FEC FORM 3X	ANI	PORT OF D DISBUF ther Than An A	RSEME	NTS	e		Office Use Only	
1. NAME OF COMMITTEE (in fi		EC MAILING LABE PE OR PRINT 🝟		nple:If typing	type			
CHARLOTTE-MEC	street)			AS HEALTH		EM EMPLOY	ÉES	
Check if differ than previousl reported. (AC	ent LL				· · · · ·			_ 2861
2. FEC IDENTIFICAT	ION NUMBER	¥			S		ZIPCO	DE 🔺
C00423871		3.	IS THIS REPORT		IEW N) OR	X A	MENDED	
July 15QuarterlyOctoberQuarterlyJanuary 3QuarterlyJuly 31 MReport(NYear Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) Iid-Year on-election	(c) 12-Day PRE-Election Report for the Election Report for the Post -Election Report for the	: Cion on		2C)	Sep	(12G) in the State of	Special (30S)
5. Covering Period 07 01 2007 through 12 31 2007 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 11 19 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. Date 11 19 20.5.C 437g.								
Office Use Only							FEC FOR (Rev. 12/20	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

١	Write or Type Committee Name CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC						
F	Repor	t Covering the Period:	From:	M M 0 7 0 1	Y Y W Y 2007	To: To:	
					COLUMN A This Period	COLUMN B Calendar Year-to-Date	
6.	(a)	Cash on Hand January 1	Ž00Ž řř			52983.36	
	(b)	Cash on Hand at Begining of Reporting	Period		79401.53		
	(c)	Total Receipts (from L	ine 19)		34034.61	62457.11	
	(d)	Subtotal (add lines 6(b) and				
		6(c) for Column A and 6(a) and 6(c) for Colur	Lines nn B)		113436.14	115440.47	
7.	Tot	al Disbursements (from	Line 31)		10815.38	12819.71	
8.	Rep	sh on Hand at Close of porting Period ptract Line 7 from Line 6	6(d))		102620.76	102620.76	
9.	the	ots and Obligations owe committee (Itemize all o ledule C and/or Schedu	n		0.00		
10.	the	ots and Obligations owe committee (Itemize all o ledule C and/or Schedu	n		0.00		

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

For further information contact:

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

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

FE6AN026

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 0^D1 ^м М 07 ^M ^M ^M [⊅]1 D D 2007 2007 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 48720.27 30256.68 (i) Itemized (use Schedule A) 3671.90 13551.84 (ii) Unitemized (iii) TOTAL (add 33928.58 62272.11 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 33928.58 62272.11 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.) 6.28 10.61 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 99.75 174.39 (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), 34034.61 62457.11

34034.61

62457.11

20. Total Federal Receipts (subtract Line 18(c) from Line 19)

12, 13, 14, 15, 16, 17, and 18(c))

Image# 28993130705

DETAILED SUMMARY PAGE

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	115.38	119.71
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	115.38	119.71
2.	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees	10500.00	10500.00
4	and Other Political Committees	10500.00	12500.00
	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	
	(use Schedule F)	0.00	0.00
P6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs) (d) Total Contribution Refunds	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
9.	Other Disbursements	200.00	200.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
4	Total Diaburgamenta (add Lizza 21(a) 22		
· I .	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10815.38	12819.71
	20, 27, 20, 20, 21, 20(u), 28 ditu 30(0))	10010.00	
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	10815.38	12819.71

Image# 28993130706

DETAILED SUMMARY PAGE

	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)	33928.58	62272.11
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	33928.58	62272.11
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	115.38	119.71
37.	Offsets to Operating Expenditures (from Line 15, page 3)	6.28	10.61
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	109.10	109.10

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 67 (check only one) 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and St for commercial purposes, other than using the	tatements may n name and addre	ot be sold or used by any perse ss 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 HOSPI FED PAC	THCARE SYSTEM EMPLOYEES		
A.	Full Name (Last, First, Middle Initial) Peter Acker	Date of Receipt		
	Mailing Address 816 East Park Drive	1 2 / D D / Y Y Y Y 1 9 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11AI.5497
	Lincolnton	NC	28092	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 Administrat	tor	
	Receipt For: 2008	Aggregate Y	ear-to-Date 🔻	_
	Primary X General Other (specify) ▼		250.00]
 В.	Full Name (Last, First, Middle Initial) Kathy Bailey	<u> </u>		Date of Receipt
	Mailing Address P. O. Box 3176			M M / D D / Y Y Y Y 11 1 13 2007
	City	State	Zip Code	Transaction ID: SA11AI.5496
	Morganton	NC	28680	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;inistrator	
	Receipt For: 2008	Aggregate Y	ear-to-Date 🔻	
	Primary X General Other (specify) ▼		250.00]
 с.	Full Name (Last, First, Middle Initial) Kathleen Benfield	I		Date of Receipt
	Mailing Address 2316 Vail Avenue			M M / D D / Y Y Y Y 10 01 2007
	City	State	Zip Code	Transaction ID: SA11AI.5300
	Charlotte	NC	28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.84 Payroll Deduction \$20.84
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrat	tor	monthly
	Receipt For: 2007 Primary X General	Aggregate Y	ear-to-Date 🔻	_
	Other (specify)		208.40	
s	LUBTOTAL of Receipts This Page (optional)	I	•	520.84
	OTAL This Period (last page this line number of			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 67 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES		
Α.	Full Name (Last, First, Middle Initial) Kathleen Benfield					
	Mailing Address 2316 Vail Avenue	Mailing Address 2316 Vail Avenue				
	City	State	Zip Code	Transaction ID: SA11AI.5358		
	Charlotte	NC	28207	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.84 Payroll Deduction \$20.84		
	Name of Employer Carolinas HealthCare Syst-	Occupatio Administ		monthly		
	em Receipt For: 2007	1	e Year-to-Date			
	Primary X General Other (specify) ▼		229.24]		
В.	Full Name (Last, First, Middle Initial) Kathleen Benfield			Date of Receipt		
	Mailing Address 2316 Vail Avenue			M M / D D / Y Y Y Y 11 30 2007		
	City	State	Zip Code	Transaction ID: SA11AI.5423		
	Charlotte	NC	28207	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.76		
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Administ		Payroll Deduction \$20.76 monthly		
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻			
	Other (specify)	0 0	250.00]		
C.	Full Name (Last, First, Middle Initial) Joseph Bowers			Date of Receipt		
	Mailing Address 5221 Amherst Trail Dr	ive		1 1 D D / Y Y Y Y 1 1 2 0 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11AI.5490		
	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: 2008	Aggregate	e Year-to-Date 🔻			
	Other (specify)	0 0	387.50]		
	SUBTOTAL of Receipts This Page (optional)			291.60		
	TOTAL This Period (last page this line number	only)				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) OHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES Full Name (Last, First, Middle Initial) Joseph Bowers Mailing Address 5221 Amherst Trail Drive City Charlotte NAME OF Committee. NAME OF Committee. NAME OF Committee. Name of Employer Carolinas HealinCare Systame Mailing Address Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address Receipt From Comparison Vice President Receipt From City State Zip Code Name of Employer City Aggregate Year-to-Date ▼ Pointary X General Other (specify) ▼ 400.00 Full Name (Last, First, Middle Initial) Mc: Stephen C Burn Mailing Address 203 Eslynn Road City State Prof Dumber of co		SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 67 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17					
NAME OF COMMITTEE (in Full) OLARIL OTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES Full Name (Last, First, Middle Initial) Joseph Bowels Mailing Address 5221 Amhorst Trail Drive City State Zip Code Charalte NC 28226 FEC ID number of contributing C 12.50 Parol ID eduction System Occupation 12.50 Mailing Address 2007 Transaction ID: SA11AL5442 Annual of Each Receipt III Sign Address 2007 12.50 Parol ID eduction Sites Occupation 12.50 Parol ID eduction Sites Cocupation 12.50 Receipt III Mane (Last, First, Middle Initial) NC <td< th=""><th></th><th colspan="8">Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions</th></td<>		Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions							
Full Name (Last: First, Middle Initial) Date of Receipt Mailing Address 5221 Amherst Trail Drive If		CHARLOTTE-MECKLENBURG HOSI	THCARE SYSTEM EMPLOYEES						
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FEC ID number of contributing federal political committies. C 12.50 Marrie of a triployer office on a		,	•						
federal political committee. V Image of Employer Corolinals HealthCare Syst: and Missing Address 203 Eslynn Road Payroll Deduction \$12.5 B. Full Name (Last, First, Middle Initial) Mr. Stephen C Burr Mailing Address 203 Eslynn Road Date of Receipt 0 1 / 2 0 0.7 City State Zip Code Mount Holly Date of Receipt 0 1 / 2 0 0.7 Full Name (Last, First, Middle Initial) Mr. Stephen C Burr Mailing Address 203 Eslynn Road Date of Receipt 0 1 / 2 0 0.7 City State Zip Code Mount Holly FEC ID number of contributing federal political committee. C Primary X General Occupation ADMIN Occupation ADMIN Receipt For: 2007 Primary X General Other (specify) ♥ Date of Receipt 0 1 / 2 0 0.7 Transaction ID: SA11AI.5141 Anount of Each Receipt this Period Primary X General Other (specify) ♥ Date of Receipt 0 1 / 2 0 0.7 C. Full Name (Last, First, Middle Initial) Mr. Stephen C Burr Mailing Address 203 Eslynn Road Date of Receipt 0 1 / 2 0 0.7 City State Zip Code Mount Holly Date of Receipt 0 1 / 2 0 0.7 Mailing Address 203 Eslynn Road C Parceil Deceipt 0 1 / 2 0 0.7 Feel D number of contributing federal political committee. C			NC 28226	Amount of Each Receipt this Period					
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C. Mr. Stephen C Burr Mailing Address 203 Eslynn Road City State Zip Code Mount Holly NC 28120 FEC ID number of contributing federal political committee. C 41.67 Name of Employer Carolinas HealthCare System Occupation ADMIN Payroll Deduction \$41.67 Receipt For: 2007 Aggregate Year-to-Date ▼ Payroll Deduction \$41.67 SUBTOTAL of Receipts This Page (optional) 95.84 95.84			333.36]					
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Gin Receipt For: 2007 Primary X General 375.03 Other (specify) ♥ 375.03 SUBTOTAL of Receipts This Page (optional) 95.84				monthly					
Other (specify) ▼ 375.03 SUBTOTAL of Receipts This Page (optional) 95.84		Receipt For: 2007	Aggregate Year-to-Date ▼						
			375.03]					
	ſ	SUBTOTAL of Receipts This Page (optional)	l	95.84					
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 67 (check only one) 11a 11b 11c 12 X 11a 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	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 10 01 2007		
	City	State	Zip Code	Transaction ID: SA11AI.5297
	Mount Holly	NC	28120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67 Payroll Deduction \$41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupatio ADMIN	n	monthly
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) ▼	0 0	416.70]
в.	Full Name (Last, First, Middle Initial) Mr. Stephen C Burr	I		Date of Receipt
	Mailing Address 203 Eslynn Road			M M / D D / Y Y Y Y 111 01 2007
	City	State	Zip Code	Transaction ID: SA11AI.5355
	Mount Holly	NC	28120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupatio ADMIN	n	 Payroll Deduction \$41.67 monthly
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) ▼	0 0	458.37]
С.	Full Name (Last, First, Middle Initial) Mr. Stephen C Burr	1		Date of Receipt
	Mailing Address 203 Eslynn Road			M M / D D / Y Y Y Y 111 30 2007
	City	State	Zip Code	Transaction ID: SA11AI.5420
	Mount Holly	NC	28120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.63
	Name of Employer Carolinas HealthCare Syst- em	Occupatio ADMIN	n	 Payroll Deduction \$41.63 monthly
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)	1	b	124.97
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 67
	• •		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	
[Any information copied from such Reports and S	on for the purpose of soliciting contributions		
	or for commercial purposes, other than using the	e name and ad	dress of any political committee to	solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSE			HCARE SYSTEM EMPLOYEES
	FED PAC			
. '	Full Name (Last, First, Middle Initial)			
Α.	Mr. Augie M Campanello	Date of Receipt		
	Mailing Address 1900 Scott Avenue	08 31 2007		
	City	State	Zip Code	Transaction ID: SA11AI.5197
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing	C		25.00
	federal political committee.	C		23.00
				Payroll Deduction \$25 mon-
	Name of Employer Carolinas HealthCare Syst-	Occupatio	n	thly
	em	ADMIN		
	Receipt For: 2007	Aggregate	e Year-to-Date	
	Primary X General		225.00	1
	Other (specify)	0 0		
_				
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Augie M Campanello			Date of Receipt
	Mailing Address 1900 Scott Avenue			
				10 01 2007
	City	State	Zip Code	Transaction ID: SA11AI.5295
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing			05.00
	federal political committee.	C		25.00
				Payroll Deduction \$25 mon-
	Name of Employer Carolinas HealthCare Syst-	Occupatio	n	thly
	em	ADMIN		_
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General		250.00	1
	Other (specify)		230.00	
-				
	Full Name (Last, First, Middle Initial)			
C.	Mr. Augie M Campanello			Date of Receipt
	Mailing Address 1900 Scott Avenue			M M / D D / Y Y Y Y
				11 01 2007
	City	State	Zip Code	Transaction ID: SA11AI.5353
	<u>Charlotte</u>	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing			25.00
	federal political committee.	C		23.00
				Payroll Deduction \$25 mon-
	Name of Employer Carolinas HealthCare Syst-	Occupatio	n	thly
	<u>em</u>	ADMIN		_
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General		275.00	11
	Other (specify)			1
	SUBTOTAL of Receipts This Page (optional)			75.00
ł	,			-
	TOTAL This Period (last page this line number	r only)		
l		···· , / ·····	F	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 67 (check only one) 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI FED PAC	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTH					
A.	Full Name (Last, First, Middle Initial) Mr. Augie M Campanello	Date of Receipt					
	Mailing Address 1900 Scott Avenue	1 1 / 3 0 / Y Y Y Y 1 1 / 3 0 / 2 0 0 7					
	City	State	Zip Code	Transaction ID: SA11AI.5418			
	Charlotte	NC	28203	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00 Payroll Deduction \$25 mon-			
	Name of Employer Carolinas HealthCare Syst-	Occupatio ADMIN	n	thly			
	em Receipt For: 2007	Aggregate	e Year-to-Date 🔻	_			
	Primary X General Other (specify) ▼	0 0	300.00]			
- B.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee			Date of Receipt			
	Mailing Address PO Box 550934			M M / D D / Y			
	City	State	Zip Code	Transaction ID: SA11AI.5183			
	Gastonia	NC	28055-0934	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00 Payroll Deduction \$30 mon-			
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	thly			
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻				
	Primary X General Other (specify) ▼	0 0	240.00]			
- C.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee			Date of Receipt			
	Mailing Address PO Box 550934			M M / D D / Y			
	City	State	Zip Code	Transaction ID: SA11AI.5241			
	Gastonia FEC ID number of contributing	NC	28055-0934	Amount of Each Receipt this Period			
	federal political committee.	C		- Payroll Deduction \$30 mon-			
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	thly			
	Receipt For: 2007 Primary X General	Aggregate	e Year-to-Date 🔻				
	Other (specify)	0 0	270.00				
	SUBTOTAL of Receipts This Page (optional).			85.00			
	TOTAL This Period (last page this line number		-				

