10/02/2006 15:20

Image# 26960419809

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

| | | | Office Use Only |
|--|--|-----------------------------------|---|
| | FEC MAILING LABEL TYPE OR PRINT Example:If ty over the lines | | |
| CHARLOTTE-MECKLENBURG F | HOSPITAL AUTHORITY/CAROLINAS HEA | LTHCARE SYSTEM EMPLOY | EES |
| | | | |
| ADDRESS (number and street) | TTENTION: MARY ANN ROUSE | | |
| | 000 BLYTHE BOULEVARD | | 1 |
| Check if different than previously reported. (ACC) | HARLOTTE | NC NC | 28203 - 2861 |
| 2. FEC IDENTIFICATION NUMBER | CITY A | STATE | ZIPCODE 🛕 |
| C00423871 | 3. IS THIS REPORT | NEW (N) OR (A | MENDED N) |
| 4. TYPE OF REPORT (Choose One) | (b) Monthly Report Feb 20 (M2) | May 20 (M5) Aug | y 20 (M8) Nov 20 (M11) (Non-Election Year Only) |
| (a) Quarterly Reports: | Due On: Mar 20 (M3) | Jun 20 (M6) Sep | Dec 20 (M12) (Non-Election Year Only) |
| April 15 Quarterly Report(Q1) | Apr 20 (M4) | Jul 20 (M7) Oct | 20 (M10) Jan 31 (YE) |
| July 15 | (c) 12-Day Primary (| (12P) General | (12G) Runoff (12R) |
| Quarterly Report(Q2) October 15 | Report for the: Conventi | on (12C) Special (| (12G) |
| X Quarterly Report(Q3) January 31 | | | in the |
| Quarterly Report(YE) | Election on | | State of |
| July 31 Mid-Year Report(Non-election Year Only) (MY) | (d) 30-Day Post -Election General | (30G) Runoff (| 30R) Special (30S) |
| Termination Report (TER) | Report for the: | | in the |
| (TEH) | Election on | | State of |
| 5. Covering Period 0 7 | 0 1 2 0 0 6 through | gh 09 30 | 2006 |
| | t 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 1 0 | 02 2006 |
| NOTE : Submission of false, erroneous | , or incomplete information may subject the p | person signing this Report to the | e penalties of 2 U.S.C 437g. |
| Office Use Only | | | FEC FORM 3X (Rev. 02/2003) |

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC D D 0.7 0 1 2006 0.9 3 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand [°]2006 0.00 January 1 (b) Cash on Hand at 16997.64 Begining of Reporting Period 23506.41 40551.70 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 40504.05 40551.70 6(a) and 6(c) for Column B) 158.55 206.20 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 40345.50 40345.50 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

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

___FED PAC

0 1 м м 0 7 2006 0 9 3 0 2006 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 17983.45 32733.45 (i) Itemized (use Schedule A) 5364.41 7612.05 (ii) Unitemized (iii) TOTAL (add 23347.86 40345.50 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 23347.86 40345.50 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.) 158.55 206.20 (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 0.00 0.00 (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), 23506.41 40551.70 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 23506.41 40551.70 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|----------|---|-------------------------------|-----------------------------------|
| 21. | Operating Expenditures: (a) Shared Federal/Non-Federal | 2 22 | |
| | Activity (from Schedule H4) | 0.00 | 0.00 |
| | (i) Federal Share | 5.00 | |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| | (b) Other Federal Operating | 158.55 | 206.20 |
| | Expenditures(c) Total Operating Expenditures | | |
| _ | (add 21(a)(i), (a)(ii) and (b)) | 158.55 | 206.20 |
| 2. | Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. | Contributions to Federal Candidates/Committees | | |
| 1 | and Other Political Committees | 0.00 | 0.00 |
| | (use Schedule E) | 0.00 | 0.00 |
| 25. | Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) | 0.00 | 0.00 |
| | (use Schedule F) | | |
| 6. | Loan Repayments Made | 0.00 | 0.00 |
| | Loans Made | 0.00 | 0.00 |
| .გ. | Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| | | | |
| | (b) Political Party Committees (c) Other Political Committees | 0.00 | 0.00 |
| | (such as PACs) | 0.00 | 0.00 |
| | (d) Total Contribution Refunds | 0.00 | 0.00 |
| | (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 9. | Other Disbursements | 0.00 | 0.00 |
| 80. | Federal Election Activity (2 U.S.C 431(20)) | | |
| | (a) Shared Federal Election Activity | | |
| | (from Schedule H6) (i) Federal Share | 0.00 | 0.00 |
| | · | 0.00 | 0.00 |
| | (ii) "Levin" Share(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 |
| 1. | Total Disbursements (add Lines 21(c), 22, | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 158.55 | 206.20 |
| 2. | Total Federal Disbursements | | |
| | (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31) | 158.55 | 206.20 |
| | 110111 LITTE 01) | 100.00 | 200.20 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contribu Expendit | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (oth from Line 11(d), page | ′ | 23347.86 | 40345.50 |
| 34. Total Contribution Refu (from Line 28(d)) | | 0.00 | 0.00 |
| 35. Net Contributions (other (subtract Line 34 from | ′ | 23347.86 | 40345.50 |
| 36. Total Federal Operation (add Line 21(a)(i) and | 1 ' | 158.55 | 206.20 |
| 37. Offsets to Operating E (from Line 15, page 3) | | 158.55 | 206.20 |
| 38. Net Operating Expendition (subtract Line 37 from | | 0.00 | 0.00 |

