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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	•			THUIT ATT AUC					Office Use	Only	
1.				IAILING LABEL OR PRINT 🗑		ole:If typir ne lines	ng, type				
Ш	CHARLOTTE-MECKLENBUI FED PAC	RG H	OSPIT	AL AUTHORITY/C	CAROLINA	S HEALT	HCARE SYST	EM EMPLO	YEES		
Ш						1 1 1					
AD	DRESS (number and street)	Ш		ION: MARY ANN							
	Check if different than previously reported. (ACC)		HARLC	YTHE BOULEVAR  THE BOULEVAR  OTTE				NC	282	203 203 203	861
2.	FEC IDENTIFICATION NUM	BER	<b>¥</b>	CIT	Y 🛝			STATEA	Z	IPCODE	A
	C00423871				S THIS EPORT	X	NEW (N) <b>OR</b>		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b	o) Mor Rep		20 (M2)		May 20 (M5)	Au	ug 20 (M8)	No (N Ye	ov 20 (M11) on-Election ar Only)
	(a) Quarterly Reports:		Due	Mar	20 (M3)		Jun 20 (M6)	H	ep 20 (M9)	(Ne	ec 20 (M12) on-Election ar Only)
	April 15 Quarterly Report(Q1	1)	(0)	12-Day	20 (M4)	rimary (12	Jul 20 (M7)	Genera	ot 20 (M10)		n 31 (YE) unoff (12R)
	July 15 Quarterly Report(Q2	2)	(c)	PRE-Election Report for the:	H	onvention		Special	` ′ [	110	mon (1211)
	October 15 Quarterly Report(Q3 January 31								i	n the	
	Quarterly Report(YE  July 31 Mid-Year  Report(Non-election		(d)	Electio 30-Day	n on L					State of	
	Year Only) (MY)  Termination Report		(-)	Post -Election Report for the:	X G	eneral (30	OG)	Runoff	(30R)	Sp	pecial (30S)
	(TER)			Electio	n on	1 1	0 4	2008		n the State of	NC
5.	Covering Period 1 0		1 6	2008		through	11	24	2008		
l ce	ertify that I have examined this R	eport	and to	the best of my kno	wledge and	belief it	is true, correct	and complete	<del></del> <del>)</del> .		
Тур	oe or Print Name of Treasurer	M	lary Ar	nn Rouse							
Sig	nature of Treasurer Electron	ically	Filed b	oy Mary Ann Rou	ıse			Date 1	2 03	20	0 8
NO	TE : Submission of false, erron	eous,	or inco	omplete information	ı may subje	ct the pe	rson signing thi	s Report to t	he penalties o	f 2 U.S.C	437g.
	Office Use Only									FORM (	3X
FE6	SAN026										

## SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC D D 1.0 16 2008 24 2008 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date Cash on Hand 2008 102620.76 January 1 (b) Cash on Hand at 95984.74 Begining of Reporting Period ..... 7343.74 54962.10 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 103328.48 157582.86 6(a) and 6(c) for Column B) ..... 0.00 54254.38 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 103328.48 103328.48 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

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

M N 1 6 м м 1 1 2008 2 4 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 43869.49 6494.52 (i) Itemized (use Schedule A) ...... 478.34 9345.31 (ii) Unitemized ..... (iii) TOTAL (add 6972.86 53214.80 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 6972.86 53214.80 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 163.48 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 350.00 1350.00 Political Committees ..... 17. Other Federal Receipts 20.88 233.82 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 7343.74 54962.10 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 7343.74 54962.10 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 54.38 Expenditures..... (c) Total Operating Expenditures 0.00 54.38 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 54200.00 0.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 0.00 54254.38 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 0.00 54254.38 from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	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)	6972.86	53214.80
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	6972.86	53214.80
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