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/67				
			for each category of the	(check only one)				
1			Detailed Summary Page	X 11a 11b 11c 12				
_			-	13 14 15 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 HOSF	HCARE SYSTEM EMPLOYEES						
A.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee	Date of Receipt						
	Mailing Address PO Box 550934	10 ^{//} 01 [/] 2007						
	City	State	Zip Code	Transaction ID: SA11AI.5339				
	Gastonia	NC	28055-0934	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$30 mon- thly				
	Receipt For: 2007	1	ear-to-Date V	_				
	Primary X General	, iggi egale 1		1				
	Other (specify)	0 0 0	300.00					
— В.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee			Date of Receipt				
	Mailing Address PO Box 550934			M M / D D / Y Y Y Y 11 1 01 2007				
	City	State	Zip Code	Transaction ID: SA11AI.5397				
	Gastonia NC		28055-0934	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		 Payroll Deduction \$30 mon- thly 				
	Receipt For: 2007	Aggregate Y	ear-to-Date V	-				
	Primary X General	33 13 11		1				
	Other (specify)	0 0 0	330.00					
с.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee	•		Date of Receipt				
	Mailing Address PO Box 550934			M M / D D / Y Y Y Y 11 30 2007				
	City	State	Zip Code	Transaction ID: SA11AI.5462				
	Gastonia	NC	28055-0934	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Name of Employer CarolinasHealthCareSystem ADMIN			 Payroll Deduction \$30 mon- thly 				
	Receipt For: 2007	Aggregate Y	ear-to-Date 🔻					
	Primary X General Other (specify) ▼		360.00]				
Γ		I		90.00				
L	SUBTOTAL of Receipts This Page (optional)		••••••					
	TOTAL This Period (last page this line number	only)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the	FOR LINE NUMBER: PAGE 13 / 67 (check only one) 11a X 11a 11a 11b 13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	for the purpose of soliciting contributions plicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTH						
A.	Full Name (Last, First, Middle Initial) Charles C Copenhaver	Date of Receipt						
	Mailing Address 4826 McAlpine Farm I	11 28 2007						
	City	State Zip Code		Transaction ID: SA11AI.5488				
	Charlotte	NC 28226		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Carolinas HealthCare Syst- em	Occupation Hospital Admin						
	Receipt For: 2008	Aggregate Year-to-Date V						
	Other (specify)		250.00					
В.	Full Name (Last, First, Middle Initial) Lundee Covington			Date of Receipt				
	Mailing Address 6116 Tripp Place			M M / D D / Y				
	City	State Zip Code		Transaction ID: SA11AI.5323				
	Charlotte	NC 28277		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 Administrator		Payroll Deduction \$20.84 monthly				
	Receipt For: 2007	Aggregate Year-to-Date 🔻						
	Primary X General Other (specify) Image: Contract of the second s		208.40					
с.	Full Name (Last, First, Middle Initial) Lundee Covington	1		Date of Receipt				
	Mailing Address 6116 Tripp Place			M M / D D / Y Y Y Y 11 01 2007				
	City	State Zip Code		Transaction ID: SA11AI.5381				
	Charlotte	NC 28277		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 Administrator		Payroll Deduction \$20.84 monthly				
	Receipt For: 2007	Aggregate Year-to-Date V						
	Other (specify)		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 14 / 67 (check only one) 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and St or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to			
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	ITAL AUTHORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES		
A .	Full Name (Last, First, Middle Initial) Lundee Covington	Date of Receipt			
	Mailing Address 6116 Tripp Place	M M / D D / Y Y Y Y Y 11 1 30 2007			
	City	State Zip Code	Transaction ID: SA11AI.5446		
	<u>Charlotte</u>	NC 28277	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	20.76		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	Payroll Deduction \$20.76 monthly		
	Receipt For: 2007	Aggregate Year-to-Date 🔻			
	Primary X General Other (specify) ▼	250.00]		
в.	Full Name (Last, First, Middle Initial) Eugene A DeLaddy		Date of Receipt		
	Mailing Address 5213 Lila Wood Circle		M M / D D / Y Y Y Y Y 12 03 2007		
	City	State Zip Code	Transaction ID: SA11AI.5489		
	<u>Charlotte</u>	NC 28209	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	2000.00		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Chief Compliance Officer			
	Receipt For: 2008	Aggregate Year-to-Date ▼			
	Primary X General Other (specify) ▼	2000.00]		
с.	Full Name (Last, First, Middle Initial) Tagbo Ekwonu		Date of Receipt		
	Mailing Address 5008 Stanbury Drive		M M / D D / Y Y Y Y Y 10 01 2007		
	City	State Zip Code	Transaction ID: SA11AI.5316		
	Matthews	NC 28104	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 Physician	Payroll Deduction \$20.84 monthly		
	Receipt For: 2007	Aggregate Year-to-Date V			
	Primary X General Other (specify) ▼	208.40]		
	SUBTOTAL of Receipts This Page (optional)		2041.60		
	TOTAL This Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 67 (check only one) 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person for for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHORIED PAC			
	CHARLOTTE-MECKLENBURG HOSP				
А.	Full Name (Last, First, Middle Initial) Tagbo Ekwonu				
	Mailing Address 5008 Stanbury Drive			M M / D D / Y Y Y Y 111 01 2007	
	City	State	Zip Code	Transaction ID: SA11AI.5374	
	Matthews	NC	28104	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 Physiciar		Payroll Deduction \$20.84 monthly	
	Receipt For: 2007	Aggregate	Year-to-Date V		
	Other (specify)		229.24]	
в.	Full Name (Last, First, Middle Initial) Tagbo Ekwonu			Date of Receipt	
	Mailing Address 5008 Stanbury Drive			M M M / D D / Y Y Y Y Y 11 1 30 2007	
	City	State	Zip Code	Transaction ID: SA11AI.5439	
	Matthews	NC	28104	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.76	
	Name of Employer Carolinas HealthCare Syst- em	Occupation Physician		Payroll Deduction \$20.76 monthly	
	Receipt For: 2007	Aggregate	Year-to-Date 🔻	_	
	Other (specify)	0 0	250.00]	
C.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	I		Date of Receipt	
	Mailing Address 6836 Alexander Road			M · M / D · D / Y · Y · Y · Y Y	
	City	State	Zip Code	Transaction ID: SA11AI.5172	
	Charlotte	NC	28270	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.34	
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS		Payroll Deduction \$83.34 monthly	
	Receipt For: 2007	Aggregate	Year-to-Date V	_	
	Other (specify)	0 0	666.72]	
	SUBTOTAL of Receipts This Page (optional)			124.94	
	TOTAL This Period (last page this line number	only)			

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ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 67
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
				X 11a 11b 11c 12
_			, , ,	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Γ	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSP	HCARE SYSTEM EMPLOYEES		
A.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt		
	Mailing Address 6836 Alexander Road			M M / D D / Y
	City State Zip Code			Transaction ID: SA11AI.5230
	Charlotte 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	monthly		
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General		750.00	1
	Other (specify)	0 0	750.06	
- В.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford			Date of Receipt
	Mailing Address 6836 Alexander Road			10 ¹
	City	State	Zip Code	Transaction ID: SA11AI.5328
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS	n	Payroll Deduction \$83.34 monthly
	Receipt For: 2007	<u> </u>	e Year-to-Date 🔻	
	Primary X General	, iggi cgall		1
	Other (specify)		833.40	
– C.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	I		Date of Receipt
	Mailing Address 6836 Alexander Road			M M / D D / Y Y Y Y Y 1 1 01 2007
	City	State	Zip Code	Transaction ID: SA11AI.5386
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		83.34
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS	bn	Payroll Deduction \$83.34 monthly
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General	00 - 0-		1
	Other (specify)	0.0	916.74	1
ſ	SUBTOTAL of Receipts This Page (optional)	I		250.02
⊢	Sectoral of hospital this raye (optional)			
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 17 / 67 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTH			
А.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt			
	Mailing Address 6836 Alexander Road			M M / D D / Y Y Y Y 1 1 1 30 2007	
	City		p Code	Transaction ID: SA11AI.5451	
	Charlotte	NC 28	3270	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.26	
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS		Payroll Deduction \$83.26 monthly	
	Receipt For: 2007	Aggregate Year-te	o-Date 🔻		
	Other (specify)		1000.00]	
В.	Full Name (Last, First, Middle Initial) Paul Franz			Date of Receipt	
	Mailing Address 1320 FILLMORE AVEN	NUE #413		M M / D D / Y	
	City		p Code	Transaction ID: SA11AI.5131	
	Charlotte	NC 28	3203	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			416.67 Payroll Deduction \$416.67	
	Name of Employer Carolinas HealthCare Syst-	Occupation Administrator		monthly	
	em Receipt For: 2007	Aggregate Year-te	o-Date 🔻		
	Primary X General Other (specify) ▼		1666.68]	
C.	Full Name (Last, First, Middle Initial) Paul Franz	1		Date of Receipt	
	Mailing Address 1320 FILLMORE AVEN	NUE #413		M M / D D / Y Y Y Y 0 8 31 2007	
	City		p Code	Transaction ID: SA11AI.5189	
	Charlotte	NC 28	3203	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 Administrator		 Payroll Deduction \$416.67 monthly 	
	Receipt For: 2007	Aggregate Year-te	o-Date 🔻		
	Other (specify)		2083.35]	
	SUBTOTAL of Receipts This Page (optional)			916.60	
	TOTAL This Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 67 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	HCARE SYSTEM EMPLOYEES	
∠ A.	Full Name (Last, First, Middle Initial) Paul Franz	Date of Receipt	
	Mailing Address 1320 FILLMORE AVE	M M / D D / Y Y Y Y 10 01 2007	
	City	State Zip Code	Transaction ID: SA11AI.5287
	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 Administrator	Payroll Deduction \$416.67 monthly
	Receipt For: 2007	Aggregate Year-to-Date ▼	
	Primary X General Other (specify) T	2500.02	
— В.	Full Name (Last, First, Middle Initial) Paul Franz	1	Date of Receipt
	Mailing Address 1320 FILLMORE AVE	NUE #413	M M / D D / Y Y Y Y 11 1 01 2007
	City	State Zip Code	Transaction ID: SA11AI.5345
	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 Administrator	Payroll Deduction \$416.67 monthly
	Receipt For: 2007 Primary X General	Aggregate Year-to-Date 🔻	
	Primary X General Other (specify)	2916.69	
_ с.	Full Name (Last, First, Middle Initial) Paul Franz	1	Date of Receipt
	Mailing Address 1320 Fillmore Avenue	#413	M M / D D / Y Y Y Y Y 111 30 2007
	City Charlotte	State Zip Code NC 28203	Transaction ID: SA11AI.5411
	FEC ID number of contributing federal political committee.	NC 28203	Amount of Each Receipt this Period 416.63
	Name of Employer Carolinas HealthCare Syst- em	Occupation Healthcare Administration	Payroll Deduction \$416.63 monthly
	Receipt For: 2007 Primary X General Other (specify)	Aggregate Year-to-Date ▼ 2083.31	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	1249.97
	TOTAL This Period (last page this line number	·	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 67 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	HCARE SYSTEM EMPLOYEES			
⊻ A.	Full Name (Last, First, Middle Initial) Suzanne Freeman	Date of Receipt			
	Mailing Address 8221 Buena Vista Driv	M M / D D / Y Y Y Y 08 01 2007			
	City	State Zip Code	Transaction ID: SA11AI.5179		
	Denver	NC 28037	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	166.67		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	Payroll Deduction \$166.67 monthly		
	Receipt For: 2007	Aggregate Year-to-Date ▼	-		
	Primary X General Other (specify) ▼	666.68			
– В.	Full Name (Last, First, Middle Initial) Suzanne Freeman		Date of Receipt		
	Mailing Address 8221 Buena Vista Driv	M M / D D / Y			
	City	State Zip Code	Transaction ID: SA11AI.5237		
	Denver	NC 28037	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	EC ID number of contributing deral political committee.			
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	 Payroll Deduction \$166.67 monthly 		
	Receipt For: 2007	Aggregate Year-to-Date ▼			
	Primary X General Other (specify) ▼	833.35			
– C.	Full Name (Last, First, Middle Initial) Suzanne Freeman	1	Date of Receipt		
	Mailing Address 8221 Buena Vista Driv	/e	M M / D D / Y Y Y Y 10 01 2007		
	City	State Zip Code	Transaction ID: SA11AI.5335		
	Denver	NC 28037	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	166.67		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	 Payroll Deduction \$166.67 monthly 		
	Receipt For: 2007	Aggregate Year-to-Date 🔻			
	Primary X General Other (specify) ▼	1000.02			
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	500.01		
	TOTAL This Period (last page this line number	-			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 67 (check only one) 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and St or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to s			
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTH			
A.	Full Name (Last, First, Middle Initial) Suzanne Freeman	Date of Receipt			
	Mailing Address 8221 Buena Vista Drive	M M / D D / Y Y Y Y 1 1 0 1 2 0 0 7			
	City	State	Zip Code	Transaction ID: SA11AI.5393	
	Denver	NC	28037	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		166.67	
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrate	or	Payroll Deduction \$166.67 monthly	
	Receipt For: 2007	Aggregate Ye	ar-to-Date 🔻		
	Primary X General Other (specify) ▼		1166.69]	
В.	Full Name (Last, First, Middle Initial) Suzanne Freeman			Date of Receipt	
	Mailing Address 8221 Buena Vista Ln			M M / D D / Y Y Y Y 111 19 2007	
	City	State	Zip Code	Transaction ID: SA11AI.5495	
	Denver	NC	28037	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		2500.00	
	Name of Employer Carolinas HealthCare Syst- em	Occupation Senior VP -	CHS		
	Receipt For: 2008	Aggregate Ye	ar-to-Date 🔻	_	
	Primary X General Other (specify) ▼		3166.68]	
C.	Full Name (Last, First, Middle Initial) Suzanne Freeman			Date of Receipt	
	Mailing Address 8221 Buena Vista Ln			M M / D D / Y Y Y Y Y 11 30 2007	
	City	State	Zip Code	Transaction ID: SA11AI.5458	
	Denver	NC	28037	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		166.63	
	Name of Employer Carolinas HealthCare Syst- em	Occupation Senior VP -	CHS	Payroll Deduction \$166.63 monthly	
	Receipt For: 2007	Aggregate Ye	ar-to-Date 🔻	_	
	Primary X General Other (specify) ▼		3333.31]	
	SUBTOTAL of Receipts This Page (optional)	I	b	2833.30	
	TOTAL This Period (last page this line number of	only)	·····		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 67 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	HCARE SYSTEM EMPLOYEES	
∠ A.	Full Name (Last, First, Middle Initial) Greg Gombar	Date of Receipt	
	Mailing Address 4625 Cotton Creek Dri	08 01 2007	
	City	State Zip Code	Transaction ID: SA11AI.5158
	<u>Charlotte</u>	NC 28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		400.00
	Name of Employer Carolinas HealthCare Syst-	Occupation Administrator	Payroll Deduction \$400 mo- nthly
	em Receipt For: 2007	Aggregate Year-to-Date V	-
	Primary X General Other (specify) ▼	1600.00	
– В.	Full Name (Last, First, Middle Initial) Greg Gombar		Date of Receipt
	Mailing Address 4625 Cotton Creek Dri	ve	08 31 2007
	City	State Zip Code	Transaction ID: SA11AI.5216
	Charlotte	NC 28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	 Payroll Deduction \$400 mo- nthly
	Receipt For: 2007	Aggregate Year-to-Date ▼	
	Primary X General Other (specify) ▼	2000.00	
– C.	Full Name (Last, First, Middle Initial) Greg Gombar	1	Date of Receipt
	Mailing Address 4625 Cotton Creek Dri	ve	M M / D D / Y Y Y Y 10 01 2007
	City	State Zip Code	Transaction ID: SA11AI.5314
	<u>Charlotte</u>	NC 28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		400.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	Payroll Deduction \$400 mo- nthly
	Receipt For: 2007	Aggregate Year-to-Date ▼	-
	Primary X General Other (specify) ▼	2400.00	
Γ	SUBTOTAL of Receipts This Page (optional)	۱	1200.00
F	TOTAL This Period (last page this line number	-	