| S | CHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 6 / 22 |
|----------|---|---|--|
| IT | EMIZED RECEIPTS | or each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
| Ar | y information copied from such Reports and Statements n for commercial purposes, other than using the name and a | nay not be sold or used by any perso 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 HOSPITAL AUT FED PAC | HORITY/CAROLINAS HEALT | HCARE SYSTEM EMPLOYEES |
| Α. | Full Name (Last, First, Middle Initial) Frank Ford | | Date of Receipt |
| | Mailing Address 159 Tetbury Ave. | | 09 01 7 2006 |
| | City State Concord NC | Zip Code 28025 | Transaction ID: SA11A1.4325 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | 20023 | 83.34 |
| | CITI | tion care Executive | Payroll Deduction \$83.34 monthly |
| | Receipt For: 2006 Aggreg. Primary X General Other (specify) ▼ | ate Year-to-Date ▼ 250.02 | |
| В. | Full Name (Last, First, Middle Initial) Frank Ford Mailing Address 159 Tetbury Ave. | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City State | Zip Code | 0 9 2 9 2 0 0 6 Transaction ID: SA11A1.4380 |
| | Concord NC | 28025 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 83.34 |
| | Name of Employer Carolinas HealthCare System Occupation HealthCare System | tion care Executive | Payroll Deduction \$83.34 monthly |
| | | ate Year-to-Date ▼ 333.36 | |
| <u> </u> | Full Name (Last, First, Middle Initial) Marsha Ford | | Date of Receipt |
| | Mailing Address 6836 Alexander Road | | 08 01 7 2006 |
| | City State Charlotte NC | Zip Code 28270 | Transaction ID: SA11A1.4296 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 166.67 |
| | Name of Employer Carolinas HealthCare System Physici | | Payroll Deduction \$166.67 monthly |
| | | ate Year-to-Date ▼ 333.34 | |
| s | UBTOTAL of Receipts This Page (optional) | | 333.35 |
| H | OTAL This Period (last page this line number only) | | |

| SCI | HEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 7/22 |
|----------------|--|---------------------------------------|---|---|
| ITE | MIZED RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X 11a |
| Any in | nformation copied from such Reports and Sta commercial purposes, other than using the n | tements may ame and add | not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|) c | AME OF COMMITTEE (In Full) HARLOTTE-MECKLENBURG HOSPITED PAC | ΓAL AUTH | ORITY/CAROLINAS HEALT | HCARE SYSTEM EMPLOYEES |
| | ıll Name (Last, First, Middle Initial) arsha Ford | | | Date of Receipt |
| M | ailing Address 6836 Alexander Road | | | 0 9 0 1 2 0 0 6 |
| Ci | | State | Zip Code | Transaction ID: SA11A1.4356 |
| FE | harlotte EC ID number of contributing deral political committee. | NC C | 28270 | Amount of Each Receipt this Period 166.67 |
| Na Ca er | ame of Employer arolinas HealthCare Syst- | Occupation Physician | | Payroll Deduction \$166.67 monthly |
| | eceipt For: 2006 Primary X General Other (specify) | · · · · · · · · · · · · · · · · · · · | Year-to-Date ▼ 500.01 | |
| B. M | ull Name (Last, First, Middle Initial) arsha Ford ailing Address 6836 Alexander Road | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Ci | ty | State | Zip Code | Transaction ID: SA11A1.4409 |
| <u>C</u> | harlotte | NC | 28270 | Amount of Each Receipt this Period |
| | EC ID number of contributing deral political committee. | C | | 166.67 |
| Na Ca er | ame of Employer arolinas HealthCare Syst- n | Occupation Physician | | Payroll Deduction \$166.67 monthly |
| Re | eceipt For: 2006 Primary X General Other (specify) | Aggregate | Year-to-Date ▼ 666.68 | |
| | ull Name (Last, First, Middle Initial) aul Franz | | | Date of Receipt |
| M | ailing Address 1320 Fillmore Ave #413 | | | 08 01 2006 |
| Ci C | ty harlotte | State NC | Zip Code 28203 | Transaction ID: SA11A1.4249 Amount of Each Receipt this Period |
| FE | EC ID number of contributing deral political committee. | C | | 1000.00 |
| Na C: er | ame of Employer arolinas HealthCare Syst- n | Occupation Healthca | n re Administration | Payroll Deduction \$1000 monthly |
| Re | eceipt For: 2006 Primary X General Other (specify) | Aggregate | Year-to-Date ▼ 1000.00 | |
| SUB | TOTAL of Receipts This Page (optional) | | | 1333.34 |
| | This Period (last page this line number or | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------------------|--|---|--|--|
| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIT FED PAC | AL AUTH | ORITY/CAROLINAS HEALT | HCARE SYSTEM EMPLOYEES |
| Α. | Full Name (Last, First, Middle Initial) Paul Franz Mailing Address 1320 Fillmore Ave #413 City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2006 Primary X General Other (specify) | | Zip Code 28203 The re Administration 2 Year-to-Date ▼ 2000.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 3. | Full Name (Last, First, Middle Initial) Paul Franz Mailing Address 1320 Fillmore Ave #413 City | State | Zip Code | Date of Receipt M M |
| | Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2006 Primary X General Other (specify) ▼ | | 28203 The re Administration • Year-to-Date ▼ 3000.00 | Amount of Each Receipt this Period 1000.00 Payroll Deduction \$1000 monthly |
| | Full Name (Last, First, Middle Initial) Suzanne Freeman Mailing Address 8221 Buena Vista Ln City Denver FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2006 Primary X General Other (specify) | State NC C Occupation Senior VI Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SI | JBTOTAL of Receipts This Page (optional) | | _ | 2400.00 |
| T | OTAL This Period (last page this line number on | ly) |) | |