FE6AN026

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER:   PAGE 6/2/   (check only one)
Any information copied from such Report for commercial purposes, other that	orts and Statements may not be using the name and address of	sold or used by any perso	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	<u> </u>		HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initia Kathy Bailey	l)		Date of Receipt
Mailing Address P. O. Box 31	M M / D D / Y Y Y Y		
City	State Zip	o Code	1 1 1 4 2 0 0 8  Transaction ID: SA11Al.6377
Morganton		680	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Carolinas HealthCare Syst- em	Occupation Healthcare Adm	n;inistrator	
Receipt For: 2009  Primary X General  Other (specify) ▼	Aggregate Year-to	o-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Mr. George E Battle	l)		Date of Receipt
Mailing Address 11516 Fox Hi			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Charlette	· · · · · · · · · · · · · · · · · · ·	Code	Transaction ID: SA11AI.6257
<u>Charlotte</u>		3269	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.84  Payroll Deduction \$20.84
Name of Employer CarolinasHealthCareSystem	Occupation ATTY		monthly
Receipt For: 2008	Aggregate Year-to	o-Date <b>V</b>	
Primary X General Other (specify) ▼		229.24	
Full Name (Last, First, Middle Initia Dr. Herbert L Bonkovsky	  )		Date of Receipt
Mailing Address 2214 Cumber	land Road		10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Code	Transaction ID: SA11AI.6270
<u>Charlotte</u>	NC 28	3203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00 Payroll Deduction \$50 mon-
Name of Employer CarolinasHealthCareSystem	Occupation PHYS		thly
Receipt For: 2008 Primary X General	Aggregate Year-to	o-Date ▼	
Primary X General Other (specify) ▼		550.00	
			320.84

В.

C.

COLLEDING A /EEGE CO			FOR LINE NUMBER: PAGE 7 / 27				
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	Check only one)				
ITEMIZED RECEIPTS		for each category of the					
		Detailed Summary Page					
Any information conicd from such Departs and Ct	atamanta ma	reat he cold or used by one person	13 14 15 16 17				
Any information copied from such Reports and St or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
CHARLOTTE-MECKLENBURG HOSP FED PAC	ITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES				
Full Name (Last, First, Middle Initial) Joseph Bowers	,						
Mailing Address 5221 Amherst Trail Driv							
City	State	Zip Code	Transaction ID: SA11AI.6375				
Charlotte	NC	28226	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Carolinas HealthCare Syst- em	Occupatio Vice Pres						
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Jerry Bryson			Date of Receipt				
Mailing Address 6503 Elfreda Road			10 31 2008				
City	State	Zip Code	Transaction ID: SA11AI.6290				
Charlotte	NC	28270	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		20.84				
Name of Employer Carolinas HealthCare Syst- em	Occupatio Administ		Payroll Deduction \$20.84 monthly				
Receipt For: 2008	Aggregate	Year-to-Date <b>V</b>					
Primary X General Other (specify) ▼		229.24					
Full Name (Last, First, Middle Initial) Mr. Stephen C Burr			Date of Receipt				
Mailing Address 203 Eslynn Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: SA11AI.6268				
Mount Holly	NC	28120	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.			20.84				
Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$20.84 monthly				
Receipt For: 2008  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 229.24					
SUBTOTAL of Receipts This Page (optional)			291.68				

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 27 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG HOSE FED PAC	ne name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Augie M Campanello Mailing Address 1900 Scott Avenue  City Charlotte	State NC	Zip Code 28203	Date of Receipt    M M
FEC ID number of contributing federal political committee.	C		20.84
Name of Employer CarolinasHealthCareSystem  Receipt For: 2008  Primary X General Other (specify) ▼	Occupation ADMIN Aggregate	e Year-to-Date ▼ 229.24	Payroll Deduction \$20.84 monthly
Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee Mailing Address PO Box 550934			Date of Receipt
City	State	Zip Code	Transaction ID: SA11Al.6305
Gastonia  FEC ID number of contributing federal political committee.	C	28055-0934	Amount of Each Receipt this Period  35.00
Name of Employer CarolinasHealthCareSystem  Receipt For: 2008  Primary X General  Other (specify) ▼	Occupation ADMIN Aggregate	Year-to-Date ▼	Payroll Deduction \$35 mon- thly
Full Name (Last, First, Middle Initial) Paul Colavita			Date of Receipt
Mailing Address 2501 Sedley Road			10 31 2008
City	State	Zip Code	Transaction ID: SA11AI.6272
Charlotte  FEC ID number of contributing federal political committee.	C	28211	Amount of Each Receipt this Period  83.34
Name of Employer Carolinas HealthCare System Receipt For: 2008	Occupation Physician Aggregate		Payroll Deduction \$83.34 monthly
Primary X General Other (specify) ▼	0 0	916.74	
SUBTOTAL of Receipts This Page (optional)			139.18