Т	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 67 (check only one) 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may name and ad	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 HOSP FED PAC	HCARE SYSTEM EMPLOYEES		
 A.	Full Name (Last, First, Middle Initial) Greg Gombar	Date of Receipt		
	Mailing Address 4625 Cotton Creek Drive			1 1 0 1 Y Y Y Y 1 1 1 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.5372
	Charlotte	NC 28226		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Administ		Payroll Deduction \$400 mo- nthly
	Receipt For: 2007	1	e Year-to-Date 🔻	
	Primary X General Other (specify) ▼	0 0	2800.00]
— В.	Full Name (Last, First, Middle Initial) Greg Gombar			Date of Receipt
	Mailing Address 4625 Cotton Creek Drive			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.5437
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Hospital	n Administration	Payroll Deduction \$400 mo- nthly
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) Image: Content of the specify of the specify of the specify of the specify of the specific of the specif	0 0	2000.00]
— C.	Full Name (Last, First, Middle Initial) Dr. Frederick Greene	l		Date of Receipt
	Mailing Address 128 Altondale Avenue			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.5471
	Charlotte	NC	28207	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 PHYS	n	
	Receipt For: 2008 Primary X General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)	I		1050.00
	OTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 67 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI FED PAC	PITAL AUTHORITY/CAROLINAS HEALTH	HCARE SYSTEM EMPLOYEES		
۷ A.	Full Name (Last, First, Middle Initial) Russell Guerin	Date of Receipt			
	Mailing Address 3324 Meadow Bluff Dr	M M / D D / Y Y Y Y 08 01 2007			
	City	Transaction ID: SA11AI.5150			
	Charlotte	NC 28226	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	166.67		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	 Payroll Deduction \$166.67 monthly 		
	Receipt For: 2007	Aggregate Year-to-Date ▼			
	Primary X General Other (specify) ▼	666.68			
- B.	Full Name (Last, First, Middle Initial) Russell Guerin		Date of Receipt		
	Mailing Address 3324 Meadow Bluff Dr	08 31 YYYY 007			
	City	State Zip Code	Transaction ID: SA11AI.5208		
	Charlotte	NC 28226	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	166.67		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	 Payroll Deduction \$166.67 monthly 		
	Receipt For: 2007	Aggregate Year-to-Date 🔻			
	Primary X General Other (specify) ▼	833.35			
- C.	Full Name (Last, First, Middle Initial) Russell Guerin	1	Date of Receipt		
	Mailing Address 3324 Meadow Bluff Dr	rive	M M / D D / Y Y Y Y 10 01 2007		
	City	State Zip Code	Transaction ID: SA11AI.5306		
	Charlotte	NC 28226	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	166.67 Payroll Deduction \$166.67		
	Name of Employer Carolinas HealthCare Syst- em				
	Receipt For: 2007	Aggregate Year-to-Date 🔻			
	Primary X General Other (specify) ▼	1000.02			
ſ	SUBTOTAL of Receipts This Page (optional)		500.01		
┢		-			
	TOTAL This Period (last page this line number	r only)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 67 (check only one) 11a 11b 11c 12	
	Any information copied from such Reports and S or for commercial purposes, other than using the	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	HCARE SYSTEM EMPLOYEES			
∠ A.	Full Name (Last, First, Middle Initial) Russell Guerin	Il Name (Last, First, Middle Initial)			
	Mailing Address 3324 Meadow Bluff Drive			1 1 0 1 Y Y Y Y 1 1 1 0 1 2 0 0 7	
	City	State Zip Code		Transaction ID: SA11AI.5364	
	Charlotte	NC	28226	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		166.67	
	Name of Employer Carolinas HealthCare Syst-	Occupation Administr		Payroll Deduction \$166.67 monthly	
	em Receipt For: 2007		Year-to-Date V		
	Primary X General Other (specify) ▼		1166.69]	
— В.	Full Name (Last, First, Middle Initial) Russell C Guerin			Date of Receipt	
	Mailing Address 3324 Meadow Bluff Dr	r.		M M / D D / Y Y Y Y 11 1 30 2007	
	City	State	Zip Code	Transaction ID: SA11AI.5429	
	Charlotte	NC	28226	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		166.63	
	Name of Employer Carolinas HealthCare Syst- em	Occupation Sr. Vice F		Payroll Deduction \$166.63 monthly	
	Receipt For: 2007	Aggregate	Year-to-Date 🔻		
	Primary X General Other (specify) ▼	0 0	833.31]	
– C.	Full Name (Last, First, Middle Initial) James B Hall			Date of Receipt	
	Mailing Address 1114 Bellgrave Place			M M / D D / Y Y Y Y 12 03 2007	
	City	State	Zip Code	Transaction ID: SA11AI.5468	
	Charlotte	NC	28203	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: 2008	Aggregate	Year-to-Date 🔻		
	Primary X General Other (specify) ▼		250.00]	
Γ	SUBTOTAL of Receipts This Page (optional)			583.30	
	TOTAL This Period (last page this line number				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 67 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions of solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	ITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Janet Handy	Date of Receipt		
	Mailing Address 8044 Silver Jade Drive	M M / D / Y		
	City	State	Zip Code	Transaction ID: SA11AI.5235
	Denver	NC	28037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst-	Occupation Administ		Payroll Deduction \$41.67 monthly
	em Receipt For: 2007		Year-to-Date V	
	Primary X General Other (specify) ▼		208.35]
В.	Full Name (Last, First, Middle Initial) Janet Handy			Date of Receipt
	Mailing Address 8044 Silver Jade Drive			10 ^{//} 01 [/] 2007
	City	State	Zip Code	Transaction ID: SA11AI.5333
	Denver	NC	28037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administ		Payroll Deduction \$41.67 monthly
	Receipt For: 2007	Aggregate	Year-to-Date 🔻	
	Primary X General Other (specify) ▼	0 0	250.02]
C.	Full Name (Last, First, Middle Initial) Janet Handy			Date of Receipt
	Mailing Address 8044 Silver Jade Drive			M M / D D / Y Y Y Y 11 1 01 2007
	City	State	Zip Code	Transaction ID: SA11AI.5391
	Denver	NC	28037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administ		Payroll Deduction \$41.67 monthly
	Receipt For: 2007	Aggregate	Year-to-Date 🔻	
	Primary X General Other (specify) ▼	0 0	291.69]
	SUBTOTAL of Receipts This Page (optional)			125.01
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 26 / 67 (check only one)				
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)					
	/ FED PAC	PITAL AUTHORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES				
Α.	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt					
	Mailing Address 8044 Silver Jade Lane	M M / D D / Y Y Y Y 1 1 30 2007					
	City	State Zip Code	Transaction ID: SA11AI.5456				
	Denver	NC 28037	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	41.63				
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.63 monthly				
	Receipt For: 2007	Aggregate Year-to-Date V					
	Other (specify)	208.31]				
В.	Full Name (Last, First, Middle Initial) Dr. Frank Harrison		Date of Receipt				
	Mailing Address 3741 Hearthstone Cou	M M / D D / Y Y Y Y 11 09 2007					
	City	State Zip Code	Transaction ID: SA11AI.5484				
	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	Occupation PHYS					
	Receipt For: 2008	Aggregate Year-to-Date ▼					
	Other (specify)	500.00]				
C.	Full Name (Last, First, Middle Initial) Thomas Hassett, III	1	Date of Receipt				
	Mailing Address 7733 Compton Court	Mailing Address 7733 Compton Court					
	City	State Zip Code	Transaction ID: SA11AI.5233				
	<u>Charlotte</u>	NC 28270	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		25.00 Payroll Deduction \$25 mon-				
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	thly				
	Receipt For: 2007	Aggregate Year-to-Date V	_				
	Other (specify)	225.00]				
	SUBTOTAL of Receipts This Page (optional)	······	566.63				
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 67 (check only one) I1a 11b 11c 12 I 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI FED PAC	PITAL AUTHO	DRITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
A.	Full Name (Last, First, Middle Initial) Thomas Hassett, III	Date of Receipt		
	Mailing Address 7733 Compton Court	M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.5331
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 Payroll Deduction \$25 mon-
	Name of Employer Carolinas HealthCare Syst-	Occupation		thly
	em Receipt For: 2007	Administra	Year-to-Date V	
	Primary X General Other (specify) ▼		250.00]
В.	Full Name (Last, First, Middle Initial) Thomas Hassett, III			Date of Receipt
	Mailing Address 7733 Compton Court	M M / D D / Y		
	City	State	Zip Code	Transaction ID: SA11AI.5389
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 Payroll Deduction \$25 mon-
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administra		thly
	Receipt For: 2007	Aggregate	Year-to-Date 🔻	
	Primary X General Other (specify) T	0 0	275.00]
С.	Full Name (Last, First, Middle Initial) Thomas Hassett, III			Date of Receipt
	Mailing Address 7733 Compton Court			1 1 / D D / Y Y Y Y 1 1 1 3 0 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.5454
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administra		 Payroll Deduction \$25 mon- thly
	Receipt For: 2007	Aggregate	Year-to-Date 🔻	_
	Primary X General Other (specify) ▼	0 0	300.00]
	SUBTOTAL of Receipts This Page (optional).			75.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 67 (check only one) 11a 11b 11c 12 13 14 15 16 17		
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	\rangle CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTH				
Α.	Full Name (Last, First, Middle Initial) LARRY HINSDALE Mailing Address 7117 STIREWALT RD	Date of Receipt				
	City CONCORD	State NC	Zip Code 28027	Transaction ID: SA11AI.5253 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer CAROLINAS HEALTHCARE SYST- EM Receipt For:	Occupatio CEO	on e Year-to-Date ▼	OCTOBER 2007 INDIVIDUAL CONTRIBUTION		
	Primary General Other (specify) ▼		500.00]		
В.	Full Name (Last, First, Middle Initial) LARRY HINSDALE Mailing Address 7117 STIREWALT RD			Date of Receipt		
	City	10 10 2007 Transaction ID: SA11AI.5250				
	CONCORD	State NC	Zip Code 28027	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer CAROLINAS HEALTHCARE SYST- EM	Occupatio CEO	_	OCTOBER 2007 INDIVIDUAL CONTRIBUTION		
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date 600.00]		
C.	Full Name (Last, First, Middle Initial) William Hubbard	I		Date of Receipt		
	Mailing Address 3114 Quiet Cove			08 / D D / Y Y Y Y 2007		
	City	State	Zip Code	Transaction ID: SA11AI.5207		
	Tega Cay FEC ID number of contributing federal political committee.	SC C	29708	Amount of Each Receipt this Period 41.67		
	Name of Employer Carolinas HealthCare Syst- em		trator	Payroll Deduction \$41.67 monthly		
	Receipt For: 2007 Primary X Other (specify) ▼	Aggregat	e Year-to-Date 208.35]		
	SUBTOTAL of Receipts This Page (optional)			641.67		
	TOTAL This Period (last page this line number of	only)				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 67 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
/	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
∠ A.	Full Name (Last, First, Middle Initial) William Hubbard			Date of Receipt
	Mailing Address 3114 Quiet Cove	M M / D D / Y Y Y Y Y 10 01 2007		
	City	State	Zip Code	Transaction ID: SA11AI.5305
	Tega Cay	SC	29708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst-	Occupation Administ		Payroll Deduction \$41.67 monthly
	em Receipt For:2007	Aggregate	Year-to-Date V	_
	Primary X General Other (specify) ▼	0 0	250.02]
— В.	Full Name (Last, First, Middle Initial) William Hubbard			Date of Receipt
	Mailing Address 3114 Quiet Cove	M M / D D / Y Y Y Y Y 1 1 01 2007		
	City	State	Zip Code	Transaction ID: SA11AI.5363
	<u>Tega Cay</u>	SC	29708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administ		 Payroll Deduction \$41.67 monthly
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) ▼	0 0	291.69]
– c.	Full Name (Last, First, Middle Initial) William Hubbard	I		Date of Receipt
	Mailing Address 3114 Quiet Cove			M M / D D / Y Y Y Y Y 111 30 2007
	City	State	Zip Code	Transaction ID: SA11AI.5428
	<u>Tega Cay</u>	SC	29708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.63
	Name of Employer Carolinas HealthCare Syst- em	Occupation Hospital	n Adminstrator	Payroll Deduction \$41.63 monthly
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) T	0 0	208.31]
Γ	SUBTOTAL of Receipts This Page (optional)		`	124.97
	TOTAL This Period (last page this line number			

	SCHEDULE A (EEC Form 2V)	Г		FOR LINE NUMBER: PAGE 30 / 67
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	[13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	CHARLOTTE-MECKLENBURG HOSF	PITAL AUTHO	RITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Gary Jewell	Date of Receipt		
	Mailing Address 308 Sara Lane	08 / D D / Y Y Y Y 2007		
	City	State	Zip Code	Transaction ID: SA11AI.5206
	Monroe	NC	28112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Carolinas HealthCare Syst-	Occupation Physician		Payroll Deduction \$25 mon- thly
	em Receipt For: 2007	1	/ear-to-Date ▼	_
	Primary X General			1
	Other (specify)		225.00	
в.	Full Name (Last, First, Middle Initial) Gary Jewell			Date of Receipt
5.	Mailing Address 308 Sara Lane	10 ¹ V V V V V 12007		
	City	State	Zip Code	Transaction ID: SA11AI.5304
	Monroe	NC	28112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Carolinas HealthCare Syst-	Occupation Physician		Payroll Deduction \$25 mon- thly
	em Receipt For: 2007	1	/ear-to-Date ▼	_
	Primary X General			1
	Other (specify)	0 0 0	250.00	
C.	Full Name (Last, First, Middle Initial) Gary Jewell			Date of Receipt
	Mailing Address 308 Sara Lane			M M / D D / Y Y Y Y 1 1 / 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.5362
	Monroe	NC	28112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Carolinas HealthCare Syst-	Occupation Physician		Payroll Deduction \$25 mon- thly
	em Receipt For: 2007		Year-to-Date 🔻	1
	Primary X General Other (specify) ▼		275.00]
	SUBTOTAL of Receipts This Page (optional)	1		75.00
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 67 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTHORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES		
Full Name (Last, First, Middle Initial) Gary Jewell				
Mailing Address 308 Sara Lane	1 1 ^D D ^D ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y			
City	State Zip Code	Transaction ID: SA11AI.5427		
Monroe	NC 28112	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00 Payroll Deduction \$25 mon-		
Name of Employer Carolinas HealthCare Syst-	Occupation Physician	thly		
em Receipt For: 2007	Aggregate Year-to-Date V	1		
Other (specify)	300.00]		
Full Name (Last, First, Middle Initial) Mr. W. Christopher Johnson		Date of Receipt		
Mailing Address 445 Forest Hill Circle	M M / D D / Y Y Y Y 10 01 2007			
City	State Zip Code	Transaction ID: SA11AI.5312		
Rutherfordton	NC 28139	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 ADMIN	 Payroll Deduction \$20.84 monthly 		
Receipt For: 2007	Aggregate Year-to-Date ▼			
Other (specify) ▼	208.40]		
Full Name (Last, First, Middle Initial) Mr. W. Christopher Johnson	1	Date of Receipt		
Mailing Address 445 Forest Hill Circle)	M M / D D / Y Y Y Y 1 1 0 1 2007		
City	State Zip Code	Transaction ID: SA11AI.5370		
Rutherfordton	NC 28139	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 ADMIN	 Payroll Deduction \$20.84 monthly 		
Receipt For: 2007	Aggregate Year-to-Date ▼			
Other (specify) ▼	229.24]		
SUBTOTAL of Receipts This Page (optional)		66.68		
TOTAL This Period (last page this line numb				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 67 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	solicit contributions from such committee.	
Α.	Full Name (Last, First, Middle Initial) <u>Mr. W. Christopher Johnson</u> Mailing Address 445 Forest Hill Circle	Date of Receipt	
	City		
	Rutherfordton	State Zip Code NC 28139	Transaction ID: SA11AI.5435 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.76
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	Payroll Deduction \$20.76 monthly
	Receipt For: 2007 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
В.	Full Name (Last, First, Middle Initial) John Knox, III Mailing Address 6530 Boykin Spaniel R	oad	Date of Receipt
		08 01 2007	
	City Charlotte	State Zip Code NC 28277	Transaction ID: SA11AI.5171 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	 Payroll Deduction \$41.67 monthly
	Receipt For: 2007 Primary X Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36]
C.	Full Name (Last, First, Middle Initial) John Knox, III Mailing Address 6530 Boykin Spaniel R	oad	Date of Receipt
	City	State Zip Code	0 8 3 1 2 0 0 7 Transaction ID: SA11AI.5229
	Charlotte	NC 28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	 Payroll Deduction \$41.67 monthly
	Receipt For: 2007 Primary X Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03]
	SUBTOTAL of Receipts This Page (optional)	······	104.10
	TOTAL This Period (last page this line number	only)	

