FEC FORM 3X	AN	PORT O	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA YPE OR PRINT		ample:If typing er the lines	, type	· · · ·		
CHARLOTTE-MEC							EES	
Check if differ than previousl reported. (AC	ent L	000 BLYTHE BOU HARLOTTE	LEVARD				28203	- 2861
2. FEC IDENTIFICAT	TION NUMBER	▼ _	CITY 🛋		5	STATE	ZIPCO	DE 🔺
C00423871		]	3. IS THIS REPORT		NEW N) <b>OR</b>	AN (A)	IENDED	
X July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) 1id-Year on-election	b) Monthly Report Due On: (c) 12-Day <b>PRE</b> -Elect Report for (d) 30-Day <b>Post</b> -Elec Report for	the:	)	12C)	Sep	in the State o	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer	reasurer <u>N</u> Ele <u>ctronically</u>	Mary Ann Rouse Filed by Mary A	my knowledge		D	ate 07	2 0 1 0 0 8 penalties of 2 U.S	2 0 1 0 S.C 437g.
Office Use Only							FEC FOR (Rev. 12/20)	

Image# 10930876774

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	0 1 Y Y Y Y 0 1 2 0 1 0	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 <sup>Y Y Y</sup>		162965.18
	(b) Cash on Hand at Begining of Reporting Period	152121.70	]
	(c) Total Receipts (from Line 19)	14900.58	35564.05
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	167022.28	198529.23
7.	Total Disbursements (from Line 31)	7500.00	39006.95
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	159522.28	159522.28
9.	Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D)	0.00	]
10.	Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D)	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)	3 / 32	
Write or Type Committee Name CHARLOTTE-MECKLENBURG HOSPITAL FED PAC	AUTHORITY/CAROLINAS HEAL	THCARE SYSTEM EMPLOYEES
Report Covering the Period: From:	0 1 0 1 2 0 1 0	To:
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees         (i) Itemized (use Schedule A)	12496.88	25071.99
(ii) Unitemized	2349.55	7906.73
(iii) TOTAL (add Lines 11(a)(i) and (ii) 🕨	14846.43	32978.72
(b) Political Party Committees	0.00	0.00
<ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul>	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14846.43	32978.72
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	6.95
to Federal candidates and Other Political Committees	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	54.15	78.38
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14900.58	35564.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14900.58	35564.05

FE6AN026

#### Image# 10930876776

## **DETAILED SUMMARY PAGE**

	FEC Form 3X (Rev. 02/2003)	of Disbursements	4 / 32
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: — a) Shared Federal/Non-Federal		
(6	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(t	b) Other Federal Operating Expenditures	0.00	6.95
(0	c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) <b>&gt;</b>	0.00	6.95
	ransfers to Affiliated/Other Party	0.00	0.00
	Contributions to ederal Candidates/Committees nd Other Political Committees	7500.00	39000.00
24. Ir	ndependent Expenditure use Schedule E)	0.00	0.00
25. Č C	coordinated Expenditures Made by Party committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
	oan Repayments Made	0.00	0.00
	oans Made	0.00	0.00
28. R (a	lefunds of Contributions To: a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b	Γ	0.00	0.00
(c	<ul> <li>Other Political Committees</li> <li>(such as PACs)</li> </ul>	0.00	0.00
(c		0.00	0.00
29. O	ther Disbursements	0.00	0.00
	ederal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,	7500.00	20002.27
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7500.00	39006.95
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	7500.00	39006.95

\_

## DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 32

	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)	14846.43	32978.72
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	14846.43	32978.72
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	6.95
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	6.95
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 6 / 32         (check only one)       11a         X       11a         13       14         15       16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	/ not be sold or used by any pers 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	THCARE SYSTEM EMPLOYEES
⊻ A.	Full Name (Last, First, Middle Initial) Pamela M Beckwith	Date of Receipt		
	Mailing Address 1709 Rosebank Lane			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.7254
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$166.67 monthly
	Receipt For: 2010	Aggregate	Year-to-Date 🔻	
	Primary     X     General       Other (specify)     ▼	0 0	666.68	]
– В.	Full Name (Last, First, Middle Initial) Pamela M Beckwith			Date of Receipt
	Mailing Address 1709 Rosebank Lane			M M / D D / Y Y Y Y 0 4 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.7321
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$166.67 monthly
	Receipt For: 2010	Aggregate	Year-to-Date 🔻	
	Primary     X     General       Other (specify)		833.35	]
– c.	Full Name (Last, First, Middle Initial) Pamela M Beckwith	1		Date of Receipt
	Mailing Address 1709 Rosebank Lane			M         M         /         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.7388
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction \$166.67 monthly
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date V 1000.02	]
Γ	SUBTOTAL of Receipts This Page (optional)			500.01
	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 per or for commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (In Full)	rson for the purpose of soliciting contributions to solicit contributions from such committee.
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEAI	LTHCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial)  A. Mr. Stephen C Burr	Date of Receipt
Mailing Address 203 Eslynn Road	0 4 0 4 2 0 1 0
City State Zip Code	Transaction ID: SA11AI.7326
Mount Holly NC 28120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	41.67 Payroll Deduction \$41.67
Name of Employer     Occupation       CarolinasHealthCareSystem     ADMIN	monthly
Receipt For: 2010 Aggregate Year-to-Date ▼	
Primary X General Other (specify) ▼ 208.35	
Full Name (Last, First, Middle Initial)       B.     Mr. Stephen C Burr	Date of Receipt
Mailing Address 203 Eslynn Road	0 6 / D D / Y Y Y Y 0 0 1 2 0 1 0
City State Zip Code	Transaction ID: SA11AI.7393
Mount Holly NC 28120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	41.67
Name of Employer     Occupation       CarolinasHealthCareSystem     ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2010 Aggregate Year-to-Date ▼	
Primary     X     General       Other (specify)     ▼	
Full Name (Last, First, Middle Initial)         C.       Mr. Jack F Chamblee	Date of Receipt
Mailing Address PO Box 550934	04 30 Y Y Y Y 2010
City State Zip Code	Transaction ID: SA11AI.7372
Gastonia NC 28055-0934	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	50.00 Payroll Deduction \$50 mon-
Name of Employer     Occupation       CarolinasHealthCareSystem     ADMIN	thly
Receipt For: 2010 Aggregate Year-to-Date ▼	
Primary X General Other (specify) ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	133.34
TOTAL This Period (last page this line number only)	