| S | CHEDULE A (FEC Form 3X) | | l la a agravata a ala aluda(a) | FOR LINE NUMBER: PAGE 9 / 22 |
|----------|--|-------------------------|---|---|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| An | y information copied from such Reports and Sta or commercial purposes, other than using the n | tements may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| Oi | 1 1 1 | ame and add | aress or any political committee to | Solicit Contributions from Such Committee. |
| | NAME OF COMMITTEE (In Full) | - A. A.I | | LICADE OVOTEM EMPLOYEES |
| \angle | CHARLOTTE-MECKLENBURG HOSPI FED PAC | IAL AUTH | ORITY/CAROLINAS HEALT | HCARE SYSTEM EMPLOYEES |
| A. | Full Name (Last, First, Middle Initial) Suzanne Freeman | | | Date of Receipt |
| | Mailing Address 8221 Buena Vista Ln | | | 09 01 2006 |
| | City | State | Zip Code | Transaction ID: SA11A1.4363 |
| | Denver | NC | 28037 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 400.00 |
| | federal political committee. | C | | 400.00 |
| | Name of Employer Carolinas HealthCare Syst- | Occupation Senior VI | | Payroll Deduction \$400 mo- nthly |
| | em Receipt For: 2006 | | Year-to-Date ▼ | - |
| | Primary X General | 33 - 3 | | 1 |
| | Other (specify) ▼ | 1 | 800.00 | |
| | | | | |
| 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 Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA11A1.4415 |
| | Denver | NC | 28037 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 400.00 |
| | | | | Payroll Deduction \$400 mo- |
| | Name of Employer Carolinas HealthCare Syst- | Occupation | | nthly |
| | em | Senior VI | | _ |
| | Receipt For: 2006 Primary X General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | ' ' | 1200.00 | |
| | | | | ' |
| <u></u> | Full Name (Last, First, Middle Initial) Greg Gombar | | | Date of Receipt |
| | Mailing Address 4625 Cotton Creek Drive | 9 | | M M / D D / Y Y Y Y |
| | | | | 08 01 2006 |
| | City | State | Zip Code | Transaction ID: SA11A1.4283 |
| | Charlotte | NC | 28226 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 800.00 |
| | federal political committee. | | | Payroll Deduction \$800 mo- |
| | Name of Employer Carolinas HealthCare Syst- | Occupation | | nthly |
| | em | | Administration | 4 |
| | Receipt For: 2006 | Aggregate | Year-to-Date ▼ | . [|
| | Primary X General Other (specify) ▼ | | 800.00 | |
| | ☐ Other (specify) ▼ | | | |
| | | | | |
| 6 | JBTOTAL of Receipts This Page (optional) | | | 1600.00 |
| -3 | TOTAL OF HEGERALS THIS Fage (Optional) | | ······································ | |

| S | CHEDULE A (FEC Form 3X) | | l le a compueta a chardrila (a) | FOR LINE NUMBER: PAGE 10 / 22 |
|-----------|---|------------------------------|---|---|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| ш | EINIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the r | atements may name and add | 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) | | · · · · · · · · · · · · · · · · · · · | |
| \rangle | CHARLOTTE-MECKLENBURG HOSPI FED PAC | TAL AUTH | ORITY/CAROLINAS HEALT | HCARE SYSTEM EMPLOYEES |
| Α. | | | | Date of Receipt |
| | Mailing Address 4625 Cotton Creek Driv | е | | 09 01 2006 |
| | City | State | Zip Code | Transaction ID: SA11A1.4347 |
| | Charlotte | NC | 28226 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 800.00 |
| | Name of Employer Carolinas HealthCare Syst- | Occupation | n Administration | Payroll Deduction \$800 mo- nthly |
| | em Receipt For: 2006 | <u> </u> | Year-to-Date V | |
| | Primary X General | 7 199. 094.0 | | 1 |
| | Other (specify) | | 1600.00 | |
| _ | | | | |
| В. | Full Name (Last, First, Middle Initial) Greg Gombar | | | Date of Receipt |
| | Mailing Address 4625 Cotton Creek Driv | е | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA11A1.4400 |
| | Charlotte | NC | 28226 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 800.00 |
| | federal political committee. | | | |
| | Name of Employer Carolinas HealthCare Syst- | Occupation | | Payroll Deduction \$800 mo- nthly |
| | <u>em</u> | <u> </u> | Administration | |
| | Receipt For: 2006 Primary X General | Aggregate | e Year-to-Date ▼ | , |
| | Other (specify) ▼ | | 2400.00 | |
| <u> </u> | 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 O O O O O O O O O O O O O O |
| | City | State | Zip Code | Transaction ID: SA11A1.4338 |
| | Tega Cay | SC | 29708 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 83.34 |
| | Name of Employer Carolinas HealthCare Syst- | Occupation | | Payroll Deduction \$83.34 monthly |
| | em 2006 | | Adminstrator ≥ Year-to-Date ▼ | - |
| | Primary X General | Aggregate | , ויסמו־נט־טמוט ▼ | 1 |
| | Other (specify) | 1 | 250.02 | |
| _ | <u> </u> | | | <u> </u> |
| | | | | 4000.04 |
| s | UBTOTAL of Receipts This Page (optional) | | ····· | 1683.34 |