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/27   (check only one)     X			
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOFED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES			
Full Name (Last, First, Middle Initial) David Ellerbe			Date of Receipt			
City	State	Zip Code	1 0 3 1 2 0 0 8 Transaction ID: SA11Al.6275			
Charlotte	NC	28211	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		20.84			
Name of Employer Carolinas HealthCare Syst- em	Occupation Administ		Payroll Deduction \$20.84 monthly			
Receipt For: 2008  Primary X General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 229.24				
Full Name (Last, First, Middle Initial) Leonard Feld			Date of Receipt			
Mailing Address 11310 Ballantyne Cr	10 31 YYYYY 10 31 2008					
City	State	Zip Code	Transaction ID: SA11Al.6256			
Charlotte	NC	28277	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		Payroll Deduction \$20.84			
Name of Employer Carolinas HealthCare Syst- em	Occupation Physician		monthly			
Receipt For: 2008		e Year-to-Date ▼				
Primary X General Other (specify) ▼	0 0	229.24				
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford			Date of Receipt			
Mailing Address 6836 Alexander Roa	ad		10 31 YYYYY 10 31 2008			
City	State	Zip Code	Transaction ID: SA11AI.6292			
<u>Charlotte</u>	NC	28270	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		Payroll Deduction \$83.34			
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	n	monthly			
Receipt For: 2008	Aggregate	e Year-to-Date ▼	_			
Primary X General Other (specify) ▼		916.74				
	<u> </u>		125.02			

SCHEDULE A (FEC Form 3)	X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 10 / 27 (check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOFED PAC	OSPITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Paul Franz			Date of Receipt
Mailing Address 1320 FILLMORE A	AVENUE #413		10 31 2008
City	State	Zip Code	Transaction ID: SA11AI.6258
Charlotte	NC	28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.67
Name of Employer Carolinas HealthCare Syst- em	Occupation Administ		Payroll Deduction \$416.67 monthly
Receipt For: 2008  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 4583.37	
Full Name (Last, First, Middle Initial) Mr. Clark E Goodwin			Date of Receipt
Mailing Address 6028 Alexa Road			10 31 2008
City	State	Zip Code	Transaction ID: SA11Al.6287
Charlotte	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	Payroll Deduction \$20.84 monthly
Receipt For: 2008 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 229.24	
Full Name (Last, First, Middle Initial) Edith Miller Hall, MD			Date of Receipt
Mailing Address 1114 Belgrave Pla	ce		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State NC	Zip Code 28203	Transaction ID: SA11AI.6364 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Carolinas HealthCare Syst- em	Occupation Physiicia		
Receipt For: 2009 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		687.51

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

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 27 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG HO	nd Statements may not be sold or used by any perso the name and address of any political committee to DSPITAL AUTHORITY/CAROLINAS HEALTI	solicit contributions from such committee.
FED PAC  Full Name (Last, First, Middle Initial)  James B Hall, MD  Mailing Address 1114 Belgrave Place  City  Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2009  Primary X General	State Zip Code NC 28203  C  Occupation Physician  Aggregate Year-to-Date	Date of Receipt  M M J J J J Z D D 8  Transaction ID: SA11AI.6362  Amount of Each Receipt this Period  250.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Janet Handy  Mailing Address 8044 Silver Jade D	250.00 rive	Date of Receipt  1 0 3 1 7 2 0 0 8
City  Denver  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2008	State Zip Code NC 28037  C  Occupation Administrator	Transaction ID: SA11AI.6297  Amount of Each Receipt this Period  41.67  Payroll Deduction \$41.67  monthly
Primary X General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Frank Harrison	Aggregate Year-to-Date ▼ 458.37	Date of Receipt
Mailing Address 3741 Hearthstone ( City Charlotte FEC ID number of contributing	State Zip Code NC 28211	Transaction ID: SA11AI.6371  Amount of Each Receipt this Period  250.00
Name of Employer Carolinas HealthCare System Receipt For: 2009 Primary X General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date  250.00	230.00
SUBTOTAL of Receipts This Page (optional	ul)	541.67

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 27 (check only one)    X			
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEAL	o solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Mr. Thomas E Hassett Mailing Address 7733 Compton Coul		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y			
City Charlotte	State Zip Code NC 28270	Transaction ID: SA11AI.6296  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C 28270	41.67			
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly			
Receipt For: 2008  Primary X General  Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37				
Full Name (Last, First, Middle Initial) Dr. Robert V Higgins Mailing Address 7112 Fairway Vista	Drive	Date of Receipt  10 31 2008			
City	City State Zip Code				
<u>Charlotte</u>	NC 28226	Transaction ID: SA11AI.6294  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$25 mon- thly			
Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼  275.00				
Full Name (Last, First, Middle Initial) Kent C Holtzmuller, MD		Date of Receipt			
Mailing Address PO Box 220248		1 1 1 2 2 0 0 8			
City	State Zip Code	Transaction ID: SA11AI.6379			
Charlotte	NC 28222	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Carolinas HealthCare Syst- em	Occupation Physician				
Receipt For: 2009  Primary X General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00				
SUBTOTAL of Receipts This Page (optional		316.67			

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 27 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Christopher Hummer Mailing Address 6935 N Bury Lane # City	1415 State Zip Code	Date of Receipt  M M J J D D J J J J J J J J J J J J J J
Charlotte  FEC ID number of contributing federal political committee.	NC 28226	Amount of Each Receipt this Period  20.84
Name of Employer Carolinas HealthCare System Receipt For: 2008 Primary X General Other (specify) ▼	Occupation Administrator  Aggregate Year-to-Date ▼  229.24	Payroll Deduction \$20.84 monthly
Full Name (Last, First, Middle Initial) Mr. W. Christopher Johnson Mailing Address 445 Forest Hill Circle	e	Date of Receipt  1 0 0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City Rutherfordton  FEC ID number of contributing federal political committee.	State Zip Code NC 28139	Transaction ID: SA11AI.6278  Amount of Each Receipt this Period  20.84
Name of Employer CarolinasHealthCareSystem  Receipt For: 2008  Primary X General  Other (specify) ▼	Occupation ADMIN  Aggregate Year-to-Date   229.24	Payroll Deduction \$20.84 monthly
Full Name (Last, First, Middle Initial) Robert Keener Mailing Address 625 Club Drive		Date of Receipt  1 0 3 1 2 0 0 8
City Stanley  FEC ID number of contributing federal political committee.	State Zip Code NC 28164	Transaction ID: SA11AI.6288  Amount of Each Receipt this Period  25.00
Name of Employer Carolinas HealthCare System Receipt For: 2008	Occupation Administrator  Aggregate Year-to-Date	Payroll Deduction \$25 mon- thly
Primary X General Other (specify) ▼	275.00	
SUBTOTAL of Receipts This Page (optional)	)	66.68

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 27 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott Kerr Mailing Address 2027 Ferncliff Road		Date of Receipt  10  10  10  10  10  10  10  10  10  1
City Charlotte	State Zip Code NC 28211	Transaction ID: SA11AI.6266  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Carolinas HealthCare System Receipt For: 2008  Primary X General Other (specify) ▼	Occupation Administrator  Aggregate Year-to-Date   275.00	Payroll Deduction \$25 mon- thly
Full Name (Last, First, Middle Initial) Mr. John J Knox  Mailing Address 6530 Boykin Spanie	l Road	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.6291
Charlotte  FEC ID number of contributing federal political committee.	NC 28277	Amount of Each Receipt this Period 41.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2008 Primary X General Other (specify)	Aggregate Year-to-Date ▼ 458.37	
Full Name (Last, First, Middle Initial) Mr. Frank S Letherby		Date of Receipt
Mailing Address 5234 Lancelot Drive		10 31 2008
City	State Zip Code	Transaction ID: SA11Al.6281
Charlotte  FEC ID number of contributing federal political committee.	NC 28270	Amount of Each Receipt this Period  20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
Receipt For: 2008  Primary X General  Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	
SUBTOTAL of Receipts This Page (optional	)	87.51

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 27 (check only one)    X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG HOSE FED PAC	name and ad	dress of any political committee to	o solicit contributions from such committee.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly Mailing Address 9306 Copans Glen Lat  City	ne State	Zip Code	Date of Receipt  10 31 2008  Transaction ID: SA11Al.6301
	<u>Huntersville</u>	NC	28078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer CarolinasHealthCareSystem  Receipt For: 2008  Primary X General  Other (specify) ▼	Occupation ADMIN Aggregate	e Year-to-Date ▼ 916.74	Payroll Deduction \$83.34 monthly
3.	Full Name (Last, First, Middle Initial)  Donna Lockhart  Mailing Address 5523 Challis View Lan	e		Date of Receipt  1 0 3 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.6284
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.84
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Administ	rator	Payroll Deduction \$20.84 monthly
	Receipt For: 2008 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 229.24	]
	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt  Mailing Address 826 Berkeley Avenue			Date of Receipt  1 0 3 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.6299
	Charlotte  FEC ID number of contributing federal political committee.	C	28203	Amount of Each Receipt this Period  166.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$166.67 monthly
	Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1833.37	
	SUBTOTAL of Receipts This Page (optional)	1		270.85

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 27 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG HOSI FED PAC	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Charles P McKay Mailing Address 4735 Parview Drive  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2008 Primary X General	State NC C Occupatio PHYS Aggregate	e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Russell W Moore Mailing Address 15731 Pine Street  City Huntersville  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2008 Primary X General Other (specify)	State NC C Occupatio ADMIN Aggregate	Zip Code 28078 P Year-to-Date ▼ 458.37	Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 3 1 2 0 0 8  Transaction ID: SA11AI.6259  Amount of Each Receipt this Period  41.67  Payroll Deduction \$41.67  monthly
Full Name (Last, First, Middle Initial) Scott Moroney  Mailing Address 7255 Willow Brook Co  City  Denver  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2008  Primary X General  Other (specify)	State NC C Occupatio Administ		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .			91.67

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 27 (check only one)    X   11a
or f	or commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	ne name and ad	dress of any political committee to	
	FED PAC Full Name (Last, First, Middle Initial) James Olsen Mailing Address 5900 Summerston P	lace		Date of Receipt  1 0 3 1 2 0 0 8
	City Charlotte	State NC	Zip Code 28277	Transaction ID: SA11AI.6286  Amount of Each Receipt this Period
;	FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare Syst-	Occupatio	n	Payroll Deduction \$100 mo-
	Carolinas Health Care System  Receipt For: 2008  Primary X General  Other (specify) ▼	Administ Aggregate	rator e Year-to-Date ▼ 1100.00	
-	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont Mailing Address 2028 Hopedale Aven	ue		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11Al.6267
	Charlotte	NC	28207	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		400.00  Payroll Deduction \$400 mo-
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	nthíly
-	Receipt For: 2008  Primary X General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4400.00	
	Full Name (Last, First, Middle Initial) Mr. Roger A Ray			Date of Receipt
	Mailing Address 11029 Lederer Ave			10 31 7 2008
	City Charlotte	State NC	Zip Code 28277	Transaction ID: SA11AI.6255  Amount of Each Receipt this Period
•	FEC ID number of contributing rederal political committee.	C	2027	333.34
•	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$333.34 monthly
	Receipt For: 2008 Primary X General Other (specify) ▼		e Year-to-Date ▼ 3333.40	
SL	IBTOTAL of Receipts This Page (optional)			833.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 27 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lawrence Raymond  Mailing Address 2539 Summerlake	Road	Date of Receipt  10 31 2008
City Charlotte FEC ID number of contributing	State Zip Code NC 28226	Transaction ID: SA11AI.6274  Amount of Each Receipt this Period  50.00
Name of Employer Carolinas HealthCare System Receipt For: 2008 Primary X General	Occupation Physician  Aggregate Year-to-Date ▼	Payroll Deduction \$50 mon-thly
Full Name (Last, First, Middle Initial) F. Renfro  Mailing Address 811 E Morehead S	street Apt 3	Date of Receipt  10 31 2008
City Charlotte  FEC ID number of contributing federal political committee.	State Zip Code NC 28202	Transaction ID: SA11AI.6298  Amount of Each Receipt this Period  50.00
Name of Employer Carolinas HealthCare System Receipt For: 2008 Primary X General Other (specify) ▼	Occupation Administrator  Aggregate Year-to-Date   550.00	Payroll Deduction \$50 mon- thly
Full Name (Last, First, Middle Initial) Kathy Rhyne Mailing Address 1001 Pier Point Dri	ive	Date of Receipt
City  Belmont  FEC ID number of contributing federal political committee.	State Zip Code NC 28012	Transaction ID: SA11AI.6254  Amount of Each Receipt this Period  20.84
Name of Employer Carolinas HealthCare System Receipt For: 2008 Primary X General Other (specify)	Occupation Administrator  Aggregate Year-to-Date   229.24	Payroll Deduction \$20.84 monthly
SURTOTAL of Receipts This Page (option	al)	120.84