9	SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 8/32
	• • •	Use separate schedule(s) for each category of the	(check only one)		
	TEMIZED RECEIPTS				X 11a 🗌 11b 🗌 11c 🗌 12 🔄
_			Detailed Summa	, - g-	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used Idress of any political	by any person committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	CHARLOTTE-MECKLENBURG HOSI	PITAL AUTH	IORITY/CAROLIN	IAS HEALTH	ICARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee	Date of Receipt			
	Mailing Address PO Box 550934		0 6 / D D / Y Y Y Y 2 0 1 0		
	City	State	Zip Code		Transaction ID: SA11AI.7439
	Gastonia	NC	28055-0934		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	on		Payroll Deduction \$50 mon- thly
	Receipt For: 2010	Aggregat	e Year-to-Date 🔻		1
	Primary X General		1 1 1 1	000.00	
	Other (specify)		0 0 0 0 0	300.00	
в.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita	•			Date of Receipt
	Mailing Address 2501 Sedley Road				0 4 / D D / Y Y Y Y 2 0 1 0
	City	State	Zip Code		Transaction ID: SA11AI.7331
	Charlotte	NC	28211		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			41.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	on		<ul> <li>Payroll Deduction \$41.67 monthly</li> </ul>
	Receipt For: 2010	Aggregate	e Year-to-Date 🔻		
	Primary     X     General       Other (specify)     ▼		0 0 0 0 0	208.35	
– C.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita	1			Date of Receipt
<u>.</u>	Mailing Address 2501 Sedley Road				
	City	State	Zip Code		Transaction ID: SA11AI.7398
	Charlotte	NC	28211		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		•	41.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	on		Payroll Deduction \$41.67 monthly
	Receipt For: 2010		e Year-to-Date 🔻		1
	Primary X General Other (specify) ▼		1 1 1 1 1	250.02	
Γ		1			133.34
L	SUBTOTAL of Receipts This Page (optional)			····· <b>&gt;</b>	
	TOTAL This Period (last page this line number	r only)		►	

				FOR LINE NUMBER: PAGE 9/32
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a $11b$ 11c $12$
			Detailed Summary Fage	
	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 of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSP	ITAL AUTH	IORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt		
	Mailing Address 6836 Alexander Road			0 4 0 1 Y Y Y Y Y 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7289
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer CarolinasHealthCareSystem	Occupatio PHYS	n	<ul> <li>Payroll Deduction \$100 mo- nthly</li> </ul>
	Receipt For: 2010	Aggregate	e Year-to-Date 🔻	
	Primary X General	1	400.00	1
_	Other (specify)	0 0		
В.	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 Y 0 4 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.7356
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer CarolinasHealthCareSystem	Occupatio PHYS	n	<ul> <li>Payroll Deduction \$100 mo- nthly</li> </ul>
	Receipt For: 2010	Aggregate	e Year-to-Date 🔻	
	Primary     X     General       Other (specify)     ▼		500.00	]
-	Full Name (Last, First, Middle Initial)			Data of Dessirat
C.	Dr. Marsha D Ford Mailing Address 6836 Alexander Road			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.7423
	Charlotte	NC	28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer CarolinasHealthCareSystem	Occupatio PHYS	n	<ul> <li>Payroll Deduction \$100 mo- nthly</li> </ul>
	Receipt For: 2010	Aggregate	e Year-to-Date 🔻	
	Primary     X     General       Other (specify)     ▼	0 0	600.00	]
ſ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		300.00
┝	SUBTUTAL OF NECEIPIS THIS FAGE (UpilOfial)			
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 10 / 32           (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	atements ma	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 HOSP FED PAC	ITAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES		
Α.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Full Name (Last, First, Middle Initial)				
	Mailing Address 1320 Fillmore Avenue #	#413		04 01 YYYYY 024 01		
	City	State	Zip Code	Transaction ID: SA11AI.7249		
	Charlotte	NC	28203	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		416.67 Payroll Deduction \$416.67		
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	monthly		
	Receipt For: 2010		e Year-to-Date 🔻	_		
	Primary X General Other (specify) ▼	0 0	1666.68	]		
в.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz			Date of Receipt		
	Mailing Address 1320 Fillmore Avenue	#413		$\begin{array}{c} M & M \\ 0 & 4 \end{array} \begin{array}{c} D & D \\ 3 & 0 \end{array} \begin{array}{c} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{array}$		
	City	State	Zip Code	Transaction ID: SA11AI.7316		
	Charlotte	NC	28203	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		416.67		
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$416.67 monthly		
	Receipt For: 2010	Aggregate	e Year-to-Date 🔻			
	Primary X General Other (specify) ▼	0 0	2083.35	]		
С.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz			Date of Receipt		
	Mailing Address 1320 Fillmore Avenue #	#413		0 6 0 1 Y Y Y Y Y 0 6 0 1 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.7383		
	<u>Charlotte</u>	NC	28203	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		416.67 Payroll Deduction \$416.67		
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	monthly		
	Receipt For: 2010	Aggregate	e Year-to-Date 🔻	_		
	Primary X General Other (specify) ▼	0 0	2500.02	]		
	SUBTOTAL of Receipts This Page (optional)			1250.01		
	TOTAL This Period (last page this line number of	only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 11/32         (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 person a 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	PITAL AUTHORITY/CAROLINAS HEALTH	HCARE SYSTEM EMPLOYEES	
A.	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar		Date of Receipt	
	Mailing Address 4625 Cotton Creek Dr	M M / D D / Y Y Y Y 04 01 2010		
	City	State Zip Code	Transaction ID: SA11AI.7277	
	<u>Charlotte</u>	NC 28226	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		416.67	
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly	
	Receipt For: 2010	Aggregate Year-to-Date ▼		
	Primary     X     General       Other (specify)     ▼	1666.68		
В.	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar		Date of Receipt	
	Mailing Address 4625 Cotton Creek Dr	ive	0 4 / D D / Y Y Y Y 0 4 30 2010	
	City	State Zip Code	Transaction ID: SA11AI.7344	
	Charlotte	NC 28226	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		416.67	
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	<ul> <li>Payroll Deduction \$416.67 monthly</li> </ul>	
	Receipt For: 2010	Aggregate Year-to-Date V		
	Primary     X     General       Other (specify)     Image: Contract of the second s	2083.35		
С.	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar	1	Date of Receipt	
	Mailing Address 4625 Cotton Creek Dr	ive	M         M         /         D         D         /         Y	
	City	State Zip Code	Transaction ID: SA11AI.7411	
		NC 28226	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		416.67	
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	<ul> <li>Payroll Deduction \$416.67</li> <li>monthly</li> </ul>	
	Receipt For: 2010 Primary X General	Aggregate Year-to-Date ▼ 2500.02		
r	Other (specify)			
	SUBTOTAL of Receipts This Page (optional)	▶	1250.01	
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 12/32         (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 e name and add	not be sold or used by any persol ress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTHO	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	, Full Name (Last, First, Middle Initial) Russell Guerin	Date of Receipt		
	Mailing Address 3324 Meadow Bluff Dr	rive		04 01 YYYYY 04 01
	City	State	Zip Code	Transaction ID: SA11AI.7270
	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 ADMIN	1	Payroll Deduction \$166.67 monthly
	em Receipt For: 2010	- I	Year-to-Date 🔻	_
	Primary X General Other (specify) ▼	0 0	666.68	]
В.	Full Name (Last, First, Middle Initial) Russell Guerin			Date of Receipt
	Mailing Address 3324 Meadow Bluff Dr	rive		04 / D D / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.7337
	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 ADMIN	1	<ul> <li>Payroll Deduction \$166.67 monthly</li> </ul>
	Receipt For: 2010	Aggregate	Year-to-Date 🔻	
	Primary     X     General       Other (specify)     ▼	0 0	833.35	]
- С.	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 06 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.7404
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	1	Payroll Deduction \$166.67 monthly
	Receipt For: 2010	Aggregate	Year-to-Date 🔻	
	Primary     X     General       Other (specify)     ▼	0 0	1000.02	]
	SUBTOTAL of Receipts This Page (optional)			500.01
	TOTAL This Period (last page this line number			