| S | CHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 11/22 |
|-------------|--|-------------------------------------|---|
| | EMIZED RECEIPTS | or each category of the | (check only one) |
| " | LIVIIZED RECEIP 13 | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Δι | ry information copied from such Reports and Statements ma | y not he sold or used by any nerso | |
| or | for commercial purposes, other than using the name and ad | dress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | |
| | CHARLOTTE-MECKLENBURG HOSPITAL AUTHFED PAC | IORITY/CAROLINAS HEALT | HCARE SYSTEM EMPLOYEES |
| _ | Full Name (Last, First, Middle Initial) | | Data of Danadal |
| Α. | William Hubbard Mailing Address 3114 Quiet Cove | | Date of Receipt |
| | Mailing Address 3114 Quiet Cove | | 09 29 2006 |
| | City State | Zip Code | Transaction ID: SA11A1.4393 |
| | Tega Cay SC | 29708 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 83.34 |
| | Name of Employer Occupation | on | Payroll Deduction \$83.34 monthly |
| | Carolinae HealthCare Svet- | Adminstrator | monuny |
| | Receipt For: 2006 Aggregat | e Year-to-Date ▼ | |
| | Primary X General | 333.36 | 1 |
| | Other (specify) ▼ | | |
| — В. | Full Name (Last, First, Middle Initial) John Knox | | Date of Receipt |
| | Mailing Address 6530 Boykin Spaniel Rd. | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City State | Zip Code | Transaction ID: SA11A1.4355 |
| | <u>Charlotte</u> NC | 28277 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 83.34 |
| | Name of Employer Carolinas HealthCare Syst- | n | Payroll Deduction \$83.34 monthly |
| | Carolinas HealthCare System Senior V | ice President | monuny |
| | | e Year-to-Date ▼ | |
| | Primary X General | 250.02 | 1 |
| | Other (specify) ▼ | | |
| C. | Full Name (Last, First, Middle Initial) John Knox | | Date of Receipt |
| | Mailing Address 6530 Boykin Spaniel Rd. | | M M / D D / Y Y Y Y |
| | 0.1 | 7: 0 1 | 09 29 2006 |
| | City State Charlotte NC | Zip Code 28277 | Transaction ID: SA11A1.4408 |
| | FFC ID number of contribution | 20211 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 83.34 |
| | Name of Employer Carolinas HealthCare Syst- | | Payroll Deduction \$83.34 monthly |
| | em Senior v | ice President | _ |
| | Receipt For: 2006 Aggregat Primary X General | e Year-to-Date ▼ | , |
| | Other (specify) ▼ | 333.36 | |
| | | | |
| | UBTOTAL of Receipts This Page (optional) | | 250.02 |
| ٻا | ODITIAL OF NECERS THIS Page (Optional) | | |
| | | | |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 12 / 22 | |
|-----------|--|-------------------------|----------------------------------|--|---|
| | EMIZED RECEIPTS | | or each category of the | (check only one) | |
| | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | 7 |
| Ar | y information copied from such Reports and Stater for commercial purposes, other than using the nam | nents may | not be sold or used by any perso | n for the purpose of soliciting contributions solicit contributions from such committee. | |
| <u></u> | NAME OF COMMITTEE (In Full) | | | 30.01.00.00.00.00.00.00.00.00.00.00.00.00 | _ |
| \rangle | CHARLOTTE-MECKLENBURG HOSPITA FED PAC | L AUTH | ORITY/CAROLINAS HEALT | HCARE SYSTEM EMPLOYEES | |
| Δ | Full Name (Last, First, Middle Initial) Mary Kuzmanovich | | | Date of Receipt | |
| Λ. | Mailing Address 560 Pine Rd | | | M M / D D / Y Y Y Y | |
| | 01. | 01-1- | 7's Oads | 07 20 2006 | |
| | City Davidson | State NC | Zip Code 28036 | Transaction ID: SA11A1.4286 Amount of Each Receipt this Period | |
| | FEC ID number of contributing | | 20000 | | |
| | federal political committee. | C | | 250.00 | |
| | Carolinas HealthCare Syst- | Occupation Administr | | | |
| | CIII | | Year-to-Date ▼ | | |
| | Primary X General | | 250.00 | | |
| | Other (specify) ▼ | 0 0 | 200.00 | | |
| В. | Full Name (Last, First, Middle Initial) Eric Landis | | | Date of Receipt | _ |
| | Mailing Address 4221 Brookfield Dr. | | | 0 8 1 6 2 0 0 6 | |
| | City | State | Zip Code | Transaction ID: SA11A1.4343 | |
| | Charlotte | NC | 28210 | Amount of Each Receipt this Period | _ |
| | FEC ID number of contributing federal political committee. | С | | 250.00 | |
| | Carolinas HealthCare Syst- | Occupation Physician | | | |
| | CIII | | Year-to-Date V | | |
| | Primary X General | | 250.00 | | |
| | Other (specify) ▼ | 0 0 | 230.00 | | |
| <u> </u> | Full Name (Last, First, Middle Initial) James T McDeavitt, MD | | | Date of Receipt | |
| | Mailing Address 826 Berkeley Ave. | | | M M / D D / Y Y Y Y | |
| | City | State | Zip Code | 08 01 2006 | |
| | Charlotte | NC | 28203 | Transaction ID: SA11A1.4305 Amount of Each Receipt this Period | _ |
| | FEC ID number of contributing | 0 | | | |
| | federal political committee. | C | | 500.00 | |
| | Name of Employer Carolinas HealthCare Syst- | Occupation | 1 | Payroll Deduction \$500 mo- nthly | |
| | <u>em</u> | Physiciar | | | |
| | Receipt For: 2006 Primary X General | Aggregate | Year-to-Date ▼ | | |
| | Other (specify) ▼ | | 1000.00 | | |
| Г | | | | 1000.00 | _ |
| S | UBTOTAL of Receipts This Page (optional) | | <u> </u> | 1000.00 | |
| T | OTAL This Period (last page this line number only) | | | | |

| S | CHEDULE A (FEC Form 3X) | | l la a a su a vata a ala alcila (a) | FOR LINE NUMBER: PAGE 13 / 22 |
|---------------------------------------|---|----------------|--|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | , - | 13 14 15 16 17 |
| An | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1 1 . | arrie ariu auc | liess of any political committee to | Solicit Contributions from Such Committee. |
| | NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI | FAL ALITU | | LICADE EVETEM EMDI OVEEE |
| | FED PAC | IAL AUTH | UNITY/CANOLINAS REALT | HUARE SYSTEM EMPLOYEES |
| <u>/</u> | Full Name (Last, First, Middle Initial) | | | |
| A. | James T McDeavitt, MD | | | Date of Receipt |
| | Mailing Address 826 Berkeley Ave. | | | M M / D D / Y Y Y Y |
| | City | Ctoto | 7in Codo | 09 01 2006 |
| | Charlotto | State NC | Zip Code | Transaction ID: SA11A1.4364 |
| | Charlotte | INC | 28203 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | | | | Doursil Doduction \$500 mg |
| | Name of Employer Carolinas HealthCare Syst- | Occupation | | Payroll Deduction \$500 mo- nthly |
| | <u>em</u> | Physiciar | | |
| | Receipt For: 2006 | Aggregate | Year-to-Date ▼ | |
| | Primary X General Other (specify) | | 1500.00 | |
| | Other (specify) | 0 0 | 0 0 0 0 0 0 0 | |
| | Full Name (Last, First, Middle Initial) | | | |
| В. | James T McDeavitt, MD | | | Date of Receipt |
| | Mailing Address 826 Berkeley Ave. | | | M M / D D / Y Y Y Y |
| | 011 | | | 09 29 2006 |
| | City | State | Zip Code | Transaction ID: SA11A1.4416 |
| | Charlotte | NC | 28203 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | rederal political committee. | | | Device II Device the set 0.500 vers |
| | Name of Employer Carolinas HealthCare Syst- | Occupation | | Payroll Deduction \$500 mo- nthly |
| | em | Physiciar | | |
| | Receipt For: 2006 | Aggregate | Year-to-Date ▼ | |
| | Primary X General Other (specify) | | 2000.00 | |
| | Other (specify) | 0 0 | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | James Olsen | | | Date of Receipt |
| | Mailing Address 5900 Summerston Place | Э | | M M / D D / Y Y Y Y |
| | 01. | 01-1- | 7'- O-4- | 09 01 2006 |
| | City Charlotte | State NC | Zip Code | Transaction ID: SA11A1.4349 |
| | | INC | 28277 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | | | | Payroll Deduction \$100 mo- |
| | Name of Employer Carolinas HealthCare Syst- | Occupation | | nthly |
| | em | | Manager | |
| | Receipt For: 2006 | Aggregate | Year-to-Date ▼ | |
| | Primary X General Other (specify) ▼ | | 300.00 | |
| | Curior (opcony) 🔻 | | 0 0 0 0 0 0 0 | 1 |
| | | | | |
| s | JBTOTAL of Receipts This Page (optional) | | | 1100.00 |
| \vdash | | | | - |