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 67 (check only one)
Any info or for c	ormation copied from such Reports and Sta ommercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.		
🛛 🔪 сн	ME OF COMMITTEE (In Full) ARLOTTE-MECKLENBURG HOSPIT D PAC	TAL AUTHO	RITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
	Name (Last, First, Middle Initial) n Knox, III			Date of Receipt
Mail	ing Address 6530 Boykin Spaniel Ro	M M / D D / Y Y Y Y 10 01 2007		
City		State	Zip Code	Transaction ID: SA11AI.5327
	arlotte	NC	28277	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		41.67
	ne of Employer olinas HealthCare Syst-	Occupation Administra	itor	Payroll Deduction \$41.67 monthly
<u>em</u> Rec	eipt For: 2007		/ear-to-Date ▼	_
	Primary X General Other (specify) ▼		416.70]
	Name (Last, First, Middle Initial) n Knox, III			Date of Receipt
Mail	ing Address 6530 Boykin Spaniel Ro	M M / D D / Y Y Y Y 1 1 0 1 2007		
City	City State Zip Code			Transaction ID: SA11AI.5385
<u>Cha</u>	arlotte	NC	28277	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		41.67
	ne of Employer olinas HealthCare Syst-	Occupation Administra	itor	Payroll Deduction \$41.67 monthly
<u>em</u> Rec	eipt For: 2007		/ear-to-Date ▼	
	Primary X General Other (specify) ▼		458.37]
	Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 6530 Boykin Spaniel Road			M M / D D / Y Y Y Y 11 30 2007
City		State	Zip Code	Transaction ID: SA11AI.5450
	arlotte	NC	28277	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		41.63
Nan Car em	ne of Employer olinas HealthCare Syst-	Occupation Administra	itor	Payroll Deduction \$41.63 monthly
	eipt For: 2007	Aggregate Y	<pre>/ear-to-Date ▼</pre>	
	Primary X General Other (specify) ▼		500.00]
SUBT	OTAL of Receipts This Page (optional)			124.97
	L This Period (last page this line number or		· · ·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 67 (check only one) X X 11a 13 14 15 16 17
A or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and ad	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 HOSF FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
A.	Full Name (Last, First, Middle Initial) Eric Lavonas, MD	Date of Receipt		
	Mailing Address 507 Moncure Drive	0 8 / D D / Y Y Y Y 0 1 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11AI.5162
	Charlotte	NC	28209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67 Payroll Deduction \$41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Physicia		monthly
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) ▼		333.36]
— В.	Full Name (Last, First, Middle Initial) Eric Lavonas, MD			Date of Receipt
	Mailing Address 507 Moncure Drive	M M / D D Y		
	City	State	Zip Code	Transaction ID: SA11AI.5220
	Charlotte	NC	28209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Physicia		Payroll Deduction \$41.67 monthly
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) T	0 0	375.03]
— c.	Full Name (Last, First, Middle Initial) Eric Lavonas, MD	1		Date of Receipt
	Mailing Address 507 Moncure Drive			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.5318
	<u>Charlotte</u>	NC	28209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67 Payroll Deduction \$41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Physicia		monthly
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	416.70	
	SUBTOTAL of Receipts This Page (optional)	1		125.01
	OTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 67 (check only one) 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personance and address of any political committee to	on for the purpose of soliciting contributions oscillations oscillations from such committee.		
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTHORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES		
А.	Full Name (Last, First, Middle Initial) Eric Lavonas, MD	Full Name (Last, First, Middle Initial)			
	Mailing Address 507 Moncure Drive	M M / D D / Y Y Y Y 11 01 2007			
	City	State Zip Code	Transaction ID: SA11AI.5376		
	Charlotte	NC 28209	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	41.67		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Physician	Payroll Deduction \$41.67 monthly		
	Receipt For: 2007	Aggregate Year-to-Date ▼			
	Other (specify)	458.37]		
В.	Full Name (Last, First, Middle Initial) Eric Lavonas, MD		Date of Receipt		
	Mailing Address 507 Moncure Drive		M M / D D / Y Y Y Y 1 1 30 2007		
	City	State Zip Code	Transaction ID: SA11AI.5441		
	Charlotte	NC 28209	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		41.63 Payroll Deduction \$41.63		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Physician	monthly		
	Receipt For: 2007	Aggregate Year-to-Date ▼			
	Other (specify)	500.00]		
C.	Full Name (Last, First, Middle Initial) James Martin	1	Date of Receipt		
	Mailing Address 458 Beaten Path Roac	Mailing Address 458 Beaten Path Road			
	City	State Zip Code	Transaction ID: SA11AI.5157		
	Mooresville	NC 28117	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	Payroll Deduction \$100 mo- nthly		
	Receipt For: 2007	Aggregate Year-to-Date			
	Other (specify)	400.00]		
	SUBTOTAL of Receipts This Page (optional)	·····	183.30		
	TOTAL This Period (last page this line number	only)			

			[
ę	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 36 / 67			
	· · ·		Use separate schedule(s) for each category of the	(check only one)			
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
,			, , ,	13 14 15 16 17			
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to					
k	NAME OF COMMITTEE (In Full)		,				
		TAL AUTH	IORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES			
∠ A.	Full Name (Last, First, Middle Initial) James Martin			Date of Receipt			
	Mailing Address 458 Beaten Path Road	M M / D D / Y Y Y Y 08 31 2007					
	City State Zip Code			Transaction ID: SA11AI.5215			
	Mooresville	NC	28117	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		100.00			
	Name of Employer Carolinas HealthCare Syst-	Occupatio		Payroll Deduction \$100 mo- nthly			
	em Receipt For: 2007	Administ	_	_			
	Primary X General	Aggregate	e Year-to-Date 🔻				
	Other (specify)		500.00				
		0 0		*			
- В.	Full Name (Last, First, Middle Initial) James Martin			Date of Receipt			
	Mailing Address 458 Beaten Path Road						
				10 01 2007			
	City	State	Zip Code	Transaction ID: SA11AI.5313			
	Mooresville	NC	28117	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
				Payroll Deduction \$100 mo-			
	Name of Employer Carolinas HealthCare Syst-	Occupation Administ		nthly			
	em Receipt For: 2007						
	Primary X General	Aggregate	e Year-to-Date 🔻	-			
	Other (specify) ▼	0 0	600.00]			
-	Full Name (Last, First, Middle Initial)						
C.	James Martin			Date of Receipt			
	Mailing Address 458 Beaten Path Road			1 1 0 1 2 0 0 7			
	City	State	Zip Code	Transaction ID: SA11AI.5371			
	Mooresville	NC	28117	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C					
	Name of Employer Carolinas HealthCare Syst-	Occupatio		Payroll Deduction \$100 mo- nthly			
	em	Administ					
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	_			
	Primary X General Other (specify) ▼		700.00				
		0 0	0 0 0 0 0 0 0	1			
Γ							
	SUBTOTAL of Receipts This Page (optional)		······	300.00			
ſ							
	TOTAL This Period (last page this line number o	nly)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 67 (check only one) Image: Comparison of the state o
	Any information copied from such Reports and S or for commercial purposes, other than using the	for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTHORITY/CAROLINAS HEALTH	ICARE SYSTEM EMPLOYEES
۷ A.	Full Name (Last, First, Middle Initial) James G Martin		Date of Receipt
	Mailing Address 458 Beateu Path		1 1 / D D / Y Y Y Y 1 1 / 3 0 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.5436
	Mooresville	NC 28117	_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Carolinas HealthCare Syst-	Occupation	Payroll Deduction \$100 mo-
	em	Vice President Government Relations	
	Receipt For: 2007 Primary X General	Aggregate Year-to-Date	
	Other (specify)	500.00	
- В.	Full Name (Last, First, Middle Initial) John A Marx		Date of Receipt
	Mailing Address 3535 Knapdale Lane		M M / D D / Y Y Y Y 111 05 2007
	City	State Zip Code	Transaction ID: SA11AI.5482
	Charlotte	NC 28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1500.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation MD	
	Receipt For: 2008	Aggregate Year-to-Date ▼	
	Primary X General Other (specify) ▼	1500.00	
- C.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	1	Date of Receipt
0.	Mailing Address 826 Berkeley Avenue		0 8 0 1 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.5180
	Charlotte	NC 28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	166.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
	Receipt For: 2007 Primary X General Other (specify) ▼	Aggregate Year-to-Date 1333.36	
ſ	SURTOTAL of Receipts This Page (optional)	·	1766.67
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	F	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 67 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	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 HOSF FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
۷ A.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt		
	Mailing Address 826 Berkeley Avenue			08 / D D / Y Y Y Y 2007
	City	State	Zip Code	Transaction ID: SA11AI.5238
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$166.67 monthly
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	_
	Primary X General Other (specify) ▼	0 0	1500.03]
- В.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt			Date of Receipt
	Mailing Address 826 Berkeley Avenue			M M / D D / Y Y Y Y 10 01 2007
	City	State	Zip Code	Transaction ID: SA11AI.5336
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$166.67 monthly
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) ▼	0 0	1666.70]
- C.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt			Date of Receipt
	Mailing Address 826 Berkeley Avenue			M M / D D / Y Y Y Y 111 01 2007
	City	State	Zip Code	Transaction ID: SA11AI.5394
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67 Payroll Deduction \$166.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	monthly
	Receipt For: 2007 Primary X Other (specify)	Aggregate	e Year-to-Date ▼ 1833.37]
ſ	SUBTOTAL of Receipts This Page (optional)			500.01
ŀ	TOTAL This Period (last page this line number	only)	······	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 67 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI FED PAC	ITAL AUTHO	DRITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
A.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt		
	Mailing Address 826 Berkeley Avenue			1 1 / D D / Y Y Y Y 1 1 1 3 0 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.5459
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.63 Payroll Deduction \$166.63
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		monthly
	Receipt For: 2007 Primary X General	Aggregate	Year-to-Date 🔻	_
	Other (specify) ▼	0 0	2000.00	
в.	Full Name (Last, First, Middle Initial) Dr. Charles P McKay			Date of Receipt
	Mailing Address 4735 Parview Drive			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.5217
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 Payroll Deduction \$25 mon-
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS		thly
	Receipt For: 2007 Primary X General	Aggregate	Year-to-Date 🔻	_
	Other (specify) ▼	0 0	225.00	
 с.	Full Name (Last, First, Middle Initial) Dr. Charles P McKay			Date of Receipt
	Mailing Address 4735 Parview Drive			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.5315
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 Payroll Deduction \$25 mon-
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS		thly
	Receipt For: 2007 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
s	LUBTOTAL of Receipts This Page (optional)			216.63
	OTAL This Period (last page this line number o			

9	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 67 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a \Box 11b \Box 11c \Box 12
				$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Г	Any information copied from such Reports and S	statements ma	v not be sold or used by any perso	
	or for commercial purposes, other than using the	e name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSF	HCARE SYSTEM EMPLOYEES		
A.	Full Name (Last, First, Middle Initial) Dr. Charles P McKay	Date of Receipt		
	Mailing Address 4735 Parview Drive			M M / D D / Y Y Y Y Y 11 1 01 2007
	City	State	Zip Code	Transaction ID: SA11AI.5373
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer	Occupatio	n	Payroll Deduction \$25 mon-
	CarolinasHealthCareSystem	PHYS		
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General		275.00	1
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) Dr. Charles P McKay			Date of Receipt
	Mailing Address 4735 Parview Drive			M M / D D / Y Y Y Y Y 111 30 2007
	City	State	Zip Code	Transaction ID: SA11AI.5438
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS	pn	 Payroll Deduction \$25 mon- thly
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
	Primary X General	33 - 3		1
	Other (specify)	0 0	300.00	
– C.	Full Name (Last, First, Middle Initial) Russell Moore, Jr.			Date of Receipt
	Mailing Address 15731 Pine Street			0 8 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.5132
	Huntersville	NC	28078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst-	Occupation Administ		Payroll Deduction \$41.67 monthly
	em Receipt For: 2007		e Year-to-Date 🔻	-
	Primary X General			1
	Other (specify)		333.36	
Γ	CLIPTOTAL of Dopping This Dopp (antigonal)	I		91.67
┝	SUBTOTAL of Receipts This Page (optional)		••••••	
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
	Any information copied from such Reports and S or for commercial purposes, other than using the	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTHORITY/CAROLIN	AS HEALTHCARE SYSTEM EMPLOYEES
A .	Full Name (Last, First, Middle Initial) Russell Moore, Jr.	Date of Receipt	
	Mailing Address 15731 Pine Street	08 / D D / Y Y Y Y 08 31 2007	
	City	State Zip Code	Transaction ID: SA11AI.5190
	Huntersville	NC 28078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67 Payroll Deduction \$41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	monthly
	Receipt For: 2007	Aggregate Year-to-Date V	
	Primary X General Other (specify) Image: Contract of the second s		375.03
в.	Full Name (Last, First, Middle Initial) Russell Moore, Jr.		Date of Receipt
	Mailing Address 15731 Pine Street		M M / D D / Y Y Y Y Y 10 01 2007
	City	State Zip Code	Transaction ID: SA11AI.5288
	Huntersville	NC 28078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67 Payroll Deduction \$41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	monthly
	Receipt For: 2007 Primary X General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼		416.70
С.	Full Name (Last, First, Middle Initial) Russell Moore, Jr.	1	Date of Receipt
	Mailing Address 15731 Pine Street		M M / D D / Y Y Y Y 11 / 01 2007
	City	State Zip Code	Transaction ID: SA11AI.5346
	Huntersville	NC 28078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67 Payroll Deduction \$41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	monthly
	Receipt For: 2007	Aggregate Year-to-Date ▼	
	Primary X General Other (specify) Image: Contract of the second s		458.37
	SUBTOTAL of Receipts This Page (optional)	1	125.01
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 67 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Russell Moore, Jr.	Date of Receipt		
	Mailing Address 15731 Pine Street	1 1 ^D ^D ^D ^Y ^Y ^Y ^Y ^Y ^Y		
	City	State	Zip Code	Transaction ID: SA11AI.5412
	Huntersville	NC	28078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.63
	Name of Employer Carolinas HealthCare Syst-	Occupation		Payroll Deduction \$41.63 monthly
	em Receipt For: 2007	Administ	rator Year-to-Date V	_
	Primary X General Other (specify)		500.00]
В.	Full Name (Last, First, Middle Initial) F Murphy, Jr.			Date of Receipt
	Mailing Address 2824 Winding Oak Dri	0 8 / D D / Y Y Y Y 0 8 0 1 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11AI.5147
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	n	Payroll Deduction \$41.67 monthly
	Receipt For: 2007	Aggregate	Year-to-Date V	
	Other (specify)	0 0	333.36]
C.	Full Name (Last, First, Middle Initial) F Murphy, Jr.	1		Date of Receipt
	Mailing Address 2824 Winding Oak Dri	ive		0 8 / D D / Y Y Y Y 0 8 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.5205
		NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67 Payroll Deduction \$41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	n	monthly
	Receipt For: 2007 Primary X General	Aggregate	Year-to-Date 🔻	_
	Other (specify) ▼	0 0	375.03	
	SUBTOTAL of Receipts This Page (optional)			124.97
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	X 11a 11b 11c 12 I 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any p e name and address of any political committe	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	PITAL AUTHORITY/CAROLINAS HE/	ALTHCARE SYSTEM EMPLOYEES
A.	Full Name (Last, First, Middle Initial) F Murphy, Jr.	Date of Receipt	
	Mailing Address 2824 Winding Oak D	10 ^{//} / ⁰¹ / ^Y	
	City	State Zip Code	Transaction ID: SA11AI.5303
	Charlotte	NC 28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	Payroll Deduction \$41.67 monthly
	Receipt For: 2007	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	416.70	
В.	Full Name (Last, First, Middle Initial) F Murphy, Jr.		Date of Receipt
	Mailing Address 2824 Winding Oak D	ive	1 1 / D D / Y Y Y Y 1 1 1 / D D / 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.5361
	Charlotte	NC 28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	Payroll Deduction \$41.67 monthly
	Receipt For: 2007 Primary X General	Aggregate Year-to-Date V	
	Other (specify) ▼	458.37	
С.	Full Name (Last, First, Middle Initial) F Murphy, Jr.		Date of Receipt
	Mailing Address 2824 Winding Oak D	ive	M M / D D / Y Y Y Y 111 27 2007
	City	State Zip Code	Transaction ID: SA11AI.5481
	Charlotte	NC 28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	
	Receipt For: 2008	Aggregate Year-to-Date ▼	
	Primary X General Other (specify) ▼	708.37	
	SUBTOTAL of Receipts This Page (optional)	•	333.34
	TOTAL This Period (last page this line number		•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 67 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI FED PAC	PITAL AUTHORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES		
А.	Full Name (Last, First, Middle Initial) F Murphy, Jr.	Full Name (Last, First, Middle Initial)			
	Mailing Address 2824 Winding Oak Dr	M M / D D / Y			
	City	State Zip Code	Transaction ID: SA11AI.5426		
	Charlotte	NC 28270	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	41.63		
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	Payroll Deduction \$41.63 monthly		
	Receipt For: 2007	Aggregate Year-to-Date ▼			
	Primary X General Other (specify) ▼	750.00			
В.	Full Name (Last, First, Middle Initial) James Olsen		Date of Receipt		
	Mailing Address 5900 Summerston Pla	ace	M M / D D / Y		
	City	State Zip Code	Transaction ID: SA11AI.5166		
	Charlotte	NC 28277	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	83.34		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	 Payroll Deduction \$83.34 monthly 		
	Receipt For: 2007	Aggregate Year-to-Date ▼			
	Primary X General Other (specify) ▼	333.36			
C.	Full Name (Last, First, Middle Initial) James Olsen	1	Date of Receipt		
	Mailing Address 5900 Summerston Pla	ace	M · M / D · D / Y · Y · Y · Y Y		
	City	State Zip Code	Transaction ID: SA11AI.5224		
	Charlotte	NC 28277	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	83.34		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	Payroll Deduction \$83.34 monthly		
	Receipt For: 2007	Aggregate Year-to-Date 🔻			
	Other (specify)	416.70			
	SUBTOTAL of Receipts This Page (optional) .	·	208.31		
	TOTAL This Period (last page this line number	r only)			

	IEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 67 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Any ir or for	nformation copied from such Reports and Sta commercial purposes, other than using the n	n for the purpose of soliciting contributions solicit contributions from such committee.	
} c	AME OF COMMITTEE (In Full) HARLOTTE-MECKLENBURG HOSPI ⁻ ED PAC	TAL AUTHORITY/CAROLINAS HEALTH	ICARE SYSTEM EMPLOYEES
	ıll Name (Last, First, Middle Initial) ımes Olsen	Date of Receipt	
Ma	ailing Address 5900 Summerston Place	10 ^{M M} /D ^D /YYYY 10 ² 007	
Ci		State Zip Code	Transaction ID: SA11AI.5322
	harlotte	NC 28277	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.		83.34
Na Ca	ame of Employer arolinas HealthCare Syst-	Occupation	Payroll Deduction \$83.34 monthly
<u>en</u> Be	n eccipt For: 2007	Administrator Aggregate Year-to-Date	-
	Primary X General		
	Other (specify) ▼	500.04	
	Ill Name (Last, First, Middle Initial)		Date of Receipt
Ma	ailing Address 5900 Summerston Place	9	M M / D D / Y Y Y Y 1 1 0 1 2 0 0 7
Ci	ty	State Zip Code	Transaction ID: SA11AI.5380
<u>C</u>	harlotte	NC 28277	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	83.34
Na Ca	ame of Employer arolinas HealthCare Syst-	Occupation Administrator	Payroll Deduction \$83.34 monthly
<u>en</u> Re	n eceipt For: 2007	Aggregate Year-to-Date V	-
	Primary X General Other (specify) v	583.38	
	ull Name (Last, First, Middle Initial) ames C Olsen		Date of Receipt
	ailing Address 5900 Summerston Place	9	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Ci		State Zip Code	Transaction ID: SA11AI.5445
<u>C</u>	harlotte	NC 28277	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	83.26
Na Ca	ame of Employer arolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.26 monthly
Re	eceipt For: 2007	Aggregate Year-to-Date ▼	
_	Primary X General Other (specify) T	416.62	
SUB	TOTAL of Receipts This Page (optional)		249.94
	AL This Period (last page this line number or		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 67 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	PITAL AUTHO	DRITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
А.	Full Name (Last, First, Middle Initial) Mr. Dennis Phillips	Date of Receipt		
	Mailing Address 4310 4th Street Circle	1 2 0 3 Y Y Y Y Y 1 2 0 3 2 0 0 7		
	City Hickory	State NC	Zip Code 28601-9021	Transaction ID: SA11AI.5486
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	1	
	Receipt For: 2008 Primary X Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
в.	Full Name (Last, First, Middle Initial) F. Renfro Mailing Address 811 E Morehead Stree	t Ant 2		Date of Receipt
		•		08 31 2007
	City Charlotte	State NC	Zip Code 28202	Transaction ID: SA11AI.5236 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administr	ator	 Payroll Deduction \$50 mon- thly
	Receipt For: 2007 Primary X Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
C.	Full Name (Last, First, Middle Initial) F. Renfro			Date of Receipt
	Mailing Address 811 E Morehead Street	et Apt 3		M M / D D / Y Y Y Y 10 01 2007
	City Charlotte	State NC	Zip Code	Transaction ID: SA11AI.5334
	FEC ID number of contributing federal political committee.	C	28202	Amount of Each Receipt this Period
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administr	ator	 Payroll Deduction \$50 mon- thly
	Receipt For: 2007 Primary X General Other (specify) ▼	Aggregate	Year-to-Date 300.00]
	SUBTOTAL of Receipts This Page (optional)			600.00
	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 47 / 67 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	rson for the purpose of soliciting contributions to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTHORITY/CAROLINAS HEA	LTHCARE SYSTEM EMPLOYEES
A.	Full Name (Last, First, Middle Initial) F. Renfro		Date of Receipt
	Mailing Address 811 E Morehead Stree	t Apt 3	M M / D D / Y Y Y Y 111 01 2007
	City	State Zip Code	Transaction ID: SA11AI.5392
	<u>Charlotte</u>	NC 28202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Carolinas HealthCare Syst-	Occupation	Payroll Deduction \$50 mon- thly
	em Receipt For: 2007	Administrator	
	Primary X General	Aggregate Year-to-Date ▼	_
	Other (specify)	350.00	
в.	Full Name (Last, First, Middle Initial) Mr. F. Traylor Renfro	I	Date of Receipt
	Mailing Address 811 E Morehead Stree	t Apt 3	M M / D D / Y Y Y Y 111 30 2007
	City	State Zip Code	Transaction ID: SA11AI.5457
	Charlotte	NC 28202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$50 mon- thly
	Receipt For: 2007	Aggregate Year-to-Date 🔻	
	Primary X General Other (specify) Image: Contract of the second s	250.00	
с.	Full Name (Last, First, Middle Initial) Dr. Wanda Robinson		Date of Receipt
	Mailing Address 233 Altondale Avenue		12 03 Y Y Y Y 2007
	City	State Zip Code	Transaction ID: SA11AI.5480
	<u>Charlotte</u>	NC 28207	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 PHYS	
	Receipt For: 2008	Aggregate Year-to-Date V	
	Primary X General Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)		350.00
	TOTAL This Period (last page this line number		•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 67 (check only one) 11a X 11a 11b 11c 12 13 14 15 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 for 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 HOSF FED PAC	PITAL AUTHORITY/CAROLINAS HEALTH	HCARE SYSTEM EMPLOYEES				
۷ A.	Full Name (Last, First, Middle Initial) Dr. Susan Shaffner, MD	Date of Receipt					
	Mailing Address 2131 Roswell Avenue	M M / D D / Y Y Y Y 11 27 2007					
	City	State Zip Code	Transaction ID: SA11AI.5477				
	Charlotte	NC 28207	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	300.00				
	Name of Employer Carolinas HealthCare Syst- em	Occupation PHYS					
	Receipt For: 2008 Primary X General	Aggregate Year-to-Date V					
	Primary X General Other (specify) ▼	300.00					
- B.	Full Name (Last, First, Middle Initial) Virginia Ellen Sheppard		Date of Receipt				
	Mailing Address 5345 Hillingdon Road		M M / D D / Y Y Y Y 10 01 2007				
	City	State Zip Code	Transaction ID: SA11AI.5320				
	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	Occupation ADMIN	 Payroll Deduction \$20.84 monthly 				
	Receipt For: 2007	Aggregate Year-to-Date V	_				
	Primary X General Other (specify) ▼	208.40					
- C.	Full Name (Last, First, Middle Initial) Virginia Ellen Sheppard	1	Date of Receipt				
	Mailing Address 5345 Hillingdon Road		M M / D D / Y Y Y Y 111 01 2007				
	City	State Zip Code	Transaction ID: SA11AI.5378				
	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	Occupation ADMIN	 Payroll Deduction \$20.84 monthly 				
	Receipt For: 2007 Primary X General	Aggregate Year-to-Date V					
	Other (specify) ▼	229.24					
ſ	SUBTOTAL of Receipts This Page (optional)	L	341.68				
F							
- 1	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 49 / 67 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	son for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	ITAL AUTHORITY/CAROLINAS HEAL	THCARE SYSTEM EMPLOYEES		
А.	Full Name (Last, First, Middle Initial) Virginia Ellen Sheppard	Date of Receipt			
	Mailing Address 5345 Hillingdon Road	M M / D D / Y Y Y Y 111 30 2007			
	City	State Zip Code	Transaction ID: SA11AI.5443		
	Charlotte	NC 28226	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	20.76		
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	Payroll Deduction \$20.76 monthly		
	Receipt For: 2007	Aggregate Year-to-Date ▼			
	Other (specify)	250.00			
в.	Full Name (Last, First, Middle Initial) Ronald Smidt		Date of Receipt		
	Mailing Address P O Box 901		M M / D D / Y		
	City	State Zip Code	Transaction ID: SA11AL5396		
	Troutman	NC 28166	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	30.00		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	Payroll Deduction \$30 mon- thly		
	Receipt For: 2007	Aggregate Year-to-Date ▼			
	Other (specify)	210.00			
C.	Full Name (Last, First, Middle Initial) Keith A Smith	I	Date of Receipt		
	Mailing Address 2122 Dilworth Road W	est	M M / D D / Y Y Y Y 111 13 2007		
	City	State Zip Code	Transaction ID: SA11AI.5475		
	Charlotte	NC 28203	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	1200.00		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Attorney			
	Receipt For: 2008	Aggregate Year-to-Date 🔻			
	Other (specify)	1200.00			
	SUBTOTAL of Receipts This Page (optional)		1250.76		
	TOTAL This Period (last page this line number only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 67 (check only one) 11a X 11a 13 14 15 16 17
ſ	Any information copied from such Reports and s or for commercial purposes, other than using the	son for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI FED PAC	PITAL AUTHORITY/CAROLINAS HEAL	THCARE SYSTEM EMPLOYEES
۷ A.	Full Name (Last, First, Middle Initial) Michael Tarwater	Date of Receipt	
	Mailing Address 2137 Dilworth Road E	0 8 0 1 Y Y Y Y 0 8 0 1	
	City	State Zip Code	Transaction ID: SA11AI.5142
	<u>Charlotte</u> FEC ID number of contributing	NC 28203	Amount of Each Receipt this Period
	federal political committee.	C	416.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation CEO	Payroll Deduction \$416.67 monthly
	Receipt For: 2007	Aggregate Year-to-Date ▼	
	Primary X General Other (specify) ▼	1666.68	
- B.	Full Name (Last, First, Middle Initial) Michael Tarwater		Date of Receipt
	Mailing Address 2137 Dilworth Road E	08 / D D / Y Y Y Y 08 31 2007	
	City	State Zip Code	Transaction ID: SA11AI.5200
	Charlotte	NC 28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		416.67 Payroll Deduction \$416.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation CEO	monthly
	Receipt For: 2007 Primary X General	Aggregate Year-to-Date V	
	Other (specify) ▼	2083.35	
- C.	Full Name (Last, First, Middle Initial) Michael Tarwater	1	Date of Receipt
	Mailing Address 2137 Dilworth Road E	ast	10 ^{M M} /D D/YYYY 12007
	City	State Zip Code	Transaction ID: SA11AI.5298
	Charlotte	NC 28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		416.67 Payroll Deduction \$416.67
	Name of Employer Carolinas HealthCare Syst- em	Occupation CEO	monthly
	Receipt For: 2007 Primary X Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.02	
ſ			1050.01
	SUBTOTAL of Receipts This Page (optional) .		▶ 1250.01
	TOTAL This Period (last page this line number	r only)	•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 67 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTHO	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES		
А.	Full Name (Last, First, Middle Initial) Michael Tarwater	Date of Receipt				
	Mailing Address 2137 Dilworth Road E	M M / D D / Y Y Y Y 11 01 2007				
	City	State NC	Zip Code	Transaction ID: SA11AI.5356		
	<u>Charlotte</u> FEC ID number of contributing		28203	Amount of Each Receipt this Period		
	federal political committee.			416.67		
	Name of Employer Carolinas HealthCare Syst-	Occupation CEO	1	Payroll Deduction \$416.67 monthly		
	em Receipt For: 2007		Year-to-Date V			
	Primary X General Other (specify) ▼		2916.69]		
В.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater			Date of Receipt		
	Mailing Address 2137 Dilworth Road E	1 1 3 0 Y Y Y Y 1 1 1 3 0 2 0 0 7				
	City	State	Zip Code	Transaction ID: SA11AI.5421		
	Charlotte	NC	28203	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		416.63 — Payroll Deduction \$416.63		
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	1	monthly		
	Receipt For: 2007	Aggregate	Year-to-Date 🔻			
	Other (specify)		2083.31]		
C.	Full Name (Last, First, Middle Initial) Chris Teigland, MD	I		Date of Receipt		
	Mailing Address 700 Hungerford Place	9		1 1 2 6 Y Y Y Y 1 1 1 2 6 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11AI.5494		
	<u>Charlotte</u> FEC ID number of contributing	NC	28207	Amount of Each Receipt this Period		
	federal political committee.	C		500.00		
	Name of Employer Carolinas HealthCare Syst- em	Occupation PHYS	1			
	Receipt For: 2008	Aggregate	Year-to-Date 🔻			
	Other (specify)		500.00]		
	SUBTOTAL of Receipts This Page (optional)			1333.30		
	TOTAL This Period (last page this line number only)					