(	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13/32
	· · ·		Use separate schedule(s)	(check only one)
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Γ	Any information copied from such Reports and St	on for the purpose of soliciting contributions		
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSP	ITAL AUTH	IORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
	/ FED PAC			
	Full Name (Last, First, Middle Initial)			
Α.	Ms. Janet D Handy	Date of Receipt		
	Mailing Address 8044 Silver Jade Drive			0 4 / D D / Y Y Y Y 0 4 3 0 2 0 1 0
		Chata	Zia Oada	
	City	State	Zip Code	Transaction ID: SA11AI.7362
	Denver	NC	28037	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.00
	federal political committee.			
	Name of Employer	Occupatio	n	Payroll Deduction \$50 mon-
	CarolinasHealthCareSystem	ADMIN		thlý
	Receipt For: 2010		e Year-to-Date 🔻	-
	Primary X General	, iggi egali		
	Other (specify)		250.00	
				* [
-	Full Name (Last, First, Middle Initial)			
В.	Ms. Janet D Handy			Date of Receipt
	Mailing Address 8044 Silver Jade Drive			M M / D D / Y Y Y Y
				06 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.7429
	Denver	NC	28037	Amount of Each Receipt this Period
	FEC ID number of contributing			50.00
	federal political committee.	C		50.00
	Name of Employer	Occurret		Payroll Deduction \$50 mon-
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Л I	thlý
	Receipt For: 2010		Near to Data	-1
	Primary X General	Aggregat	e Year-to-Date 🔻	
	Other (specify)		300.00	
		0.0	0 0 0 0 0 0 0	4
-	Full Name (Last, First, Middle Initial)			
C.	Henry C Hawthorne			Date of Receipt
	Mailing Address 1310 James B White H	wv N		M M / D D / Y Y Y Y
				04 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.7248
	Whiteville	NC	28472	Amount of Each Receipt this Period
	FEC ID number of contributing			75.00
	federal political committee.	C		75.00
				Payroll Deduction \$75 mon-
	Name of Employer CarolinasHealthCareSystem	Occupatio	n	thly
		ADMIN		_
	Receipt For: 2010	Aggregat	e Year-to-Date 🔻	
	Primary X General Other (specify)		300.00	
	Other (specify)	0.0		1
г				
				175.00
	SUBTOTAL of Receipts This Page (optional)			173.00
Г				
I	TOTAL 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 14/32         (check only one)       11a         X       11a         13       14         15       16         17	
	Any information copied from such Reports and or for commercial purposes, other than using th	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 AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES	
A.	Full Name (Last, First, Middle Initial) Henry C Hawthorne	Date of Receipt			
	Mailing Address 1310 James B White		0 4 / D D / Y Y Y Y 0 4 3 0 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.7315	
	Whiteville	NC	28472	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		75.00 Payroll Deduction \$75 mon-	
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	thly	
	Receipt For:2010		Year-to-Date		
	Primary     X     General       Other (specify)     Image: Content of the specific of the sp	0 0	375.00	]	
B.	Full Name (Last, First, Middle Initial) Henry C Hawthorne			Date of Receipt	
	Mailing Address 1310 James B White	Hwy N		0 6 / D D / Y Y Y Y 0 1 2010	
	City	State	Zip Code	Transaction ID: SA11AI.7382	
	Whiteville	NC	28472	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		75.00	
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	<ul> <li>Payroll Deduction \$75 mon- thly</li> </ul>	
	Receipt For: 2010 Primary X General	Aggregate	Year-to-Date 🔻	_	
	Primary     X     General       Other (specify)     The second	0 0	450.00		
С.	Full Name (Last, First, Middle Initial) Laurence C Hinsdale			Date of Receipt	
	Mailing Address 7117 Stirewalt Road			0 4 / D D / Y Y Y Y 0 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.7291	
	Concord	NC	28027	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 ADMIN	n	Payroll Deduction \$166.67 monthly	
	Receipt For: 2010 Primary X General	Aggregate	Year-to-Date V	_	
	Other (specify) ▼	0 0	666.68		
[	SUBTOTAL of Receipts This Page (optional).	1		316.67	
			•		
	TOTAL This Period (last page this line numbe	er only)			