| 91 | CHEDIII E A /EEC Form 2V) | | | FOR LINE NUMBER: PAGE 14 / 22 |
|------------|--|--------------------------|--|--|
| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| IT | EMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a 11b 11c 12 |
| | | | Betailed Guillinary 1 age | 13 14 15 16 17 |
| Ar | ny information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any person | on for the purpose of soliciting contributions |
| <u>Ş.</u> | NAME OF COMMITTEE (In Full) | arro arro acc | noco or any pontion committoe to | Constructions from each committee. |
| $ \rangle$ | CHARLOTTE-MECKLENBURG HOSPIT FED PAC | TAL AUTH | ORITY/CAROLINAS HEALT | HCARE SYSTEM EMPLOYEES |
| Α. | Full Name (Last, First, Middle Initial) James Olsen | | | Date of Receipt |
| | Mailing Address 5900 Summerston Place | Э | | 09 29 2006 |
| | City | State | Zip Code | Transaction ID: SA11A1.4402 |
| | Charlotte | NC | 28277 | 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 Materials | n Manager | Payroll Deduction \$100 mo- nthly |
| | Receipt For: 2006 | Aggregate | Year-to-Date ▼ | |
| | Primary X General | | 400.00 | 1 |
| | Other (specify) | 0 0 | 400.00 |] |
| — В. | Full Name (Last, First, Middle Initial) F. Renfro | | | Date of Receipt |
| | Mailing Address 811 E. Morehead St. #3 | | | 09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA11A1.4362 |
| | Charlotte | NC | 28202 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 83.34 |
| | Name of Employer Carolinas HealthCare Syst- | Occupation | 1 | Payroll Deduction \$83.34 monthly |
| | Carolinas HealthCare Syst- em | Sr. VP - I | Human Resources | Indiany |
| | Receipt For: 2006 | Aggregate | Year-to-Date ▼ | |
| | Primary X General Other (specify) ▼ | 0 0 | 250.02 |] |
| _ | Full Name (Last, First, Middle Initial) F. Renfro | | | Date of Receipt |
| O. | Mailing Address 811 E. Morehead St. #3 | | | M M / D D / Y Y Y Y |
| | Walling Address Of F.E. Worehead St. #3 | | | 09 29 2006 |
| | City | State | Zip Code | Transaction ID: SA11A1.4414 |
| | Charlotte | NC | 28202 | 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 Sr. VP - I | n Human Resources | Payroll Deduction \$83.34 monthly |
| | Receipt For: 2006 | Aggregate | Year-to-Date ▼ | |
| | Primary X General | | 222.26 | 1 |
| | Other (specify) ▼ | | 333.36 | |
| | | | | |
| _ | UDTOTAL (D. 11 TH. D. 11 T | | | 266.68 |
| | UBTOTAL of Receipts This Page (optional) | |) | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 15 / 22 | | | | | | | |
|--------------------------|---|-------------------------|-------------------------------------|--|--|--|--|--|--|--|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | | | | | | | |
| | | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 | | | | | | | |
| Δr | y information copied from such Reports and Stat | ements may | not he sold or used by any ners | | | | | | | | |
| or | for commercial purposes, other than using the na | ame and ado | lress of any political committee to | o solicit contributions from such committee. | | | | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | CHARLOTTE-MECKLENBURG HOSPIT FED PAC | AL AUTH | ORITY/CAROLINAS HEALT | THCARE SYSTEM EMPLOYEES | | | | | | | |
| A. | | | | Date of Receipt | | | | | | | |
| | Mailing Address 315 Hempstedd Place | | | 09 29 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.4394 | | | | | | | |
| | 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- | Occupation Cardiolog | | Payroll Deduction \$100 mo- nthly | | | | | | | |
| | em Receipt For: 2006 | | Year-to-Date ▼ | | | | | | | | |
| | Primary X General | | 200.00 | 1 | | | | | | | |
| | Other (specify) ▼ | 0 0 | 300.00 | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Charles Simonton, MD | | | Date of Receipt | | | | | | | |
| ъ. | Mailing Address 1001 Blythe Blvd. Suite 3 | 300 | | M M / D D / Y Y Y Y | | | | | | | |
| | | | | 09 29 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.4374 | | | | | | | |
| | Charlotte | NC | 28203 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | | | | | | | |
| | <u> </u> | | | Payroll Deduction \$100 mo- | | | | | | | |
| | Name of Employer Carolinas HealthCare Syst- | Occupation | | nthly | | | | | | | |
| | em Receipt For: 2006 | Cardiolog | gist Year-to-Date ▼ | | | | | | | | |
| | Primary X General | Aggregate | Teal-10-Date V | 1 | | | | | | | |
| | Other (specify) ▼ | l | 300.00 | | | | | | | | |
| | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Michael Tarwater | | | Date of Receipt | | | | | | | |
| | Mailing Address 2137 Dilworth Road East | t | | 08 01 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.4259 | | | | | | | |
| | Charlotte | NC | 28203 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 800.00 | | | | | | | |
| | Name of Employer Carolinas HealthCare Syst- | Occupation | 1 | Payroll Deduction \$800 mo- | | | | | | | |
| | em | Executive | | | | | | | | | |
| | Receipt For: 2006 | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary X General Other (specify) ▼ | | 800.00 | | | | | | | | |
| | Sais. (Spesif) \ | 0 0 | 0 0 0 0 0 0 0 | 1 | | | | | | | |
| | - | | | 1000.00 | | | | | | | |
| S | UBTOTAL of Receipts This Page (optional) | | | 1000.00 | | | | | | | |
| _T | OTAL This Period (last page this line number on | | | | | | | | | | |