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 67 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
A	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTHORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
∠ A.	Full Name (Last, First, Middle Initial) Joan Thomas	Date of Receipt	
	Mailing Address 230 Summermore Driv	M M / D D / Y Y Y Y 10 01 2007	
	City	State Zip Code	Transaction ID: SA11AI.5299
	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-	Occupation	Payroll Deduction \$20.84 monthly
	em Receipt For: 2007	Administrator	_
	Primary X General	Aggregate Year-to-Date	
	Other (specify)	208.40	
 В.	Full Name (Last, First, Middle Initial) Joan Thomas		Date of Receipt
	Mailing Address 230 Summermore Driv	M M / D D / Y Y Y Y 11 1 01 2007	
	City	State Zip Code	Transaction ID: SA11AI.5357
	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-	Occupation	 Payroll Deduction \$20.84 monthly
	em Receipt For: 2007	Administrator Aggregate Year-to-Date	-
	Primary X General		
	Other (specify)	229.24	
с	Full Name (Last, First, Middle Initial) Joan Thomas	•	Date of Receipt
	Mailing Address 230 Summermore Driv	M M / D D / Y Y Y Y 11 1 30 2007	
	City	State Zip Code	Transaction ID: SA11AI.5422
	Charlotte	NC 28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.76
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	 Payroll Deduction \$20.76 monthly
	Receipt For: 2007	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
	SUBTOTAL of Receipts This Page (optional)	۱	62.44
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag	
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP FED PAC	ITAL AUTHORITY/CAROLINAS F	HEALTHCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Ms. Laura J Thomas	Date of Receipt	
	Mailing Address 5019 Jarrell Court	08 / D D / Y Y Y Y 2007	
	City	State Zip Code	Transaction ID: SA11AI.5219
	Charlotte	NC 28211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	22.50
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	Payroll Deduction \$22.5 monthly
	Receipt For: 2007	Aggregate Year-to-Date V	
	Primary X General Other (specify) ▼	202.	50
В.	Full Name (Last, First, Middle Initial) Ms. Laura J Thomas		Date of Receipt
	Mailing Address 5019 Jarrell Court		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.5317
	Charlotte	NC 28211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	22.50
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	Payroll Deduction \$22.5 monthly
	Receipt For: 2007	Aggregate Year-to-Date 🔻	
	Primary X General Other (specify) ▼	225.	00
C.	Full Name (Last, First, Middle Initial) Ms. Laura J Thomas		Date of Receipt
	Mailing Address 5019 Jarrell Court		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.5375
		NC 28211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	22.50
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	Payroll Deduction \$22.5 monthly
	Receipt For: 2007	Aggregate Year-to-Date 🔻	
	Primary X General Other (specify) ▼	247.	50
	SUBTOTAL of Receipts This Page (optional)		67.50
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 67 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTHORITY/CAROLINAS HEALTH	HCARE SYSTEM EMPLOYEES		
۷ A.	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 11 30 2007			
	City	State Zip Code	Transaction ID: SA11AI.5440		
	<u>Charlotte</u>	NC 28211	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		22.50		
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	Payroll Deduction \$22.5 monthly		
	Receipt For: 2007	Aggregate Year-to-Date ▼	_		
	Primary X General Other (specify) ▼	270.00			
- В.	Full Name (Last, First, Middle Initial) Harrison Trammell		Date of Receipt		
	Mailing Address 421 Canyon Trail		M M / D D / Y		
	City	State Zip Code	Transaction ID: SA11AI.5154		
	Charlotte	NC 28270	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		250.00		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	 Payroll Deduction \$250 mo- nthly 		
	Receipt For: 2007	Aggregate Year-to-Date			
	Primary X General Other (specify) ▼	2000.00			
– C.	Full Name (Last, First, Middle Initial) Harrison Trammell	1	Date of Receipt		
	Mailing Address 421 Canyon Trail		M M / D D / Y Y Y Y 08 31 2007		
	City	State Zip Code	Transaction ID: SA11AI.5212		
	<u>Charlotte</u>	NC 28270	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		250.00		
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	 Payroll Deduction \$250 mo- nthly 		
	Receipt For: 2007	Aggregate Year-to-Date V			
	Primary X General Other (specify) ▼	2250.00			
ſ	SUBTOTAL of Receipts This Page (optional)		522.50		
ŀ	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 55 / 67 (check only one) 11a X 11a 11b I3 14 15 16			
Any information copied from such Reports an or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to s				
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO FED PAC	SPITAL AUTHORITY/CAROLINAS HEA	ALTHCARE SYSTEM EMPLOYEES			
Full Name (Last, First, Middle Initial) Harrison Trammell	Harrison Trammell				
Mailing Address 421 Canyon Trail					
City	State Zip Code	Transaction ID: SA11AI.5310			
Charlotte	NC 28270	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00 Payroll Deduction \$250 mo-			
Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	nthly			
Receipt For: 2007	Aggregate Year-to-Date ▼				
Other (specify)	2500.00				
Full Name (Last, First, Middle Initial) B. Harrison Trammell		Date of Receipt			
Mailing Address 421 Canyon Trail	M M / D D / Y				
City	State Zip Code	Transaction ID: SA11AI.5368			
Charlotte	NC 28270	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		250.00			
Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	Payroll Deduction \$250 mo- nthly			
Receipt For: 2007	Aggregate Year-to-Date V				
Other (specify)	2750.00				
Full Name (Last, First, Middle Initial) Harrison Trammell		Date of Receipt			
Mailing Address 421 Canyon Trail		M M / D D / Y Y Y Y Y 1 1 2007			
City	State Zip Code	Transaction ID: SA11AI.5433			
Charlotte	NC 28270	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	Payroll Deduction \$250 mo- nthly			
Receipt For: 2007	Aggregate Year-to-Date ▼				
Other (specify)	3000.00				
SUBTOTAL of Receipts This Page (optional)	750.00			
TOTAL This Period (last page this line number	·				