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15/32
	• •		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Faye	
	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)			
		ידייא ואדוכ		
	CHARLOTTE-MECKLENBURG HOSF	TTAL AUTE	IURI I Y/GARULINAS HEALT	
Α.	Full Name (Last, First, Middle Initial) Laurence C Hinsdale	Date of Receipt		
	Mailing Address 7117 Stirewalt Road			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.7358
	Concord	NC	28027	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		166.67
	Name of Employer Carolinas HealthCare Syst-	Occupation ADMIN	n	Payroll Deduction \$166.67 monthly
	em Receipt For: 2010	<b>↓ ↓</b>	Noor to Data	-1
	Primary X General	Aggregate	e Year-to-Date V	1
	Other (specify) ▼	0 0	833.35	
	Full Name (Last, First, Middle Initial)			
В.	Laurence C Hinsdale			Date of Receipt
	Mailing Address 7117 Stirewalt Road			0 6 / D D / Y Y Y Y 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7425
	Concord	NC	28027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer	Occupatio	n	Payroll Deduction \$166.67
	Name of Employer Carolinas HealthCare Syst-	ADMIN		monthly
	em Receipt For: 2010		e Year-to-Date 🔻	
	Primary X General	Aggregat		1
	Other (specify)	0 0	1000.02	
- C.	Full Name (Last, First, Middle Initial) James C Hunter	<u> </u>		Date of Receipt
0.	Mailing Address 1525 Kenilworth Ave #	106		
	Maining Address 1525 Kerniworth Ave #	100		04 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.7252
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer CarolinasHealthCareSystem	Occupatio	n	Payroll Deduction \$83.34 monthly
	CarolinasHealthCareSystem	ADMIN		
	Receipt For: 2010	Aggregat	e Year-to-Date 🔻	
	Primary X General			1
	Other (specify)	0 0	333.36	
г				
	SUBTOTAL of Receipts This Page (optional)			416.68
┝	· · · · · · · · · · · · · · · · · · ·		•	-
	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 16 / 32         (check only one)       11a         X       11a         13       14         15       16         17
Γ	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions	
		PITAL AUTHORITY/CAROLINAS HEALT	
۷ <b>A</b> .	Full Name (Last, First, Middle Initial) James C Hunter		Date of Receipt
	Mailing Address 1525 Kenilworth Ave #	04 30 Y Y Y Y Y 02010	
	City	State Zip Code	Transaction ID: SA11AI.7319
	Charlotte	NC 28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
	Receipt For: 2010	Aggregate Year-to-Date V	-
	Primary     X     General       Other (specify)     ▼	416.70	
- В.	Full Name (Last, First, Middle Initial) James C Hunter		Date of Receipt
	Mailing Address 1525 Kenilworth Ave #	106	0 6 0 1 Y Y Y Y 0 6 0 1 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.7386
	Charlotte	NC 28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	<ul> <li>Payroll Deduction \$83.34 monthly</li> </ul>
	Receipt For: 2010	Aggregate Year-to-Date ▼	-
	Primary X General Other (specify) ▼	500.04	
– C.	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby	1	Date of Receipt
	Mailing Address 5234 Lancelot Drive		04 01 YYYY 02010
	City	State Zip Code	Transaction ID: SA11AI.7280
	<u>Charlotte</u>	NC 28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	<ul> <li>Payroll Deduction \$83.34 monthly</li> </ul>
	Receipt For: 2010	Aggregate Year-to-Date V	
	Primary X General Other (specify) ▼	333.36	
ſ	SUBTOTAL of Receipts This Page (optional)	۱	250.02
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 17/32         (check only one)       X       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	Statements may e name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions oscilicit 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) Mr. Frank S Letherby	Date of Receipt			
	Mailing Address 5234 Lancelot Drive			0 4 / D D / Y Y Y Y 0 4 3 0 2 0 1 0	
	City State		Zip Code	Transaction ID: SA11AI.7347	
	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	Occupation ADMIN	I	monthly	
	Receipt For: 2010	Aggregate	Year-to-Date 🔻		
	Primary     X     General       Other (specify)     Image: Contract of the second s	0 0	416.70	]	
B.	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby			Date of Receipt	
	Mailing Address 5234 Lancelot Drive			M         M         /         D         D         /         Y	
	City	State	Zip Code	Transaction ID: SA11AI.7414	
	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 ADMIN		Payroll Deduction \$83.34 monthly	
	Receipt For: 2010	Aggregate	Year-to-Date 🔻		
	Primary     X     General       Other (specify) ▼	0 0	500.04	]	
С.	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	I		Date of Receipt	
	Mailing Address 9306 Copans Glen La	ine		M M / D D / Y Y Y Y 04 01 2010	
	City	State	Zip Code	Transaction ID: SA11AI.7298	
	Huntersville	NC	28078	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.34	
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$83.34 monthly	
	Receipt For: 2010 Primary X General	Aggregate	Year-to-Date 🔻	1	
	Other (specify)		333.36	1	
	SUBTOTAL of Receipts This Page (optional)			250.02	
	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 18 / 32         (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 solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI FED PAC	PITAL AUTHORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	Date of Receipt	
	Mailing Address 9306 Copans Glen La	ne	M M / D D / Y Y Y Y Y Y A 30 2010
	City	State Zip Code	Transaction ID: SA11AI.7365
	Huntersville	NC 28078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
	Receipt For: 2010	Aggregate Year-to-Date ▼	1
	Primary     X     General       Other (specify) ▼	416.70	
- В.	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	1	Date of Receipt
	Mailing Address 9306 Copans Glen La	ne	M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7432
	Huntersville	NC 28078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	<ul> <li>Payroll Deduction \$83.34 monthly</li> </ul>
	Receipt For: 2010	Aggregate Year-to-Date ▼	
	Primary     X     General       Other (specify)     Image: Contract of the second s	500.04	
- C.	Full Name (Last, First, Middle Initial) FRIEDA M LOWDER	1	Date of Receipt
	Mailing Address 14444 WESTGREEN	DR	M M / D D / Y Y Y Y 0 4 30 2010
	City	State Zip Code	Transaction ID: SA11AI.7318
	HUNTERSVILLE	NC 28078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		41.67
	Name of Employer CAROLINAS HEALTHCARE SYST- EM	Occupation SVP	<ul> <li>Payroll Deduction \$41.67 monthly</li> </ul>
	Receipt For: 2010	Aggregate Year-to-Date ▼	
	Primary X General Other (specify) ▼	208.35	
	SUBTOTAL of Receipts This Page (optional).	·	208.35
ŀ	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 19/32           (check only one)         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	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI FED PAC	TAL AUTH	IORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
А.	Full Name (Last, First, Middle Initial) FRIEDA M LOWDER	Date of Receipt		
	Mailing Address 14444 WESTGREEN D	0 6 0 1 Y Y Y Y Y 0 6 0 1 2 0 1 0		
		State	Zip Code	Transaction ID: SA11AI.7385
	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- EM	Occupation SVP	n	Payroll Deduction \$41.67 monthly
	Receipt For: 2010	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) ▼	0 0	250.02	]
В.	Full Name (Last, First, Middle Initial) Michael J Lutes			Date of Receipt
	Mailing Address 4025 Camrose Crossing	g		M M / D D / Y Y Y Y 04 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.7341
	Matthews	NC	28104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer CarolinasHealthCareSystem	Occupatic ADMIN	n	<ul> <li>Payroll Deduction \$41.67 monthly</li> </ul>
	Receipt For: 2010	Aggregate	e Year-to-Date 🔻	
	Primary     X     General       Other (specify)     ▼	0 0	208.35	]
C.	Full Name (Last, First, Middle Initial) Michael J Lutes			Date of Receipt
	Mailing Address 4025 Camrose Crossing	g		M M / D D / Y Y Y Y 06 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.7408
	Matthews	NC	28104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	n	<ul> <li>Payroll Deduction \$41.67 monthly</li> </ul>
	Receipt For: 2010	Aggregate	e Year-to-Date 🔻	
	Primary X General Other (specify) ▼		250.02	
	SUBTOTAL of Receipts This Page (optional)		······	125.01
	TOTAL This Period (last page this line number o	only)		