| SCHEDULE A (FEC Form 3X) | | | Llac concrete cohodulo(c) | FOR LINE NUMBER: PAGE 16/22 | | | | | | | |
|--------------------------|---|----------------------------|---|---|--|--|--|--|--|--|--|
| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) | | | | | | | |
| ••• | EWIZED RECEIPTS | Detailed Summary Page | | X 11a 11b 11c 12 | | | | | | | |
| _ | | | | 13 14 15 16 17 | | | | | | | |
| or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and ado | not be sold or used by any perso dress of any political committee to | solicit contributions from such committee. | | | | | | | |
| \vdash | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | CHARLOTTE-MECKLENBURG HOSPITED PAC | TAL AUTH | ORITY/CAROLINAS HEALT | HCARE SYSTEM EMPLOYEES | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Michael Tarwater | | | Date of Receipt | | | | | | | |
| | Mailing Address 2137 Dilworth Road Eas | it | | 09 01 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.4333 | | | | | | | |
| | Charlotte | NC | 28203 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 800.00 | | | | | | | |
| | Name of Employer Carolinas HealthCare Syst- | Occupation | | Payroll Deduction \$800 mo- nthly | | | | | | | |
| | em | Executive | - | _ | | | | | | | |
| | Receipt For: 2006 Primary X General | Aggregate | e Year-to-Date ▼ | 1 | | | | | | | |
| | Other (specify) | | 1600.00 | | | | | | | | |
| | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Michael Tarwater | | | Date of Receipt | | | | | | | |
| | Mailing Address 2137 Dilworth Road Eas | t | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.4388 | | | | | | | |
| | Charlotte | NC | 28203 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing | | | | | | | | | | |
| | federal political committee. | C | | 800.00 | | | | | | | |
| | Name of Employer | Occupation | 1 | Payroll Deduction \$800 mo- | | | | | | | |
| | Carolinas HealthCare Syst- | Executive | 9 | | | | | | | | |
| | Receipt For: 2006 | Aggregate | e Year-to-Date ▼ | | | | | | | | |
| | Primary X General Other (specify) ▼ | | 2400.00 | | | | | | | | |
| | Cutor (speedily) \(\psi\) | 0 0 | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Alan Thalinger | | | Date of Receipt | | | | | | | |
| | Mailing Address 4501 Cameron Valley Page 1 | arkway | | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.4346 | | | | | | | |
| | Charlotte | NC | 28211 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing | C | | | | | | | | | |
| | federal political committee. | | 83.34 Powell Deduction \$22.24 | | | | | | | | |
| | Name of Employer Carolinas HealthCare Syst- | Occupation MD | 1 | Payroll Deduction \$83.34 monthly | | | | | | | |
| | em Receipt For: 2006 | | Year-to-Date ▼ | _ | | | | | | | |
| | Primary X General | | | 1 | | | | | | | |
| | Other (specify) ▼ | | 250.02 | | | | | | | | |
| _ | | | | | | | | | | | |
| | | | | 1683.34 | | | | | | | |
| Ls | UBTOTAL of Receipts This Page (optional) | | <u> </u> | | | | | | | | |
| | | | | | | | | | | | |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) or each category of the | (check only one) |
|--------------------------|--|--|--|
| ITEMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| Ar or | y information copied from such Reports and Statement for commercial purposes, other than using the name ar | s may not be sold or used by any person and address of any political committee to s | for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL A FED PAC | UTHORITY/CAROLINAS HEALTH | ICARE SYSTEM EMPLOYEES |
| Α. | Full Name (Last, First, Middle Initial) Alan Thalinger | | Date of Receipt |
| | Mailing Address 4501 Cameron Valley Parkwa | - | 09 / 29 / 4 7 7 7 |
| | City Sta Charlotte NC | • | Transaction ID: SA11A1.4399 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 83.34 |
| | Name of Employer Carolinas HealthCare System Occu MD | pation | Payroll Deduction \$83.34 monthly |
| | | regate Year-to-Date ▼ 333.36 | |
| В. | Full Name (Last, First, Middle Initial) Harrison Trammell Mailing Address 421 Canyon Trail | | Date of Receipt 0 7 2 0 2 0 0 6 |
| | City Sta | ' | Transaction ID: SA11A1.4278 |
| | <u>Charlotte</u> NC | 28270 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 3000.00 |
| | Carolinae HealthCare Syst- | pation inistrator | |
| | Receipt For: 2006 Aggi Primary X General Other (specify) ▼ | regate Year-to-Date ▼ 3000.00 | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Stephen Wagner, PHD | | Date of Receipt |
| | Mailing Address 4301 Morrowick Rd. | | 09 01 2006 |
| | City Sta Charlotte NC | · | Transaction ID: SA11A1.4344 Amount of Each Receipt this Period |
| CIII | | | 83.34 |
| | | pation Ith Care Administrator | Payroll Deduction \$83.34 monthly |
| | Receipt For: 2006 Aggr Primary X General Other (specify) ▼ | regate Year-to-Date ▼ 250.02 | |
| s | UBTOTAL of Receipts This Page (optional) | . | 3166.68 |
| H | OTAL This Period (last page this line number only) | | |