Avery information copied from such Reports and Sitelements may not be sold or used by any person for the purpose of soldialing contributions form such committee. NAME OF COMMITTEE (in Full) Charlow Control Factors and Sitelements may not be sold or used by any person for the purpose of soldialing contributions form such committee. Charlow Control Factors and Sitelements may not be sold or used by any person for the purpose of soldialing contributions from such committee. A Maining Address 5231 Lila Wood Circle City State Charlotte NC FEE On number of contributing federal policy Occupation Gondmine Healficate committee. Occupation Maining Address 4311 Address B. State Zip Code Charlotte Nor specify Primary X General Other (specify) Aggregate Yearb-Date B. State Zip Code Charlotte Nor specify Primary X General Other (specify) State Zip Code Charlotte NC 28228 FEC 1D number of contributing federal policial committee. City State Zip Code Normut of Each Receipt If Montal Address 3331 <		SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 67 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES A. Date of Receipt Maining Address 5231 Lila Wood Circle Date of Receipt City State Zp Code Charlotte NC 28209 FEEL ID number of contributing C PHYS Commercial committee PHYS Aggregate Year-to-Date ▼ City State Zp Code Primary Ceneral PHYS Be. FEU Nume (Last, First, Middle Initial) State Zp Code City State Zp Code Transaction ID: SA11AL5492 Aggregate Year-to-Date ▼ 0 - 1 (2.2.0.7) Transaction ID: SA11AL5155 City State Zp Code Transaction ID: SA11AL5155 Charlotte NC 28226 PEC Primary Ceneral FEU Nume (Last, First, Middle Initial) State Zp Code Transaction ID: SA11AL5155 Charlotte NC 28226 PEC Primary General 0 - 1 (2.2.0.7) FEU Name (Last, First, Middle Initial) State Zp Code Transaction ID: SA11AL5155 NC 28226 FEC ID		Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
A. D: Gregory Underwood, M0 Date of Receipt Mailing Address 5231 Lila Wood Circle Image: Control Control Circle City State Zip Code Charlotte NC 28209 FEC ID number of contributing C Amount of Each Receipt this Period Corolinas HealthCare Syst- em Occupation PHYS Aggregate Year-to-Date ▼ Receipt For: 2007 Tanasection ID: SA11AL5492 Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) State Zip Code Stephen Wagener, PHO Date of Receipt Date of Receipt B. Stephen Wagener, PHO Date of Receipt Date of Receipt Mailing Address 4301 Morrowick Road C Bassate Aggregate Year-to-Date V City State Zip Code Amount of Each Receipt this Period Parcell Deduction \$83.34 Pare of Employer Counder of contributing C Bassate Parcell Deduction \$83.34 Pare of Employer 2007 Tanasecton ID: SA11AL515 Amount of Each Receipt this Period City Stephen Wagner, PHO State Zip Code Am		CHARLOTTE-MECKLENBURG HOSI	PITAL AUTH	IORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
City State Żp Code	А. И	Dr. Gregory Underwood, MD	·		
Charlotte NC 28209 FEC ID number of contributing federal policial committee. C Amount of Each Receipt this Period Receipt For: 2008 Occupation PHrYS Aggregate Year-to-Date Image: Committee System Committee System B. Stephen Wagner, PHD Mailing Address Aggregate Year-to-Date Image: Committee System Committee System Date of Receipt City State Zip Code Transaction ID: SA114.1515 Charlotte NC 28226 Payroll Deduction S83.34 Payroll Deduction S83.34 Or / 2007 Transaction ID: SA114.1515 Amount of Each Receipt Ibis Period Image: Sa114.1515 Amount of Each Receipt Ibis Period Receipt For: 2007 Occupation Administrator Payroll Deduction S83.34 Receipt For: 2007 Aggregate Year-to-Date Image: Sa134.15213 Amount of Each Receipt Ibis Period Image: Sa134.15213 Amount of Each Receipt Ibis Period City State Zip Code Transaction ID: SA114.15213 Amount of Each Receipt Ibis Period Image: Sa134.15213 Amount of Each Receipt Ibis Period City State Zip Code Transaction ID: SA114.15213		Maining Address 5231 Lila Wood Circle	11 26 2007		
FEC ID number of contributing federal political committee. C 250.00 Name of Employeer Carolinas HealthCare Syst- ent and B Occupation Primary Aggregate Year-to-Date V B Stephen Wagner, PHD Mailing Address Aggregate Year-to-Date V City State Zip Code Transaction ID: SA11AL:5155 Charlotte NC 28226 Amount of Each Receipt Mis Period FEC ID number of contributing federal political committee. C Transaction ID: SA11AL:5155 Amount of Each Receipt Mis Period Aggregate Year-to-Date Parroll Deduction \$83.34 Parroll Deduction \$83.34 Parroll Deduction \$83.34 Parroll Deduction \$83.34 C. Stephen Wagner, PHD Date of Receipt Mailing Address 4301 Morrowick Road Date of Receipt Mailing Address 4301 Morrowick Road City State Zip Code Transaction ID: SA11AL:5213 Amount of Each Receipt Mis Period State Zip Code City State Zip Code Transaction ID: SA11AL:5213 Amount of Each Receipt Mis Period State Zip Code Amount of Each Receipt Mis Period City State Zip Code Amount of Each Receipt Mis Period State				•	
federal political committee. C			NC	28209	Amount of Each Receipt this Period
Carolinas HéalthCare Syst. PHYS Beceipt For: 2008 Primary X General Other (specify) ▼ 250.00 B. Stephen Wagner, PHD Mailing Address 4301 Morrowick Road City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. Occupation Administrator Aggregate Year-to-Date ▼ Mailing Address 2007 Fayroll Deduction \$83.34 Primary X General Occupation Administrator Receipt For: 2007 Aggregate Year-to-Date ▼ Primary X General Occupation Administrator Payroll Deduction \$83.34 Receipt For: 2007 State Zip Code Charlotte Nc 28226 Payroll Deduction \$83.34 City State Zip Code Transaction ID: SA11AL513 Charlotte Nc 28226 Payroll Deduction \$83.34 Pecopt For: 2007 Aggregate Year-to-Date ▼ 333.36 City State Zip Code Amount of Each Receipt Charlotte <td< td=""><td></td><td></td><td>C</td><td></td><td>250.00</td></td<>			C		250.00
Primary General 250.00 B. Full Name (Last, First, Middle Initial) Date of Receipt Stephen Wagner, PHD Date of Receipt Mailing Address 4301 Morrowick Road 011 (2007) City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. C 83.34 Payroll Deduction \$83.34 Payroll Deduction \$83.34 Receipt For: 2007 Aggregate Year-to-Date ▼ Primary General 333.36 Ctity State Zip Code Charlotte NC 28226 Primary General Occupation Administrator Billing Address 4301 Morrowick Road 01 (2007) City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. 02 (2007) Carelings HealthCare Syst- am Occupation Administrator Aggregate Year-to-Date Receipt For: 2007 Aggregate Year-to-Date Payroll Deduction \$83.34 Payroll Deduction \$83.34 Mount of Each Receipt		Carolinas HealthCare Syst-		on	
Other (specify) ◆ 250.00 B. Full Name (Last, First, Middle Initial) Stephen Wagner, PHD Date of Receipt Mailing Address 4301 Morrowick Road City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. Occupation Administrator Administrator Receipt For: 2007 Aggregate Year-to-Date Mailing Address Other (specify) ◆ 333.36			Aggregate	e Year-to-Date 🔻	
B. Stephen Wagner, PHD Date of Receipt Mailing Address 4301 Morrowick Road 0 0 1 2 0 0 7 City State Zip Code Charlotte NC 28226 Transaction ID: SA11AL5155 FEC ID number of contributing federal political committee. C 83.34 Parroll Employer Occupation Administrator Receipt For: 2007 Aggregate Year-to-Date ▼ Payroll Deduction \$83.34 Primary X General 033.36 Date of Receipt Ctily State Zip Code Ximont of Each Receipt this Period Receipt For: 2007 Aggregate Year-to-Date ▼ Payroll Deduction \$83.34 Primary X General 033.36 Date of Receipt Ctily State Zip Code Transaction ID: SA11AL5213 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 Payroll Deduction \$83.34 Payroll Deduction \$83.34 Mailing Address 4301 Morrowick Road Transaction ID: SA11AL5213 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 Payroll Deduction \$83.34 Payroll Deduction \$83.34			0 0	250.00]
Mailing Address 4301 Morrowick Road City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Carolinas HealthCare Syst- em Occupation Administrator Payroll Deduction \$83.34 Primary X General Other (specify) ▼ Occupation Administrator Transaction ID: SA11AL:5153 C. Full Name (Last, First, Middle Initial) Stephen Wagner, PHD Date of Receipt Mailing Address 4301 Morrowick Road M M City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. Date of Receipt Mailing Address 4301 Morrowick Road M M City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. Occupation Administrator Maine of Employer Carolinas HealthCare Syst- Monthly Occupation Administrator Primary General Other (specify) ▼ Occupation Administrator Primary X General Other (specify) ▼ Aggregate Year-	- В.				Date of Receipt
Charlotte NC 28226 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 83.34 Name of Employer am Occupation Administrator Payroll Deduction \$83.34 Parcelipt For: 2007 Aggregate Year-to-Date ▼ Primary X General Other (specify) ▼ Date of Receipt Mailing Address 4301 Morrowick Road Mailing Address 4301 Morrowick Road City State Zip Code Transaction ID: SA11ALS213 Charlotte Nc 28226 Payroll Deduction \$83.34 FEC ID number of contributing federal political committee. C 33.36 Payroll Deduction \$83.34 Name of Employer Carolinas HealthCare Syst- gin Occupation Administrator Aggregate Year-to-Date ▼ Payroll Deduction \$83.34 Payroll Deduction 83.34 Payroll Deduction \$83.34 Payroll Deduction \$83.34					M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. C 83.34 Name of Employer Carolinas HealthCare Syst- em Occupation Administrator Payroll Deduction \$83.34 Receipt For: 2007 Aggregate Year-to-Date ▼ Payroll Deduction \$83.34 Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Ctly State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare Syst- em Occupation Receipt For: 2007 Primary State Zip Code Mailing Address 4301 Morrowick Road Mail 10, 2, 0, 0, 7 City State Zip Code Transaction ID: SA11AI.5213 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 FEC ID number of contributing federal political committee. C 83.34 Name of Employer Occupation Administrator Aggregate Year-to-Date ▼ Payroll Deduction \$83.34 Primary General Other (specify) ▼ 416.70 416.70				Zip Code	Transaction ID: SA11AI.5155
federal political committee. 0 00.34 Name of Employer Carolinas HealthCare Syst- em Primary Occupation Administrator Payroll Deduction \$83.34 Receipt For: 2007 Aggregate Year-to-Date ▼ Payroll Deduction \$83.34 C. Full Name (Last, First, Middle Initial) Stephen Wagner, PHD Date of Receipt Mailing Address 4301 Morrowick Road 0 City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare Syst- em Occupation Administrator Amount of Each Receipt this Period Receipt For: 2007 Occupation Administrator Payroll Deduction \$83.34 Payroll Deduction \$83.34 Payroll Deduction \$83.34			NC	28226	Amount of Each Receipt this Period
Name of Employer Carolinas HealthCare Syst- em Occupation Administrator monthly Receipt For: 2007 Primary Aggregate Year-to-Date monthly C. Full Name (Last, First, Middle Initial) Stephen Wagner, PHD Date of Receipt Mailing Address 4301 Morrowick Road Date of Receipt City State Zip Code NC 28226 FEC ID number of contributing federal political committee. C 28226 Name of Employer Carolinas HealthCare Syst- em Occupation Administrator Amount of Each Receipt this Period Receipt For: 2007 Primary Occupation Administrator Aggregate Year-to-Date Mount of Each Receipt this Period Maining of Employer Carolinas HealthCare Syst- em Occupation Administrator Aggregate Year-to-Date Mount of Each Receipt this Period Primary X General Other (specify) Aggregate Year-to-Date Mount of Each Receipt for: 2007 Primary X General Other (specify) Aggregate Year-to-Date Main of the for 416.70			C		
Receipt For: 2007 Aggregate Year-to-Date ▼ Primary X General 333.36 Other (specify) ▼ 333.36 C. Full Name (Last, First, Middle Initial) Stephen Wagner, PHD Date of Receipt Mailing Address 4301 Morrowick Road 0 City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. C 83.34 Name of Employer Carolinas HealthCare Syst- em Occupation Administrator Payroll Deduction \$83.34 Receipt For: 2007 Aggregate Year-to-Date ▼ Payroll Deduction \$83.34 Primary X General 0ther (specify) ▼ 416.70					Payroll Deduction \$83.34 monthly
Other (specify) ▼ 333.36 Full Name (Last, First, Middle Initial) Date of Receipt Stephen Wagner, PHD Date of Receipt Mailing Address 4301 Morrowick Road 0 8 / 2 0 0.7 City State Zip Code Charlotte NC 28226 FEC ID number of contributing tederal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 Primary X General Other (specify) ▼ 416.70		Receipt For: 2007	Aggregate	e Year-to-Date 🔻	
C. Stephen Wagner, PHD Mailing Address 4301 Morrowick Road City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Carolinas HealthCare System Occupation Administrator Aggregate Year-to-Date ▼ Primary X General Other (specify) ▼ 416.70 416.70				333.36]
Mailing Address 4301 Morrowick Road City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. C 83.34 Name of Employer Carolinas HealthCare Syst- em Occupation Administrator Aggregate Year-to-Date ▼ Primary X General 416.70 416.70	- C.		1		Date of Receipt
Charlotte NC 28226 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 83.34 Name of Employer Carolinas HealthCare System Occupation Administrator Payroll Deduction \$83.34 Receipt For: 2007 Aggregate Year-to-Date ▼ Monthly Primary X General 416.70 416.70		Mailing Address 4301 Morrowick Road			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. C 83.34 Name of Employer Carolinas HealthCare System Occupation Administrator Payroll Deduction \$83.34 Receipt For: 2007 Aggregate Year-to-Date ▼ Monthly Primary X General 416.70 416.70					
federal political committee. 00 Name of Employer Carolinas HealthCare Syst- em 00 Receipt For: 2007 Primary X General Other (specify) 416.70			NC	28226	Amount of Each Receipt this Period
Name of Employer Carolinas HealthCare Syst- em Occupation Administrator monthly Receipt For: 2007 Aggregate Year-to-Date ▼ Primary X General 416.70			C		
Receipt For: 2007 Primary X General Other (specify) ▼ 416.70		Carolinas HealthCare Syst-			monthly
Other (specify) ▼ 416.70		Receipt For: 2007	Aggregate	e Year-to-Date 🔻	_
SUBTOTAL of Receipts This Page (optional)			0 0	416.70]
	ſ	SUBTOTAL of Receipts This Page (ontional)	1		416.68
TOTAL This Period (last page this line number only)	ŀ			•	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 67 (check only one) 11a 11b 11c 12 X 11a 11b 15 10 17
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.	
		PITAL AUTHORITY/CAROLINAS HEALTH	
۷ A.	Full Name (Last, First, Middle Initial) Stephen Wagner, PHD	Date of Receipt	
	Mailing Address 4301 Morrowick Road	M M / D D / Y Y Y Y 10 01 2007	
	City	State Zip Code	Transaction ID: SA11AI.5311
	<u>Charlotte</u>	NC 28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.34
	Name of Employer Carolinas HealthCare Syst-	Occupation Administrator	Payroll Deduction \$83.34 monthly
	em Receipt For: 2007	Aggregate Year-to-Date V	-
	Primary X General Other (specify) ▼	500.04	
- B.	Full Name (Last, First, Middle Initial) Stephen Wagner, PHD		Date of Receipt
	Mailing Address 4301 Morrowick Road	M M / D D / Y Y Y Y 111 01 2007	
	City	State Zip Code	Transaction ID: SA11AI.5369
	Charlotte	NC 28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.34
	Name of Employer Carolinas HealthCare Syst-	Occupation Administrator	Payroll Deduction \$83.34 monthly
	em Receipt For: 2007	Aggregate Year-to-Date ▼	_
	Primary X General Other (specify) ▼	583.38	
- C.	Full Name (Last, First, Middle Initial) Stephen Wagner, PHD	1	Date of Receipt
•	Mailing Address 4301 Morrowick Rd.		M M / D D / Y Y Y Y 111 30 2007
	City	State Zip Code	Transaction ID: SA11AI.5434
	Charlotte	NC 28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.26
	Name of Employer Carolinas HealthCare Syst- em	Occupation Health Care Administrator	Payroll Deduction \$83.26 monthly
	Receipt For: 2007	Aggregate Year-to-Date V	-
	Primary X General Other (specify) ▼	416.62	
ſ	SUBTOTAL of Receipts This Page (optional)		249.94
┝			
	TOTAL This Period (last page this line number	oniy)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 67 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	on for the purpose of soliciting contributions solicit contributions from such committee.		
	CHARLOTTE-MECKLENBURG HOSF	PITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Martha Whitecotton	Date of Receipt		
	Mailing Address 9526 Greyson Ridge D	M M / D D / Y		
	City Charlotte	State Zip Code NC 28277		Transaction ID: SA11AI.5337
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 33.34
	Name of Employer Carolinas HealthCare Syst- em	Occupatio Administ		Payroll Deduction \$33.34 monthly
	Receipt For: 2007 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.04]
B.	Full Name (Last, First, Middle Initial) Martha Whitecotton Mailing Address 9526 Greyson Ridge D	Drive		Date of Receipt
	City State Zip Code			1 1 0 1 2 0 0 7 Transaction ID: SA11AI.5395
	<u>Charlotte</u>	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		33.34
	Name of Employer Carolinas HealthCare Syst- em Receipt For: 2007	Occupatio Administ	rator	 Payroll Deduction \$33.34 monthly
	Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 233.38]
C.	Full Name (Last, First, Middle Initial) Donald Whiteside			Date of Receipt
	Mailing Address 4640 Snow Drive			M M / D D / Y Y Y Y 111 13 2007
	City	State NC	Zip Code	Transaction ID: SA11AI.5487
	Harrisburg FEC ID number of contributing federal political committee.	C	28075	Amount of Each Receipt this Period
	Name of Employer Carolinas HealthCare Syst- em	Occupatio PHYS		
	Receipt For: 2008 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]
	SUBTOTAL of Receipts This Page (optional)			316.68
	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 59 / 67 (check only one)			
	Any information copied from such Reports and s or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	PITAL AUTHORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES			
А.	Full Name (Last, First, Middle Initial) Robert Wiggins, Jr.	Date of Receipt				
	Mailing Address 6417 Seton House La	M M / D D / Y				
	City	State Zip Code NC 28277	Transaction ID: SA11AI.5169			
	<u>Charlotte</u> FEC ID number of contributing federal political committee.	NC 28277	Amount of Each Receipt this Period 41.67			
	Name of Employer Carolinas HealthCare Syst-	Occupation	Payroll Deduction \$41.67 monthly			
	em 2007	CPA Aggregate Year-to-Date ▼	_			
	Primary X General Other (specify) ▼	333.36]			
в.	Full Name (Last, First, Middle Initial) Robert Wiggins, Jr.		Date of Receipt			
	Mailing Address 6417 Seton House La	M M / D D / Y				
	City Charlotte	State Zip Code NC 28277	Transaction ID: SA11AI.5227			
	FEC ID number of contributing federal political committee.	NC 28277	Amount of Each Receipt this Period 41.67			
	Name of Employer Carolinas HealthCare Syst- em	Occupation CPA	Payroll Deduction \$41.67 monthly			
	Receipt For: 2007 Primary X General	Aggregate Year-to-Date	1			
	Other (specify)	375.03				
C.	Full Name (Last, First, Middle Initial) Robert Wiggins, Jr.		Date of Receipt			
	Mailing Address 6417 Seton House La	ne	M M / D D / Y Y Y Y 10 01 2007			
	City Charlotte	State Zip Code NC 28277	Transaction ID: SA11AI.5325			
	FEC ID number of contributing federal political committee.	NC 28277	Amount of Each Receipt this Period 41.67			
	Name of Employer Carolinas HealthCare Syst- em	Occupation CPA	Payroll Deduction \$41.67 monthly			
	Receipt For: 2007 Primary X General Other (specify)	Aggregate Year-to-Date 416.70]			
	SUBTOTAL of Receipts This Page (optional) .	·	125.01			
	TOTAL This Period (last page this line number only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 67 (check only one) 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC					
А.	Full Name (Last, First, Middle Initial) Robert Wiggins, Jr.			Date of Receipt		
	Mailing Address 6417 Seton House Lar	1 1 0 1 Y Y Y Y 1 1 0 1 2 0 0 7				
	City	State	Zip Code	Transaction ID: SA11AI.5383		
	Charlotte	NC	28277	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		41.67		
	Name of Employer Carolinas HealthCare Syst- em	Occupatio CPA	n	Payroll Deduction \$41.67 monthly		
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻			
	Other (specify)	0 0	458.37]		
в.	Full Name (Last, First, Middle Initial) Robert Wiggins, Jr.			Date of Receipt		
	Mailing Address 6417 Seton House Lar	M M / D D / Y Y Y Y 11 30 2007				
	City	State	Zip Code	Transaction ID: SA11AI.5448		
	Charlotte	NC	28277	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		41.63 Payroll Deduction \$41.63		
	Name of Employer Carolinas HealthCare Syst- em	Occupatio CPA	n	monthly		
	Receipt For: 2007	Aggregate	e Year-to-Date 🔻			
	Other (specify)	0 0	500.00]		
C.	Full Name (Last, First, Middle Initial) Stephen Wilhoit	l		Date of Receipt		
	Mailing Address 5933 Deveron Drive			12 06 Y Y Y Y Y 12 07		
	City	State	Zip Code	Transaction ID: SA11AI.5493		
	<u>Charlotte</u>	NC	28211	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 Healthca	ⁿ ire Executive			
	Receipt For: 2008	Aggregate	e Year-to-Date 🔻			
	Other (specify)	0 0	250.00]		
	SUBTOTAL of Receipts This Page (optional)			333.30		
	TOTAL This Period (last page this line number only)					