		-		
	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20/32
	•		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Cummary Page	
[	Any information copied from such Reports and S	Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions
	or for commercial purposes, other than using the	name and add	ress of any political committee to	solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSP			HCARE SYSTEM EMPLOYEES
	FED PAC			
	Full Name (Last, First, Middle Initial)			
Α.	John Marx	Date of Receipt		
/	Mailing Address 3535 Knapdale Lane			
	Maining Recross 5555 Rhapuale Lane			04 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.7339
	Charlotte	NC	28226	Amount of Each Receipt this Period
			20220	
	FEC ID number of contributing	C		41.67
	federal political committee.			
	Name of Employer	Occupation	1	Payroll Deduction \$41.67
	Carolinas HealthCare Syst-	PHYS	•	monthly
	em Receipt For: 2010	1 I	Veer te Deta	-1
	Primary X General	Aggregate	Year-to-Date	
	Other (specify)		208.35	
		0 0		1
-				
<b>D</b>	Full Name (Last, First, Middle Initial)			Data of Descint
В.	John Marx			Date of Receipt
	Mailing Address 3535 Knapdale Lane			0 6 0 1 2 0 1 0
	City	State	Zip Code	
	•		•	Transaction ID: SA11AI.7406
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing	С		41.67
	federal political committee.			
	Name of Employer	Occupation	1	Payroll Deduction \$41.67
	Name of Employer Carolinas HealthCare Syst-	PHYS		monthly
	em Receipt For: 2010	1 · · · · · · · · · · · · · · · · · · ·	Year-to-Date 🔻	-
	Primary X General	Aggregate		-
	Other (specify)		250.02	
		0 0		1
-	Full Name (Last, First, Middle Initial)	1		
C.	Mr. James T McDeavitt			Date of Receipt
•	Mailing Address 826 Berkeley Avenue			
	maning , loan dee - 626 Deriveley Avenue			04 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.7297
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	rederal political committee.			
	Name of Employer CarolinasHealthCareSystem	Occupation	1	Payroll Deduction \$166.67
	CarolinasHealthCareSystem	ADMIN		monting
	Receipt For: 2010	Aggregate	Year-to-Date 🔻	
	Primary X General	33 - 3-10		1
	Other (specify)		666.68	
				*
]		1		
	SUBTOTAL of Receipts This Page (optional)			250.01
	COLITINE OF HOUSE THIS Fage (optional)			
	TOTAL This Period (last page this line number	only)	•	
	INTAL THIS I CHOU (IAST PAYE THIS THE HUITIDE	(iny)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 21 / 32         (check only one)       I1a       11b       11c       12         I 13       14       15       16       17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personers 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	CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTH				
Α.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt				
	Mailing Address 826 Berkeley Avenue	04 30 Y Y Y Y Y 2010				
	City	State	Zip Code	Transaction ID: SA11AI.7364		
	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: 2010	- 1 · · · · · · · · · · · · · · · · · ·	Year-to-Date 🔻			
	Primary     X     General       Other (specify)     Image: Contract of the second s	0 0	833.35	]		
В.	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt			Date of Receipt		
	Mailing Address 826 Berkeley Avenue			M         M         /         D         D         /         Y		
	City	State	Zip Code	Transaction ID: SA11AI.7431		
	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: 2010	Aggregate	Year-to-Date 🔻			
	Primary     X     General       Other (specify)     ▼	0 0	1000.02	]		
C.	Full Name (Last, First, Middle Initial) Mr. James C Olsen			Date of Receipt		
	Mailing Address 5900 Summerston Pla	ace		M         M         /         D         D         /         Y		
	City	State	Zip Code	Transaction ID: SA11AI.7285		
	Charlotte	NC	28277	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		125.00		
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$125 mo- nthly		
	Receipt For: 2010 Primary X General	Aggregate	Year-to-Date 🔻	1		
	Other (specify)	0 0	500.00			
	SUBTOTAL of Receipts This Page (optional)			458.34		
	TOTAL This Period (last page this line number					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sch for each category Detailed Summary	
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used I ne name and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	PITAL AUTHORITY/CAROLIN/	AS HEALTHCARE SYSTEM EMPLOYEES
∠ A.	Full Name (Last, First, Middle Initial) Mr. James C Olsen		Date of Receipt
	Mailing Address 5900 Summerston P	ace	0 4 / D D / Y Y Y Y 0 4 3 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.7352
	Charlotte	NC 28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00 Payroll Deduction \$125 mo-
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	nthly
	Receipt For: 2010	Aggregate Year-to-Date ▼	
	Primary X General Other (specify) ▼	6	25.00
- В.	Full Name (Last, First, Middle Initial) Mr. James C Olsen		Date of Receipt
	Mailing Address 5900 Summerston P	ace	M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.7419
	Charlotte	NC 28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$125 mo- nthly
	Receipt For: 2010	Aggregate Year-to-Date V	
	Primary     X     General       Other (specify)     T	7	50.00
– C.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont		Date of Receipt
	Mailing Address 2028 Hopedale Aven	ue	0 4 0 1 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.7258
	Charlotte	NC 28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$400 mo- nthly
	Receipt For:     2010       Primary     X General       Other (specify)     ▼	Aggregate Year-to-Date ▼ 16	00.00
ſ	SUBTOTAL of Receipts This Page (optional)	•	650.00
F	TOTAL This Period (last page this line number		

		г		•
S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23/32
ľ	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
_				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	HCARE SYSTEM EMPLOYEES		
A.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt		
	Mailing Address 2028 Hopedale Avenue	е		M M / D D / Y Y Y Y Y 0 4 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.7325
	Charlotte	NC	28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Freedower	Coord and the second	-	Payroll Deduction \$400 mo-
	Name of Employer CarolinasHealthCareSystem	Occupatior ADMIN	1	nthly
	Receipt For: 2010	Aggregate	Year-to-Date 🔻	
	Primary X General		2000.00	1
	Other (specify)	0 0		
в.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont			Date of Receipt
	Mailing Address 2028 Hopedale Avenue	е		
	City	State	Zip Code	Transaction ID: SA11AI.7392
	Charlotte	NC	28207	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		400.00
	Name of Freedower		-	Payroll Deduction \$400 mo-
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	I	nthly
	Receipt For: 2010		Year-to-Date V	_
	Primary X General	, iggi eguie		1
	Other (specify)	0 0	2400.00	
– C.	Full Name (Last, First, Middle Initial) Debra Plousha Moore	1		Date of Receipt
	Mailing Address 6935 Conservatory La	ne		
	City	State	Zip Code	Transaction ID: SA11AI.7290
	Charlotte	NC	28210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carolinas HealthCare Syst-	Occupation ADMIN	1	Payroll Deduction \$250 mo- nthly
	em Receipt For: 2010	1 I	Year-to-Date V	
	Primary X General	Aggregate		1
	Other (specify)	0 0	1000.00	
Γ	CURTOTAL of Dessists This Daws (anti-est)	1		1050.00
┝	SUBTOTAL of Receipts This Page (optional)		••••••	
	TOTAL This Period (last page this line number	only)		