| SCHEDULE A (FEC Form 3 | X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 18/22 |
|--|--|--|--|
| ITEMIZED RECEIPTS | | or each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 12 15 15 15 15 15 15 |
| | | , , | 13 14 15 16 17 |
| Any information copied from such Reports a or for commercial purposes, other than usin | ind Statements may g the name and add | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H FED PAC | OSPITAL AUTH | ORITY/CAROLINAS HEALT | THCARE SYSTEM EMPLOYEES |
| Full Name (Last, First, Middle Initial) A. Stephen Wagner, PHD | | | Date of Receipt |
| Mailing Address 4301 Morrowick R | d. | | 09 29 2006 |
| City | State | Zip Code | Transaction ID: SA11A1.4397 |
| 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 Syst- em | Occupation Health C | n are Administrator | Payroll Deduction \$83.34 monthly |
| Receipt For: 2006 | Aggregate | e Year-to-Date ▼ | |
| Primary X General Other (specify) ▼ | | 333.36 | |
| Full Name (Last, First, Middle Initial) Martha Whitecotton | ' | | Date of Receipt |
| Mailing Address 9526 Greyson Ridge Dr. | | | 09 01 2006 |
| City | State | Zip Code | Transaction ID: SA11A1.4368 |
| Charlotte | NC | 28277 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | | Payroll Deduction \$83.34 |
| Name of Employer Carolinas HealthCare Syst- | Occupation | | monthly |
| em 2006 Receipt For: | | sident-Admin e Year-to-Date ▼ | _ |
| Primary X General | 7.99.09dic | | 1 |
| Other (specify) ▼ | | 250.02 | |
| Full Name (Last, First, Middle Initial) Martha Whitecotton | | | Date of Receipt |
| Mailing Address 9526 Greyson Rid | ge Dr. | | 09 29 2006 |
| City | State | Zip Code | Transaction ID: SA11A1.4419 |
| Charlotte | NC NC | 28277 | Amount of Each Receipt this Period |
| OIII | | | Payroll Deduction \$83.34 |
| | | n sident-Admin | monthly |
| | | e Year-to-Date ▼ | |
| Primary X General Other (specify) ▼ | 0 0 | 333.36 | |
| SUBTOTAL of Receipts This Page (option | al) | | 250.02 |
| TOTAL This Period (last page this line nur | nher only) | 1 | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 19 / 22 | | | | | | | |
|--|--|-------------------------|-------------------------------------|--|--|--|--|--|--|--|--|
| | EMIZED RECEIPTS | or each category of the | | (check only one) | | | | | | | |
| •• | | Detailed Summary Page | | X 11a 11b 11c 12 15 16 17 | | | | | | | |
| An | y information copied from such Reports and Sta | itements may | not be sold or used by any person | | | | | | | | |
| or | for commercial purposes, other than using the r | ame and add | dress of any political committee to | solicit contributions from such committee. | | | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | CHARLOTTE-MECKLENBURG HOSPI FED PAC | TAL AUTH | ORITY/CAROLINAS HEALT | THCARE SYSTEM EMPLOYEES | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) Robert Wiggins, Jr. | | | Date of Receipt | | | | | | | |
| | Mailing Address 6417 Seton House Lane |) | | 09 01 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.4352 | | | | | | | |
| | Charlotte | NC | 28277 | Amount of Each Receipt this Period | | | | | | | |
| FEC ID number of contributing federal political committee. | | | 83.34 | | | | | | | | |
| | Name of Employer Carolinas HealthCare Syst- | Occupation CPA | 1 | Payroll Deduction \$83.34 monthly | | | | | | | |
| | em Receipt For: 2006 | | Year-to-Date ▼ | | | | | | | | |
| | Primary X General | | | 1 | | | | | | | |
| | Other (specify) | 0 0 | 250.02 | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Robert Wiggins, Jr. | | | Date of Receipt | | | | | | | |
| Mailing Address 6417 Seton House Land | |) | | 09 29 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.4405 | | | | | | | |
| | 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- | Occupation CPA | 1 | Payroll Deduction \$83.34 monthly | | | | | | | |
| | em Receipt For: 2006 | | Year-to-Date ▼ | | | | | | | | |
| | Primary X General | | 333.36 | 1 | | | | | | | |
| | Other (specify) ▼ | 0 0 | 333.30 | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Zachary J Zapack | | | Date of Receipt | | | | | | | |
| | Mailing Address 1800 Camden Road Suite 107, #214 | | | 08 01 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.4254 | | | | | | | |
| | Charlotte | NC | 28203 | Amount of Each Receipt this Period | | | | | | | |
| FEC ID number of contributing federal political committee. | | C | | 500.00 | | | | | | | |
| | Carolinaa HaalthCaro Svat | | n Administrator | Payroll Deduction \$500 mo- nthly | | | | | | | |
| · · · | | | Year-to-Date V | | | | | | | | |
| | Primary X General | | 1000.00 | 1 | | | | | | | |
| | Other (specify) ▼ | 0 0 | 1000.00 | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 666.68 | | | | | | | |
| T | OTAL This Period (last page this line number o | nly) | | | | | | | | | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 20 / 22 | | | | | | |
|--------------------------|--|--------------------------|---|---|--|--|--|--|--|--|
| ITEMIZED RECEIPTS | | | or each category of the | (check only one) | | | | | | |
| | | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 | | | | | | |
| Any or f | vinformation copied from such Reports and State or commercial purposes, other than using the nar | ements may me and ado | not be sold or used by any perso lress of any political committee to | n for the purpose of soliciting contributions | | | | | | |
| \ | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | CHARLOTTE-MECKLENBURG HOSPITA FED PAC | AL AUTH | ORITY/CAROLINAS HEALT | HCARE SYSTEM EMPLOYEES | | | | | | |
| | Full Name (Last, First, Middle Initial) Zachary J Zapack | | | Date of Receipt | | | | | | |
| | Mailing Address 1800 Camden Road Suite 107, #214 | | | 0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.4329 | | | | | | |
| | Charlotte | NC | 28203 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | | | |
| | Carolinas HealthCare Syst- | Occupation Hospital | n Administrator | Payroll Deduction \$500 mo- nthly | | | | | | |
| | em Receipt For: 2006 | • | Year-to-Date ▼ | | | | | | | |
| | Primary X General | ' ' | 1500.00 | | | | | | | |
| | Other (specify) | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Zachary J Zapack | | | Date of Receipt | | | | | | |
| | Mailing Address 1800 Camden Road Suite 107, #214 | | | 09 29 2006 | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.4384 | | | | | | |
| • | Charlotte | NC | 28203 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | | | |
| i | Carolinae HaalthCaro Svet- | Occupation | | Payroll Deduction \$500 mo- nthly | | | | | | |
| | em 2006 | • | Administrator Year-to-Date ▼ | _ | | | | | | |
| | Primary X General | Aggregate | | | | | | | | |
| | Other (specify) ▼ | 0 0 | 2000.00 | | | | | | | |
| | Full Name (Last, First, Middle Initial) Samuel Zimmern | | | Date of Receipt | | | | | | |
| | Mailing Address 1001 Blythe Blvd. | | | 07 05 YYYYY 2006 | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.4239 | | | | | | |
| | Charlotte | NC | 28203 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 250.00 | | | | | | |
| | Carolinae HoalthCaro Svet | Occupation Physician | | | | | | | | |
| | Receipt For: 2006 | | Year-to-Date ▼ | 1 | | | | | | |
| | Primary X General | ' ' | 250.00 | | | | | | | |
| | Other (specify) 🔻 | | | | | | | | | |
| SL | JBTOTAL of Receipts This Page (optional) | | | 1250.00 | | | | | | |
| | | | <u> </u> | 17983.45 | | | | | | |
| TC | OTAL This Period (last page this line number only | y) | > | 1,7001.10 | | | | | | |