City State Zip Code Waxhaw NC 28173 FEC ID number of contributing federal political committee. C Amount of Eac Name of Employer Genomas HealthCare Syst- em Occupation PHYS Aggregate Year-to-Date Image: Control of Co	ER: PAGE 61 / 67
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM Full Name (Last, First, Middle Initial) Dr. Warden Woodard Mailing Address 207 Belle Meade Court City State Zip Code Waxhaw NC 28173 FEC ID number of contributing federal political committee. C Image: Committee Court Name of Employer Occupation PHYS Amount of Eac Primary Aggregate Year-to-Date ▼ B. Full Name (Last, First, Middle Initial) Date of Receip Carolinas HealthCare Syst- em Date of Receip Carolinas HealthCare Syst- em Date of Receip Mailing Address Date of Receip Mailing Address B. Full Name (Last, First, Middle Initial) Date of Preceip Mailing Address Date of Receip Mailing Address Date of Receip Mailing Address City State Zip Code Anount of Eac Mailing Address Anount of Eac Mailing Address C. Zachary Zapaack Date of Receip Mailing Address Date of Receip Mailing Address Date of Receip Mailing Address C. Zachary Zapaack Cocupation Mailing Address Date of Receip Mailing Address Date of Receip Mailing Address City State Zip Code Mailing Address NC 28203	soliciting contributions rom such committee.
Full Name (Last, First, Middle Initial) Date of Receipt Dr. Warden Woodard Date of Receipt Mailing Address 207 Belle Meade Court City State Zip Code Waxhaw NC 28173 FEC ID number of contributing federal political committee. C Amount of Eac Name of Employer Carolinas HealthCare Syst- eff Occupation PHYS Aggregate Year-to-Date ▼ Receipt For: 2008 Aggregate Year-to-Date ▼ Date of Receipt Other (specify) ▼ 250.00 Date of Receipt Date of Receipt Balling Address 106 Pine Lake Drive Transaction If Amount of Eac City State Zip Code Transaction If Kings Mountain NC 28086 Amount of Eac Receipt For: 2008 C Amount of Eac Name of Employer Carolinas HealthCare Syst- em Occupation Vice President Amount of Eac Name of Employer Carolinas HealthCare Syst- em Occupation Vice President Amount of Eac Name of Employer Carolinas HealthCare Syst- em Maiing Address 1800 Camden Road Transaction If City State Zip	EMPLOYEES
City State Zip Code Transaction II Waxhaw NC 28173 Amount of Ear FEC ID number of contributing federal political committee. C Amount of Ear Name of Employer Carolinas HealthCare Syst- em Occupation PHYS Aggregate Year-to-Date Image: Committee Primary General Other (specify) ▼ Occupation PHYS Date of Receipt Image: Committee Date of Receipt Image: Committee State Zip Code Transaction II Transaction II Kings Mountain NC 28086 Amount of Ear FEC ID number of contributing federal political committee. C Image: Committee Amount of Ear Name of Employer Carolinas HealthCare Syst- em Occupation Vice President Amount of Ear Image: Committee Image: Committee Name of Employer Carolinas HealthCare Syst- em Occupation Vice President Image: Committee Image: Committee Image: Committee Image: Committee Name of Employer Carolinas HealthCare Syst- em Committee Committee Image: Committe	t
Waxhaw NC 28173 Amount of Eac FEC. ID number of contributing federal political committee. C Amount of Eac Name of Employer Carolinas HealthCare Syst. am Occupation PHYS Aggregate Year-to-Date ▼ Primary X General Occupation PHYS Date of Receipt For: 2008 Aggregate Year-to-Date ▼ Image: Carolinas HealthCare Syst. am Date of Receipt For: City State Zip Code Transaction III Kings Mountain NC 28086 Amount of Eac FEC ID number of contributing federal political committee. C Amount of Eac Name of Employer Carolinas HealthCare Syst- am Occupation Amount of Eac City State Zip Code Amount of Eac Primary X General Occupation Occupation Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt for: City State Zip Code Transaction III Charlotte NC 28203 Amount of Eac FEC ID number of contributing federal political committee. C Maiing Address 1000.00 City State <td< td=""><td>0 6 / Y Y Y Y Y 0 6 2 0 0 7</td></td<>	0 6 / Y Y Y Y Y 0 6 2 0 0 7
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federal political committee. Occupation Name of Employer Carolinas HealthCare Syst- em Occupation PHYS Aggregate Year-to-Date ▼ Primary & General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary & General Other (specify) ▼ Date of Receipt B. Oren M Wyatt Date of Receipt Mailing Address 106 Pine Lake Drive 111 / 0 City State Zip Code Kings Mountain NC 28086 Amount of Eac FEC ID number of contributing federal political committee. Occupation Vice President Amount of Eac Name of Employer Carolinas HealthCare Syst- m Occupation Vice President Date of Receipt Mailing Address 1800 Camden Road Indoo.00 Transaction II Name of Carolinas HealthCare Syst- m Date of Receipt City State Zip Code Mount of Eac City State Zip Code Amount of Eac City State Zip Code Amount of Eac City State Zip Code Amount of Eac Receipt For: 2007 Aggregate Year-to-Date ▼ Payroll Deduce Mailing Address 1800 Cammete C Payroll Deduce<	h Receipt this Period
Carolinas HealthCare Syst- em PHYS Receipt For: 2008 Primary X General Other (specify) 250.00 Full Name (Last, First, Middle Initial) Date of Receipt Oren M Wyatt Date of Receipt Mailing Address 106 Pine Lake Drive City State Zip Code Kings Mountain NC 28086 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Carolinas HealthCare Syst- em Aggregate Year-to-Date ▼ Primary X General Occupation Other (specify) ▼ 1000.00 Interview Evel Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Transaction It City State Zip Code Transaction It City State Zip Code Transaction It FEC ID number of contributing federal political committee. C Payroll Deduce Name of Enployer Cocupation Aggregate Year-to-Date Payroll Deduce City State Zip Code Payroll Deduce Payroll Deduce	250.00
Receipt For: 2008 Aggregate Year-to-Date ▼ Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Date of Receipt Oren M Wyatt Date of Receipt Mailing Address 106 Pine Lake Drive City State Zip Code Kings Mountain NC 28086 FEC ID number of contributing federal political committee. C Name of Employer Occupation Carolinas HealthCare Syst- Occupation Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Zachary Zapack Mailing Address 1800 Camden Road City State Zip Code City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Mailing Address 1800 Camden Road Payroll Deduce City State Zip Code Payroll Deduce Receipt For: 2007 Aggregate Year-to-Date	
Other (specify) ◆ 250.00 Full Name (Last, First, Middle Initial) Date of Receip Oren M Wyatt Date of Receip Mailing Address 106 Pine Lake Drive 11 City State Zip Code Kings Mountain NC 28086 FEC ID number of contributing federal political committee. C Mange of Employer Occupation Vice President Aggregate Year-to-Date ▼ Primary X General Other (specify) ▼ 1000.00 E. Full Name (Last, First, Middle Initial) Zachary Zapack Date of Receip Mailing Address 1800 Camden Road City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Mailing Address 1800 Camden Road City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Payroll Deduce Aggregate Year-to-Date Payroll Deduce City State Zip Code Payroll D	
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Mailing Address 106 Pine Lake Drive City State Zip Code Kings Mountain NC 28086 FEC ID number of contributing federal political committee. C Amount of Eac Name of Employer Carolinas HealthCare Syst- em Occupation Vice President Amount of Eac Primary X General Occupation Vice President Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Mailing Address 1800 Camden Road Mailing Address City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare Syst- em Occupation Administrator Payroll Deduc Receipt For: 2007 Aggregate Year-to-Date Payroll Deduc	t
Kings Mountain NC 28086 Amount of Eac FEC ID number of contributing federal political committee. C Amount of Eac Name of Employer Carolinas HealthCare Syst- em Occupation Vice President Aggregate Year-to-Date ▼ Image: Common System Primary X General Other (specify) ▼ Image: Common System Image: Common System Full Name (Last, First, Middle Initial) Zachary Zapack Date of Receipt Image: Common System Mailing Address 1800 Camden Road Image: Common System Image: Common System Image: Common System City State Zip Code Transaction III Charlotte NC 28203 Amount of Eac FEC ID number of contributing federal political committee. C Amount of Eac Name of Employer Carolinas HealthCare Syst- em Occupation Administrator Aggregate Year-to-Date ▼ Receipt For: 2007 Aggregate Year-to-Date ▼ Payroll Deduce	05 / Y Y Y Y 005 2007
FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare Syst- em Occupation Vice President Receipt For: 2008 Primary X General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) 2achary Zapack Mailing Address 1800 Camden Road City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Receipt For: 2007 Primary X General	: SA11AI.5467
federal political committee. C Name of Employer Carolinas HealthCare Syst- em Occupation Vice President Receipt For: 2008 Primary X General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) 2achary Zapack Mailing Address 1800 Camden Road City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare Syst- em Occupation Administrator Payroll Deduce Receipt For: 2007 Aggregate Year-to-Date ▼ Payroll Deduce	h Receipt this Period
em Vice President Receipt For: 2008 Primary X General Other (specify) 1000.00 Full Name (Last, First, Middle Initial) 1000.00 Zachary Zapack Date of Receipt Mailing Address 1800 Camden Road City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare Syst-em Occupation Receipt For: 2007 Primary X General	1000.00
Receipt For: 2008 Primary X General Other (specify) 1000.00 Full Name (Last, First, Middle Initial) 1000.00 Zachary Zapack Date of Receipt Mailing Address 1800 Camden Road City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. Occupation Name of Employer Carolinas HealthCare Syst-em Occupation Receipt For: 2007 Primary X General	
Other (specify) 1000.00 Full Name (Last, First, Middle Initial) Zachary Zapack Mailing Address 1800 Camden Road City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Receipt For: 2007 Primary X General	
Zachary Zapack Date of Receipt Mailing Address 1800 Camden Road City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Amount of Eac Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 Aggregate Year-to-Date ▼	
Mailing Address 1800 Camden Road City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Amount of Eac Name of Employer Carolinas HealthCare System Occupation Administrator Payroll Deduction Receipt For: 2007 Aggregate Year-to-Date ▼ Payroll	t
Charlotte NC 28203 Amount of Eac FEC ID number of contributing federal political committee. C Payroll Deduc Name of Employer Carolinas HealthCare Syst- em Occupation Administrator Payroll Deduc Receipt For: 2007 Aggregate Year-to-Date ▼	0 1 / Y Y Y Y 0 1 2 0 0 7
FEC ID number of contributing federal political committee. C Payroll Deduction Name of Employer Carolinas HealthCare System Occupation Administrator Payroll Deduction Receipt For: 2007 Aggregate Year-to-Date ▼ Payroll Deduction	e: SA11AI.5137
federal political committee. Image: Committee in the second	h Receipt this Period
Name of Employer Occupation monthly Carolinas HealthCare Syst- em Administrator monthly Receipt For: 2007 Aggregate Year-to-Date ▼	416.67
Receipt For: 2007 Aggregate Year-to-Date ▼	tion \$416.67
Primary X General	
Other (specify) ▼ 1666.68	
SUBTOTAL of Receipts This Page (optional)	1666.67

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 67 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
A	ny information copied from such Reports and S r for commercial purposes, other than using the	n for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTHORITY/CAROLINAS HEALTH	HCARE SYSTEM EMPLOYEES			
∠ A.	Full Name (Last, First, Middle Initial) Zachary Zapack	Date of Receipt				
	Mailing Address 1800 Camden Road	0 8 / D D / Y Y Y Y 0 8 3 1 2 0 0 7				
	City	State Zip Code	Transaction ID: SA11AI.5195			
	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 Administrator	Payroll Deduction \$416.67 monthly			
	Receipt For: 2007	Aggregate Year-to-Date ▼	-			
	Other (specify)	2083.35				
— В.	Full Name (Last, First, Middle Initial) Zachary Zapack		Date of Receipt			
	Mailing Address 1800 Camden Road		M M / D D / Y			
	City	State Zip Code	Transaction ID: SA11AI.5293			
		NC 28203	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		416.67 Payroll Deduction \$416.67			
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	monthly			
	Receipt For: 2007	Aggregate Year-to-Date				
	Other (specify)	2500.02				
— C.	Full Name (Last, First, Middle Initial) Zachary Zapack	1	Date of Receipt			
	Mailing Address 1800 Camden Road		M M / D D / Y Y Y Y 111 01 2007			
	City	State Zip Code	Transaction ID: SA11AI.5351			
	Charlotte	NC 28203	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		416.67			
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administrator	Payroll Deduction \$416.67 monthly			
	Receipt For: 2007	Aggregate Year-to-Date				
	Other (specify)	2916.69				
	SUBTOTAL of Receipts This Page (optional)	L	1250.01			
	FOTAL This Period (last page this line number					

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 67 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and a or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
CHARLOTTE-MECKLENBURG HOS	PITAL AUTHO	ORITY/CAROLINAS HEALTI	HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Zachary J Zapack			Date of Receipt
Mailing Address 1800 Camden Road S	Ste107 #214		M M / D D Y
City	State	Zip Code	Transaction ID: SA11AI.5416
Charlotte	NC	28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.63
Name of Employer Carolinas HealthCare Syst- em	Occupation Hospital A	Administrator	Payroll Deduction \$416.63 monthly
Receipt For: 2007 Primary X Other (specify)		Year-to-Date ▼ 2083.31	

SUBTOTAL of Receipts This Page (optional)	►	416.63
TOTAL This Period (last page this line number only)	►	30256.68

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 64/67			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30			
Any Information copied from such Reports and S or for commercial purposes, other than using the							
AME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI FED PAC	CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTH						
Full Name (Last, First, Middle Initial) BONTERRA-DINING AND WINE RO	M		Transaction ID: Date of Disburser				
Mailing Address 1829 CLEVELAND	VENUE		10 ^M / ^D 09	^D / ^Y ^Y ^Y ^Y ^Y ^Y ^Y			
City CHARLOTTE	StateZip CodeNC28203		Amount of Each I	Disbursement this Period			
Purpose of Disbursement FUNDRAISER	011		703.32				
Candidate Name Robert Cannon Hayes		Category/ Type					
Office Sought: X House Dis Senate President State: NC District: 08	ursement For: 2008 X Primary General Other (specify) ▼						
Full Name (Last, First, Middle Initial) ELIZABETH DOLE COMMITTEE INC			Transaction ID: Date of Disburser	nent			
Mailing Address PO BOX 2918	07 ^M /00	^b ⁷ ² ² ⁰ ⁰ ⁷					
City RALEIGH	StateZip CodeNC27602		Amount of Each I	Disbursement this Period			
Purpose of Disbursement CAMPAIGN CONTRIBUTION	011		2500.00				
Candidate Name ELIZABETH DOLE		Category/ Type					
Office Sought: House Dis X Senate President State: NC District: 00	ursement For: 2008 X Primary General Other (specify) ▼						
Full Name (Last, First, Middle Initial) HAYES FOR CONGRESS			Transaction ID: Date of Disburser	ment			
Mailing Address Post Office Box 200		10 ^{^M} 2 [·]	^D / ^Y ^Y ^Y ^Y ^Y ^Y ^Y				
City Concord	StateZip CodeNC28026		Amount of Each I	Disbursement this Period			
Purpose of Disbursement CAMPAIGN CONTRIBUTION	[011		3296.68			
Candidate Name Robert Cannon Hayes		Category/ Type					
Office Sought: X House Dis Senate President State: NC District: 08	ursement For: 2008 X Primary General Other (specify) ▼						
SUBTOTAL of Disbursements This Page (opti	nal)	····· Þ		6500.00			
TOTAL This Period (last page this line number	only)	►					
E6AN026			FEC Schedule	B (Form 3X) (Revised 02			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		-				FOR LINE (check only			E NUMBER: PAGE 65 / nly one)					65 / 6	67		
11			13	Detailed S	Summary Page			21b 27	22	L		23 28b		24 28c		25 29	
	y Information copied from or commercial purposes																;
	NAME OF COMMITTE CHARLOTTE-MECK FED PAC	E (In Full)	-														
	Full Name (Last, First, M Myrick for Congress	,										on ID: sburse		B23.	527	1	
	Mailing Address PO Box 37091							Ů.	7	Λ /	□ 1	^D 4	/ Y	ž	0 ð 7	, Y	
	City Charlotte			State NC	Zip Code 28237				An	nour	nt of	Each	ı Dis	burse	-		
	Purpose of Disburseme CAMPAIGN CONTRIB					Γ	01	1							5	00.00)
	Candidate Name Sue Myrick						ateg Typ	gory/ be									
	F	House Senate President ict: 09		nent For: Primary Other (spe	2008 General cify)												
	Full Name (Last, First, Myrick for Congress	,										sburs	eme	B23. nt	546	3	
	Mailing Address PC) Box 37091							1	2	Λ	^D 1	0	/ Y	ž	0 ð 7	, Y
	City Charlotte			State NC	Zip Code 28237				An	nour	nt of	Each	ı Dis	burse	-		
	Purpose of Disbursement CAMPAIGN CONTRIBUTION 011													20	00.00)	
	Candidate Name Sue Myrick						ateg Typ	gory/ be									
	F	House Senate President ict: 09		nent For: Primary Other (spe	2008 General cify) ▼												
	Full Name (Last, First, M RICHARD BURR CO	,										on ID: sburse	-	B23. nt	527	2	
	Mailing Address PC	OST OFFICE	BOX 5928	3					0	9	Λ /	□1	^D 8	/ Y	ž	0 ð 7	, Y
	City WINSTON-SALEM			State NC	Zip Code 27113				An	nour	nt of	Each	ı Dis	burse	ment	t this F	Period
	Purpose of Disbursement CAMPAIGN CONTRIBUTION					Γ	01	1							5	00.00)
	Candidate Name RICHARD M BURR				ateg Typ	gory/ be											
	X S	House Senate President ict: 00		nent For: Primary Other (spe	2010 General cify)												
	JBTOTAL of Disbursem		(optional)					►							30	00.00)
т	DTAL This Period (last p	bage this line nu	mber only) .					►									
=E6	AN026									FEC	S	chedu	le B	(For	m 3X) (Re	vise

FEC Schedule B (Form 3X) (Revised 02/2003)

		CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT	S fo	Jse separate schedule(s or each category of the Detailed Summary Page) FOR LINE (check onl 21b 27	NUMBER: PAGE 66 / 67 ly one) 22 X 23 24 25 26 28a 28b 28c 29 30b
		y Information copied from such Reports a or commercial purposes, other than using				
		NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO FED PAC	OSPITAL AU	UTHORITY/CAROLI	NAS HEALTH	CARE SYSTEM EMPLOYEES
Α.	-	Full Name (Last, First, Middle Initial) Spratt for Congress Committee Mailing Address PO BOX 10986		Transaction ID:SB23.5280Date of Disbursement $M 9 M$ $0 9 M$ $'$ $1 8$ $'$ $2 0 0 7$		
		City Rock Hill	State SC			Amount of Each Disbursement this Period
		Purpose of Disbursement CAMPAIGN CONTRIBUTIONS			011	1000.00
		Candidate Name John M. Spratt, Jr.			Category/ Type	
		Office Sought: X House Senate President State: SC District: 05		nt For: 2008 imary General her (specify) ▼		

	SUBTOTAL of Disbursements This Page (optional)	•	1000.00
	TOTAL This Period (last page this line number only)	►	10500.00
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT	S for	e separate sche each category o ailed Summary	of the	FOR LINE (check only 21b 27	NUMBER: / one) 22 23 28a 28b	PAGE 67 / 67
	 y Information copied from such Reports a or commercial purposes, other than using						3
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H FED PAC	OSPITAL AUT	THORITY/CA	Rolina	S HEALTH	CARE SYSTEM EN	IPLOYEES
Α.	 Full Name (Last, First, Middle Initial) Jennifer Roberts for County Comm Mailing Address 619 Clement Ave					Transaction ID: 3 Date of Disbursemed 09^{M} / 28^{D}	ent
	City Charlotte	State NC	Zip Cod 28204			Amount of Each Di	sbursement this Period
	Purpose of Disbursement non federal campaign contribution			Γ	011		200.00
	Candidate Name Jennifer Roberts				Category/ Type		
	Office Sought: House Senate President State: District:	Disbursement Prima Othe		eneral			

	SUBTOTAL of Disbursements This Page (optional)	►	200.00
	TOTAL This Period (last page this line number only)	►	200.00
I	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)