		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and r for commercial purposes, other than using t	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	HCARE SYSTEM EMPLOYEES	
×.	Full Name (Last, First, Middle Initial) Debra Plousha Moore	Date of Receipt	
	Mailing Address 6935 Conservatory L	M M / D D / Y Y Y Y 04 30 2010	
	City	State Zip Code	Transaction ID: SA11AI.7357
	Charlotte	NC 28210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Carolinas HealthCare Syst-		Payroll Deduction \$250 mo- nthly
	em Receipt For: 2010	ADMIN Aggregate Year-to-Date V	-
	Primary X General Other (specify) ▼	1250.00	
-	Full Name (Last, First, Middle Initial) Debra Plousha Moore		Date of Receipt
	Mailing Address 6935 Conservatory L	ane	M M / D D / Y Y Y Y 06 01 2010
	City	State Zip Code	Transaction ID: SA11AI.7424
	Charlotte	NC 28210	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	<ul> <li>Payroll Deduction \$250 mo- nthly</li> </ul>
	Receipt For: 2010	Aggregate Year-to-Date	
	Other (specify)	1500.00	
. —	Full Name (Last, First, Middle Initial) Mr. Roger A Ray		Date of Receipt
	Mailing Address 11029 Lederer Ave		M M / D D / Y Y Y Y 04 01 2010
	City	State Zip Code	Transaction ID: SA11AI.7244
	Charlotte	NC 28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	333.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$333.34 monthly
	Receipt For:     2010       Primary     X       Other (specify)	Aggregate Year-to-Date ▼ 1333.36	
	SUBTOTAL of Receipts This Page (optional)		833.34

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25 / 32
	• • •		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any persc dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSPI	TAL AUTH	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Mr. Roger A Ray			Date of Receipt
	Mailing Address 11029 Lederer Ave			0 4 / 0 D D / Y Y Y Y Y 0 4 3 0 / 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7311
	Charlotte	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		333.34 Payroll Deduction \$333.34
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	monthly
	Receipt For: 2010	Aggregate	e Year-to-Date 🔻	
	Primary X General			1
	Other (specify)	0 0	1666.70	
- В.	Full Name (Last, First, Middle Initial) Mr. Roger A Ray			Date of Receipt
	Mailing Address 11029 Lederer Ave			M + M         /         D - D         /         Y - Y - Y         Y
	City	State	Zip Code	Transaction ID: SA11AI.7378
	Charlotte	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		333.34
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$333.34 monthly
	Receipt For: 2010	1	e Year-to-Date 🔻	
	Primary X General	Aggregate	e rear-lo-Dale ▼	1
	Other (specify) ▼	0 0	2000.04	
- C.	Full Name (Last, First, Middle Initial) Lawrence W Raymond			Date of Receipt
	Mailing Address 5740 Ballinard Lane			M M / D D / Y Y Y Y 0 4 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.7283
	Charlotte	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Carolinas HealthCare Syst-	Occupatio PHYS	n	Payroll Deduction \$60 mon- thly
	em Receipt For: 2010	-	e Year-to-Date 🔻	-1
	Primary X General	Ayyreyaid		
	Other (specify)	0 0	240.00	
	SUBTOTAL of Receipts This Page (optional)		<b>`</b>	726.68
ŀ				-
	TOTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 26 / 32           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         1'
	Any information copied from such Reports and or for commercial purposes, other than using the tranulation of the second s	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
. Z	Full Name (Last, First, Middle Initial) Lawrence W Raymond		Date of Receipt
	Mailing Address 5740 Ballinard Lane		M M / D D / Y Y Y Y 04 30 2010
	City	State Zip Code	Transaction ID: SA11AI.7350
	Charlotte	NC 28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Carolinas HealthCare Syst-	Occupation PHYS	Payroll Deduction \$60 mon- thly
	em Receipt For: 2010	Aggregate Year-to-Date ▼	_
	Primary X General Other (specify) ▼	300.00	]
-	Full Name (Last, First, Middle Initial) Lawrence W Raymond		Date of Receipt
	Mailing Address 5740 Ballinard Lane		M · M         /         D · D         /         Y · Y · Y · Y         Y           0 6         0 1         2 0 1 0         2 0 1 0         1
	City	State Zip Code	Transaction ID: SA11AI.7417
	Charlotte	NC 28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation PHYS	<ul> <li>Payroll Deduction \$60 mon- thly</li> </ul>
	Receipt For: 2010	Aggregate Year-to-Date V	
	Primary     X     General       Other (specify) ▼	360.00	]
_	Full Name (Last, First, Middle Initial) Dr. Wanda Robinson		Date of Receipt
	Mailing Address 233 Altondale Avenu	e	0 4 0 1 Y Y Y Y Y 0 4 0 1 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.7263
	Charlotte	NC 28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation PHYS	<ul> <li>Payroll Deduction \$100 mo- nthly</li> </ul>
	Receipt For: 2010	Aggregate Year-to-Date	
	Other (specify)	400.00	
Г		1	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 32
	· · ·		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	
	Any information copied from such Reports and S	tatomonte ma	v not be sold or used by any perso	
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
	CHARLOTTE-MECKLENBURG HOSP			
	FED PAC			
•	Full Name (Last, First, Middle Initial) Dr. Wanda Robinson			Date of Receipt
Α.	Mailing Address 233 Altondale Avenue			· · · · ·
	Maining Address 233 Altonidate Avenue			0 4 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7330
	Charlotte	NC	28207	
	Onanotte	INC.	28207	Amount of Each Receipt this Period
	FEC ID number of contributing	C		100.00
	federal political committee.			
	Name of Employer	Occupatio	n	Payroll Deduction \$100 mo-
	Carolinas HealthCare Syst-	PHYS		nthly
	em Receipt For: 2010	<b>╷</b> ╹─────	Vear to Data	-1
	Primary X General	Aggregate	e Year-to-Date V	
	Other (specify)		500.00	
		0 0		1
	Full Name (Last, First, Middle Initial)			
В.	Dr. Wanda Robinson			Date of Receipt
	Mailing Address 233 Altondale Avenue			
				06 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.7397
	Charlotte	NC	28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	rederal political committee.			
	Name of Employer Carolinas HealthCare Syst-	Occupatio	n	Payroll Deduction \$100 mo- nthly
	em	PHYS		
	Receipt For: 2010	Aggregate	e Year-to-Date 🔻	
	Primary X General			1
	Other (specify)		600.00	
	Full Name (Last, First, Middle Initial)			
C.	Daniel W Sweat			Date of Receipt
	Mailing Address 133 Twin Lake Drive			M M / D D / Y Y Y Y
				04 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.7250
	Shelby	NC	28152	Amount of Each Receipt this Period
	FEC ID number of contributing	<b>^</b>		100.00
	federal political committee.	C		100.00
				Payroll Deduction \$100 mo-
	Name of Employer CarolinasHealthCareSystem	Occupatio	n	nthly
	·			_
	Receipt For: 2010	Aggregate	e Year-to-Date 🔻	_
	Primary X General		400.00	1
	Other (specify)			1
i				
				200.00
	SUBTOTAL of Receipts This Page (optional)			300.00
				-
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28/32
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	
Г				13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements 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 HOSPI	ται αιιτή	OBITY/CABOLINAS HEALT	HCARE SYSTEM EMPLOYEES
	/ FED PAC			
Α.	Full Name (Last, First, Middle Initial) Daniel W Sweat			Date of Receipt
	Mailing Address 133 Twin Lake Drive			04 / 0 · · · · · · · · · · · · · · · · · ·
	City	State	Zip Code	Transaction ID: SA11AI.7317
	Shelby	NC	28152	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		100.00
	Name of Employer	Occupatio	n	Payroll Deduction \$100 mo-
	CarolinasHealthCareSystem	ADMIN	11	nthly
	Receipt For: 2010		e Year-to-Date 🔻	7
	Primary X General		500.00	1
	Other (specify)	0 0	500.00	
	Full Name (Last, First, Middle Initial)			
В.	Daniel W Sweat			Date of Receipt
	Mailing Address 133 Twin Lake Drive			0 6 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7384
	Shelby	NC	28152	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		100.00
	Name of Employer	Occupatio	n	Payroll Deduction \$100 mo-
	CarolinasHealthCareSystem	ADMIN	11	nthly
	Receipt For: 2010		e Year-to-Date 🔻	
	Primary X General	/ iggi ogaio		1
	Other (specify)		600.00	
-	Full Name (Last, First, Middle Initial)			
C.	Mr. Michael C Tarwater			Date of Receipt
	Mailing Address 2137 Dilworth Road Eas	st		0 4 0 1 Y Y Y Y 0 4 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7260
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		416.67
	Name of Employer CarolinasHealthCareSystem	Occupatio	n	Payroll Deduction \$416.67
		ADMIN		
	Receipt For: 2010	Aggregate	e Year-to-Date 🔻	
	Primary X General	1 1	1666.68	1
	Other (specify)	0 0		1
Γ				C10.07
	SUBTOTAL of Receipts This Page (optional)		••••••	616.67
	TOTAL This Period (last page this line number or	nlv)		
	INAL THIS FERIOU (last page this line number of	····y) ·····	·····	

			[	f
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29/32
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			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	Statements ma e 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.
	NAME OF COMMITTEE (In Full)			
	CHARLOTTE-MECKLENBURG HOSF	PITAL AUTH	IORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater			Date of Receipt
	Mailing Address 2137 Dilworth Road E	ast		04 / 30 / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.7327
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.67
	Nome of Employer	Occupatio		Payroll Deduction \$416.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	ИТ	mónthly
	Receipt For: 2010	Aggregate	e Year-to-Date 🔻	1
	Primary X General		2092.25	1
	Other (specify)	0 0	2083.35	
в.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater			Date of Receipt
	Mailing Address 2137 Dilworth Road E	ast		M M / D D / Y Y Y Y 06 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.7394
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$416.67 monthly
	Receipt For: 2010			_
	Primary X General	Aggregate	e Year-to-Date	
	Other (specify) ▼	0 0	2500.02	
с.	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones	1		Date of Receipt
0.	Mailing Address 5522 Challis View Lan	0		
	Maining Address 5522 Challis View Lan	IE		04 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.7281
	Charlotte	NC	28226	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: 2010		e Year-to-Date 🔻	
	Primary X General	Ayyreyall		1
	Other (specify) ▼		666.68	
				1000.01
	SUBTOTAL of Receipts This Page (optional)		••••••	
	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 30 / 32           (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 e name and add	not be sold or used by any personnection of any political committee to the solution of any political committee to the solution.	on for the purpose of soliciting contributions oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSF FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
<b>A</b> .	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones			Date of Receipt
	Mailing Address 5522 Challis View Lan	ie		0 4 / D D / Y Y Y Y 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7348
	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 CarolinasHealthCareSystem	Occupation ADMIN	n	monthly
	Receipt For: 2010	1	Year-to-Date	_
	Other (specify)	0 0	833.35	]
в.	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones			Date of Receipt
	Mailing Address 5522 Challis View Lan	le		0 6 / D D / Y Y Y Y 0 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7415
	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 CarolinasHealthCareSystem	Occupation ADMIN	n	monthly
	Receipt For: 2010	Aggregate	Year-to-Date 🔻	
	Primary     X     General       Other (specify)     T		1000.02	]
с.	Full Name (Last, First, Middle Initial) Zachary Zapack	1		Date of Receipt
	Mailing Address 1800 Camden Road			0 4 / D D / Y Y Y Y 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.7242
	Charlotte	NC	28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		Payroll Deduction \$83.34
	Name of Employer Carolinas HealthCare Syst- em	Occupation Administ		monthly
	Receipt For: 2010		Year-to-Date	
	Primary     X     General       Other (specify)     T	0 0	333.36	]
	SUBTOTAL of Receipts This Page (optional)	1		416.68
	TOTAL This Period (last page this line number		•	

				<b>e</b>	
	SCHEDULE A (FEC Form 3X)		Use separate sc	hedule(c)	FOR LINE NUMBER: PAGE 31/32
	ITEMIZED RECEIPTS		for each categor		(check only one)
	ITEMIZED RECEIPTS		Detailed Summa		X 11a 11b 11c 12
				<b>I</b>	13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements main and ad	y not be sold or used dress of any political	d by any person committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	CHARLOTTE-MECKLENBURG HOSP	ITAL AUTH	ORITY/CAROLIN	NAS HEALTH	CARE SYSTEM EMPLOYEES
	Full Name (Last, First, Middle Initial)				
Α.	Zachary Zapack				Date of Receipt
	Mailing Address 1800 Camden Road				0 4 / 3 0 / Y Y Y Y 2 0 1 0
	City	State	Zip Code		Transaction ID: SA11AI.7309
	Charlotte	NC	28203		Amount of Each Receipt this Period
	FEC ID number of contributing			-	00.04
	federal political committee.	C			83.34
	Name of Employer Carolinas HealthCare Syst-	Occupatio	n		Payroll Deduction \$83.34 monthly
	Carolinas HealthCare Syst- em	Administ			montiny
	Receipt For: 2010	Aggregate	Year-to-Date 🔻		
	Primary X General	00 0	1 1 1 1 1	440.70	
	Other (specify)	0 0	0 0 0 0	416.70	
	Full Name (Last, First, Middle Initial)				
В.	Zachary Zapack				Date of Receipt
	Mailing Address 1800 Camden Road				0 6 / 0 1 / Y Y Y Y 0 6 / 0 1 / 2 0 1 0
	City	State	Zip Code		Transaction ID: SA11AI.7376
	Charlotte	NC	28203		Amount of Each Receipt this Period
	FEC ID number of contributing			-	
	federal political committee.	C			83.34
	Name of Employer	Occupatio	n		Payroll Deduction \$83.34
	Carolinas HealthCare Syst-	Administ			monthly
	em Receipt For: 2010				1
	Primary X General	Aggregate	e Year-to-Date 🔻		
	Other (specify)			500.04	
		1 1	0 0 0 0	1 1 1	

SUBTOTAL of Receipts This Page (optional)	►	166.68
TOTAL This Period (last page this line number only)	►	12496.88

ITEMIZED DISBURSEMENTS       Use separate schedule(s) for each category of the Detailed Summary Page       21b 21b 27         Any Information copied from such Reports and Statements may not be sold or used by any person for or for commercial purposes, other than using the name and address of any political committee to sol       NAME OF COMMITTEE (in Full)         CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHO FED PAC       Charlen State       Zip Code         Full Name (Last, First, Middle Initial)       Sue Myrick       City       State       Zip Code         City       State       Zip Code       Category/ Type       Category/ Type       Category/ Type         Office Sought:       X       House       Disbursement For:       2010         State:       NC       District: 09       Primary       General         Full Name (Last, First, Middle Initial)       Full Name (Last, First, Middle Initial)       Type         Office Sought:       X       House       Disbursement For:       2010         Primary       General       Other (specify)       Full Name (Last, First, Middle Initial)         RICHARD BURR COMMITTEE       Mailing Address       POST OFFICE BOX 5928       City       State       Zip Code         Mailing Address       POST OFFICE BOX 5928       City       State       Zip Code       Zin Category/       Zip Code	22     X     23     24     25       28a     28b     28c     29       for the purpose of soliciting contributions       plicit contributions from such committee
or for commercial purposes, other than using the name and address of any political committee to sol         NAME OF COMMITTEE (In Full)         CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHORED PAC         Full Name (Last, First, Middle Initial)         Sue Myrick         Mailing Address       P. O. Box 37091         City       State       Zip Code         CHARLOTTE       NC       28237         Purpose of Disbursement       Category/         Candidate Name       Category/         Sue Myrick       Disbursement For:       2010         Office Sought:       X       House       Disbursement For:       2010         State:       NC       Disbursement For:       2010         Full Name (Last, First, Middle Initial)       Primary       X General         State:       NC       Disbursement For:       2010         Full Name (Last, First, Middle Initial)       President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       RICHARD BURR COMMITTEE       Mailing Address       POST OFFICE BOX 5928         City       State       Zip Code       Zip Code       Zip Code	Second relation in the second relation relation in the second relation
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHORED PAC         Full Name (Last, First, Middle Initial)         Sue Myrick         Mailing Address       P. O. Box 37091         City       State       Zip Code         CHARLOTTE       NC       28237         Purpose of Disbursement       Category/         Candidate Name       Category/         Sue Myrick       Disbursement For:       2010         Office Sought:       X       House       Primary       X         General       Other (specify)       ▼         Full Name (Last, First, Middle Initial)       RICHARD BURR COMMITTEE         Mailing Address       POST OFFICE BOX 5928       Zip Code	Transaction ID:       SB23.7441         Date of Disbursement $M \cap M$ $D \cap D$ $Y \cap Y \cap Y$ $Y \cap Y \cap Y$ Amount of Each Disbursement this Period       1000.00       1000.00         Transaction ID:       SB23.7445         Date of Disbursement $0 \cap D$ $Y \cap Y \cap Y$ $M \cap M$ $P \cap D$ $Y \cap Y$ $Y \cap Y$ $M \cap M$ $Y \cap D$ $Y \cap Y$ $Y \cap Y$
Sue Myrick         Mailing Address       P. O. Box 37091         City       State       Zip Code         CHARLOTTE       NC       28237         Purpose of Disbursement       Category/         Candidate Name       Category/         Sue Myrick       Disbursement For:       2010         Office Sought:       X       House       Primary       X General         Office Sought:       X       House       Other (specify)       ▼         State:       NC       District:       09       Full Name (Last, First, Middle Initial)         RICHARD BURR COMMITTEE       Mailing Address       POST OFFICE BOX 5928       City       State       Zip Code	Date of Disbursement $06^{M}$ / $02^{D}$ / $2010^{V}$ Amount of Each Disbursement this Period 1000.00 <b>Transaction ID:</b> SB23.7445 Date of Disbursement $06^{M}$ / $01^{D}$ / $2010^{V}$
City     State     Zip Code       CHARLOTTE     NC     28237       Purpose of Disbursement     Category/       Candidate Name     Category/       Sue Myrick     Category/       Office Sought:     X       Senate     Primary       President     Other (specify)       State:     NC       State:     NC       President     Other (specify)       Full Name (Last, First, Middle Initial)       RICHARD BURR COMMITTEE       Mailing Address     POST OFFICE BOX 5928       City     State     Zip Code	Amount of Each Disbursement this Period 1000.00 Transaction ID: SB23.7445 Date of Disbursement M 6 M / D 0 1 / Y 2 0 1 0
CHARLOTTE     NC     28237       Purpose of Disbursement     Category/ Sue Myrick     Category/ Type       Office Sought:     x     House       Senate     Primary     X       President     Other (specify)     ▼       State:     NC     District:       Full Name (Last, First, Middle Initial)     RICHARD BURR COMMITTEE       Mailing Address     POST OFFICE BOX 5928       City     State     Zip Code	Transaction ID:         SB23.7445           Date of Disbursement         0 6           M         /         D 0           /         2 0         1 0
Candidate Name       Category/ Type         Sue Myrick       Disbursement For: 2010         Office Sought:       X         Senate       Primary         President       Other (specify)         State: NC       District: 09         Full Name (Last, First, Middle Initial)         RICHARD BURR COMMITTEE         Mailing Address       POST OFFICE BOX 5928         City       State       Zip Code	Transaction ID:       SB23.7445         Date of Disbursement       0 6         0 6       /       0 0         0 1       /       2 0       1 0
Sue Myrick     Type       Office Sought:     X     House     Disbursement For:     2010       Senate     Primary     X     General       President     Other (specify)     ▼       State: NC     District:     09       Full Name (Last, First, Middle Initial)       RICHARD BURR COMMITTEE       Mailing Address     POST OFFICE BOX 5928       City     State     Zip Code	Date of Disbursement
Senate     Primary     X General       President     Other (specify)     ▼       State: NC     District: 09     ▼       Full Name (Last, First, Middle Initial)     RICHARD BURR COMMITTEE       Mailing Address     POST OFFICE BOX 5928       City     State     Zip Code	Date of Disbursement
RICHARD BURR COMMITTEE Mailing Address POST OFFICE BOX 5928 City State Zip Code	Date of Disbursement
City State Zip Code	
City State Zip Code WINSTON-SALEM NC 27113	Amount of Each Disburgement this Paria
Purpose of Disbursement RICHARD BURR 2010 VICTORY COMMITTEE Candidate Name Category/	4000.00
RICHARD BURR COMMITTEE Type	
Office Sought:     House     Disbursement For:     2010       X     Senate     Primary     X General       President     Other (specify)     ▼	
Full Name (Last, First, Middle Initial) TEAM GRAHAM INC	Transaction ID: SB23.7450 Date of Disbursement
Mailing Address PO BOX 1801	$\begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 8 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City         State         Zip Code           COLUMBIA         SC         29202	Amount of Each Disbursement this Period
Purpose of Disbursement	2500.00
Candidate Name Category/ TEAM GRAHAM INC Type	
Office Sought:     House     Disbursement For:     2010       X     Senate     X     Primary     General       President     Other (specify)     ▼	
SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	7500.00