S Γ

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Statements may ror for commercial purposes, other than using the name and address NAME OF COMMITTEE (In Full) | | | Use separate schedule(s) or each category of the Detailed Summary Page not be sold or used by any persoress of any political committee to | FOR LINE NUMBER: PAGE 21 / 22 (check only one) 11a 11b 11c 12 13 14 X 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee. |
|--|---|----------------|---|--|
| \rangle | CHARLOTTE-MECKLENBURG HOSPIT FED PAC | AL AUTHO | DRITY/CAROLINAS HEALTI | HCARE SYSTEM EMPLOYEES |
| Α. | Full Name (Last, First, Middle Initial) Charlotte-Mecklenburg Hospital Authority D/B/A Ca Mailing Address Attention: Mary Ann Rot PO Box 32861 City | | Care System Zip Code | Date of Receipt M |
| | Charlotte | NC | 28232-2861 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | | | 156.07 |
| | Name of Employer | Occupation | 1 | reimb of credit cd fees by connected org |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 203.72 | |
| В. | Full Name (Last, First, Middle Initial) Charlotte-Mecklenburg Hospital Authority D/B/A Ca | rolinas Health | Care System | Date of Receipt |
| Mailing Address Attention: Mary Ann Ro | | ıse | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA15.4429 |
| | Charlotte | NC | 28232-2861 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 2.48 |
| | Name of Employer | Occupation | 1 | Aug cred. cd fees reimb by connected org |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 206.20 | |

| SUBTOTAL of Receipts This Page (optional) | • | 158.55 |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | • | 158.55 |

| _ | 011ED111 E.D. (EEQ.E | | | | | | | | | | | | |
|-------------|--|-------------|--------------------|---------|---------------|-------|------------------|--------|-----------|-----------|------|----------|-----------|
| 50 | CHEDULE B (FEC Form 3X) | Use sepe | rate schedule(s) | | | | NUMBE | R: | | P/ | AGE | 22 / | 22 |
| IT | EMIZED DISBURSEMENTS | for each c | ategory of the | | check | | - | \Box | о Г | ٦., | _ | ا م | |
| | | Detailed S | Summary Page | | (21I 27 | ` - | 22 28a | - | 23 28b | 24 28c | - | 25 29 | 26 30b |
| An | y Information copied from such Reports and Statem | ents may no | nt he sold or used | l by an | | on fo | | | | | ontr | _ | |
| | for commercial purposes, other than using the name | | | | | | | | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| \rangle | CHARLOTTE-MECKLENBURG HOSPITAL FED PAC | . AUTHOR | RITY/CAROLIN | NAS F | IEAL | THC | ARE S | SYST | EM E | MPLO | YEE | S | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | Trans | actio | n ID: S | SB21B | 442 | 25 | |
| Α. | Wachovia Bank | | | | | | Date | of Dis | burser | ment | | | |
| | Mailing Address 401 S. Tryon Street | | | | | | 0 ^M 7 | M / | D 0 | 3 / | Ź | οŏ | 6 Y |
| | · | | | | | | | | | | | | |
| | | State | Zip Code | | | | Amou | ınt of | Each [| Disburse | mer | t this | Period |
| | | NC | 28288 | | | | | | - | | | 156. | 07 |
| | Purpose of Disbursement Credit Card Fees for July | | | | 04 | 1 | - | 0 | | | - | 1,50. | 07 |
| | Candidate Name | | | | 01 egory/ | 4 | | | | | | | |
| | Cardidate Name | | | | pe | | | | | | | | |
| | Office Sought: House Disburse | ment For: | I | | • | | | | | | | | |
| | Senate | Primary | General | | | | | | | | | | |
| | President | Other (spec | cify) | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | Trans | actio | n ID: S | SB21B | .442 | 28 | |
| В. | Wachovia Bank | | | | | | Date | of Dis | burser | ment | | | |
| | Mailing Address 401 S. Tryon Street | | | | | | 8 ^M 0 | M / | 0 | D / ` | Ź | 0 0 | 3 Y |
| | Mailing Address 401 S. Tryon Street | | | | | | | | | | | | |
| | | State | Zip Code | | | | Amou | ınt of | Each [| Disburse | mer | t this | Period |
| | Charlotte | NC | 28288 | | | | | | | | - | • | 40 |
| | Purpose of Disbursement | | | | - | 1 | | | | | | 2. | 48 |
| | Credit Card fees for August | | | | | 4 | | | | | | | |
| | Candidate Name | | | | egory/ /pe | | | | | | | | |
| | Office Sought: House Disburse | ment For: | | | | | | | | | | | |
| | Senate | Primary | General | | | | | | | | | | |
| | President | Other (spec | cify) 🔻 | | | | | | | | | | |

| 1 | | |
|---|----------|--------|
| SUBTOTAL of Disbursements This Page (optional) | <u> </u> | 158.55 |
| TOTAL This Period (last page this line number only) | • | 158.55 |

President District:

State: