlotte NC 28209

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

Name of Employer: Carolinas HealthCare System
 Occupation: Chief Compliance Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 09 / 2006

Transaction ID: SA11A1.4150

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
 Russell C Guerin

Mailing Address 3324 Meadow Bluff Dr.

City State Zip Code
 Charlotte NC 28226

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

Name of Employer: Carolinas HealthCare System
 Occupation: Sr. Vice Pres.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 30 / 2006

Transaction ID: SA11A1.4110

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 1114 Bellgrave Place

City State Zip Code
 Charlotte NC 28203

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

Name of Employer: Carolinas HealthCare System
 Occupation: Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 08 / 2006

Transaction ID: SA11A1.4120

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	4250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 13
	<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 B Hall

Mailing Address 1114 Bellgrave Place

City State Zip Code
 Charlotte NC 28203

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

Name of Employer: Carolinas HealthCare System
 Occupation: Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 08 / 2006

Transaction ID: SA11A1.4122

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Frank N Harrison, Jr.

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: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 14 / 2006

Transaction ID: SA11A1.4144

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Victoria Donovan Lackey, MD

Mailing Address 3541 Randolph Road Suite 300

City State Zip Code
 Charlotte NC 28211

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

Name of Employer: Carolinas HealthCare System
 Occupation: MD

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 19 / 2006

Transaction ID: SA11A1.4142

Amount of Each Receipt this Period
 250.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 13
	<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

Mailing Address 458 Beateu Path

City State Zip Code
Mooreville NC 28117

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

Name of Employer: Carolinas HealthCare System
 Occupation: Vice President Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 16 / 2006

Transaction ID: SA11A1.4146

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
John A Marx

Mailing Address 3535 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: MD

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 15 / 2006

Transaction ID: SA11A1.4140

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
James T McDeavitt, MD

Mailing Address 826 Berkeley Ave.

City State Zip Code
Charlotte NC 28203

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

Name of Employer: Carolinas HealthCare System
 Occupation: Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.4116

Amount of Each Receipt this Period
 500.00

Payroll Deduction \$500 monthly

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 13
	<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)
 F. Del Murphy, Jr.
 Mailing Address 2824 Winding Oak Drive
 City State Zip Code
 Charlotte NC 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System
 Occupation VP - Internal Consulting
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 20 / 2006
Transaction ID: SA11A1.4138
 Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
 Wallace C Nunley, Jr.
 Mailing Address 2209 Blue Bell Lane
 City State Zip Code
 Charlotte NC 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System
 Occupation Physician
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 30 / 2006
Transaction ID: SA11A1.4108
 Amount of Each Receipt this Period
 250.00

C. 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: 2006
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 02 / 2006
Transaction ID: SA11A1.4136
 Amount of Each Receipt this Period
 500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 13
	<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 Mailing Address 2122 Dilworth Road West City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006 Transaction ID: SA11A1.4132 Amount of Each Receipt this Period 2000.00
Name of Employer: Carolinas HealthCare System Occupation: Attorney Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		

B. Full Name (Last, First, Middle Initial) J. Bruce Taylor Mailing Address 2005 Foxcroft Woods Lane City State Zip Code Charlotte NC 28211 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006 Transaction ID: SA11A1.4128 Amount of Each Receipt this Period 500.00
Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2006 <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) Chris M Teigland Mailing Address 700 Hungerford Place City State Zip Code Charlotte NC 28207 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2006 Transaction ID: SA11A1.4156 Amount of Each Receipt this Period 500.00
Name of Employer: Carolinas HealthCare System Occupation: Physician Receipt For: 2006 <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)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 13
	<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)
 Christian A Tomaszewski

Mailing Address 1128 Berkeley Ave

City State Zip Code
 Charlotte NC 28203

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

Name of Employer: Carolinas HealthCare System
 Occupation: Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2006

Transaction ID: SA11A1.4106

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
 Phyllis Wingate-Jones

Mailing Address 5522 Challis View Ln

City State Zip Code
 Charlotte NC 28226

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

Name of Employer: Carolinas HealthCare System
 Occupation: Hospital Admin SVP Operations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2006

Transaction ID: SA11A1.4154

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
 Warden L Woodard, MD

Mailing Address 207 Belle Meade Court

City State Zip Code
 Waxhaw NC 28173

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

Name of Employer: Carolinas HealthCare System
 Occupation: Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 21 / 2006

Transaction ID: SA11A1.4130

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 13
	(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)
 Oren M Wyatt

Mailing Address 106 Pine Lake Drive

City Kings Mountain State NC Zip Code 28086

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

Name of Employer Carolinas HealthCare System Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 01 / 2006

Transaction ID: SA11A1.4118

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
 Zachary J Zapack

Mailing Address 1800 Camden Road Suite 107, #214

City Charlotte State NC Zip Code 28203

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

Name of Employer Carolinas HealthCare System Occupation Hospital Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2006

Transaction ID: SA11A1.4214

Amount of Each Receipt this Period
 500.00

Payroll Deduction \$500 monthly

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	14750.00