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 27 (check only one)  X 11a 11b 11c 12
(	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	ITAL AUTH	IORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
۷.	Full Name (Last, First, Middle Initial) Craig Richardville			Date of Receipt
	Mailing Address 17235 Glassfield Drive			10 31 2008
	City	State	Zip Code	Transaction ID: SA11AI.6262
	<u>Huntersville</u>	NC	28078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.84
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Administ		Payroll Deduction \$20.84 monthly
	Receipt For: 2008  Primary X General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 229.24	
- 3.	Full Name (Last, First, Middle Initial) Francis Robicsek, MD			Date of Receipt
	Mailing Address 2519 Richardson Drive	)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.6370
	Charlotte	NC	28211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Physicia		
	Receipt For: 2009 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Mr. Michael L Rose			Date of Receipt
	Mailing Address 6901 Foxglove Drive			10 31 YYYYY 2008
	City Charlotte	State NC	Zip Code 28226	Transaction ID: SA11Al.6293  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$200 monthly
	Receipt For: 2008  Primary X General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2200.00	
	SUBTOTAL of Receipts This Page (optional)	I		720.84
L	ODE OF THE OF THE OFFICE THIS I age (optional)			

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

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
NAME OF COMMITTEE (In Full)		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.  AS HEALTHCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Ms. Virginia Ellen Sheppard  Mailing Address 5345 Hillingdon Road  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2008 Primary X General Other (specify)	State Zip Code NC 28226  C  Occupation ADMIN  Aggregate Year-to-Date	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ronald Smidt Mailing Address P O Box 901  City Troutman  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System Receipt For: 2008 Primary X General Other (specify)	State Zip Code NC 28166  C  Occupation Administrator  Aggregate Year-to-Date	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jody Stock  Mailing Address 3466 Blue Jay Path  City Fort Mill  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2008  Primary X General Other (specify)	State Zip Code SC 29708  C  Occupation Administrator  Aggregate Year-to-Date	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	1	71.68

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 27 (check only one)    X   11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	e name and add	dress of any political committee to	o solicit contributions from such committee.
	FED PAC  Full Name (Last, First, Middle Initial) John Sullivan  Mailing Address 1722 Bellamy Circle  City Albermarle  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare Syst-	State NC C	Zip Code 28001	Date of Receipt    M M M
_	em Receipt For: 2008 Primary X General Other (specify)	1	dministrator  9 Year-to-Date ▼  229.24	
•	Full Name (Last, First, Middle Initial)  Michael Tarwater  Mailing Address 2137 Dilworth Road E	ast		Date of Receipt  1 0
	City	State	Zip Code	Transaction ID: SA11Al.6269
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00 Payroll Deduction \$400 mo-
	Name of Employer Carolinas HealthCare Syst-	Occupatio CEO	n	nthly
	em Receipt For: 2008 Primary X General Other (specify)	_ '	e Year-to-Date ▼ 4400.00	
_	Full Name (Last, First, Middle Initial) Dr. Alan Thalinger			Date of Receipt
	Mailing Address 2524 Flint Grove Road	d		10 31 YYYY 2008
	City	State	Zip Code	Transaction ID: SA11AI.6273
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.84
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Physicial	n	Payroll Deduction \$20.84 monthly
	Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 229.24	
	SUBTOTAL of Receipts This Page (optional) .			441.68

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 22/27   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) David Thomas			Date of Receipt
Mailing Address 1609 Penderlea Lan	ne		10 31 2008
City	State	Zip Code	Transaction ID: SA11AI.6260
Matthews	NC	28105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer Carolinas HealthCare Syst- em	Occupation Accounta		Payroll Deduction \$21 mon- thly
Receipt For: 2008  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 231.00	
Full Name (Last, First, Middle Initial) Ms. Laura J Thomas			Date of Receipt
Mailing Address 5019 Jarrell Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.6280
Charlotte	NC	28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	Payroll Deduction \$20.84 monthly
Receipt For: 2008	Aggregate	Year-to-Date ▼	
Primary X General Other (specify) ▼	0 0	229.24	
Full Name (Last, First, Middle Initial) Dennie Underwood			Date of Receipt
Mailing Address 18324 Turnberry Co	ourt		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State	Zip Code	Transaction ID: SA11Al.6264
Davidson	NC	28036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer Carolinas HealthCare Syst- em	Occupation Administr		Payroll Deduction \$41.67 monthly
Receipt For: 2008	Aggregate	Year-to-Date ▼	
Primary X General Other (specify) ▼	0 0	458.37	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 27 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG HC	d Statements may not be sold or used by any personal the name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	o solicit contributions from such committee.
FED PAC  Full Name (Last, First, Middle Initial)  Mr. Stephen L Wagner  Mailing Address 4301 Morrowick Ro  City  Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2008  Primary X General	State Zip Code NC 28226  C Occupation ADMIN Aggregate Year-to-Date  458.37	Date of Receipt  10 31 2008  Transaction ID: SA11Al.6277  Amount of Each Receipt this Period  41.67  Payroll Deduction \$41.67
Full Name (Last, First, Middle Initial) Martha Whitecotton Mailing Address 9526 Greyson Ridg  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2008 Primary X General	0 0 0 0 0 0 0 0	Date of Receipt  M M M J B B J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins Mailing Address 6417 Seton House I  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2008 Primary X General Other (specify)	State Zip Code NC 28277  C  Occupation ADMIN  Aggregate Year-to-Date  916.74	Date of Receipt  M M M J D D J 2008  Transaction ID: SA11Al.6289  Amount of Each Receipt this Period  83.34  Payroll Deduction \$83.34  monthly
SUBTOTAL of Receipts This Page (optional	) <b>]</b>	166.68

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/27 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may he name and add	 y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Stephen Wilhoit			Date of Receipt
Mailing Address 5933 Deveron Drive	Ctata	7:n Oada	11 12 2008
Charlette	State	Zip Code	Transaction ID: SA11AI.6376
Charlotte	NC	28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Carolinas HealthCare Syst- em	Occupatio Healthca	n re Executive	
Receipt For:2009	Aggregate	e Year-to-Date ▼	
Primary X General Other (specify) ▼	1 1	300.00	
Full Name (Last, First, Middle Initial) Phyllis Wingate-Jones	<u>'</u>		Date of Receipt
Mailing Address 5522 Challis View La	ane		10 31 YYYY 10 31 2008
City	State	Zip Code	Transaction ID: SA11AI.6283
Charlotte	NC	28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Carolinas HealthCare Syst- em	Occupatio Administ		Payroll Deduction \$150 monthly
Receipt For: 2008  Primary X General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00	
Full Name (Last, First, Middle Initial) Warden L Woodard, MD			Date of Receipt
Mailing Address 207 Belle Meade Con	urt		1 1 1 2 2 0 0 8
City	State	Zip Code	Transaction ID: SA11Al.6368
Waxhaw	NC	28173	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Carolinas HealthCare Syst- em	Occupatio Physicial		
Receipt For: 2009	<del></del>	e Year-to-Date ▼	
Primary X General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			700.00

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

FOR LINE NUMBER: PAGE 25/27 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 14 16 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 Full Name (Last, First, Middle Initial) Date of Receipt Zachary Zapack Mailing Address 1800 Camden Road 10 31 2008 City State Zip Code Transaction ID: SA11AI.6263 Charlotte NC 28203 Amount of Each Receipt this Period FEC ID number of contributing C 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Carolinas HealthCare Syst-Occupation Administrator em Receipt For: 2008 Aggregate Year-to-Date Primary X General 4583.37 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	416.67
TOTAL This Period (last page this line number only)	<u> </u>	6494.52

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 27 (check only one)  11a 11b 11c 12  13 14 15 X 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO FED PAC	SPITAL AUTHO	DRITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Valerie Woodard Campaign Mailing Address 5524 Sunfield Drive			Date of Receipt  10 22 2008
City Charlotte	State NC	Zip Code 28215	Transaction ID: SA16.6383  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer	Occupation	l	Refund-Candidate Deceased
Receipt For: 2008  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	350.00
TOTAL This Period (last page this line number only)	<b>•</b>	350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 27 (check only one)  11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
or for commercial purposes, other than using the	he name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Wachovia Bank			Date of Receipt
Mailing Address 401 S. Tryon Street			10 31 2008
City	State	Zip Code	Transaction ID: SA17.6306
Charlotte	NC	28288	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.88
Name of Employer	Occupation	ו	October 2008 Interest
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 233.82	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	20.88
TOTAL This Period (last page this line number only)	<b>•</b>	20.88