

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

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

ADDRESS (number and street) ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

Check if different than previously reported. (ACC) CHARLOTTE NC 28203 2861

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00423871

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day Post -Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer Electronically Filed by Mary Ann Rouse Date 10 08 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		162965.18
(b) Cash on Hand at Beginning of Reporting Period .....	159522.28	
(c) Total Receipts (from Line 19) .....	14822.26	50386.31
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	174344.54	213351.49
7. Total Disbursements (from Line 31) .....	11500.00	50506.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	162844.54	162844.54
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	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:    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) .....	13109.99	38181.98
(ii) Unitemized .....	1673.92	9580.65
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14783.91	47762.63
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	14783.91	47762.63
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	6.95
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	38.35	116.73
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)) .....	14822.26	50386.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14822.26	50386.31

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	6.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	6.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	50500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11500.00	50506.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	50506.95

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	14783.91	47762.63
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14783.91	47762.63
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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Pamela M Beckwith	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1709 Rosebank Lane	<b>Transaction ID:</b> SA11AI.7640
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.69	

<b>B.</b>	Full Name (Last, First, Middle Initial) Pamela M Beckwith	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 1709 Rosebank Lane	<b>Transaction ID:</b> SA11AI.7470
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) Pamela M Beckwith	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 1709 Rosebank Lane	<b>Transaction ID:</b> SA11AI.7567
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.01</b>
<b>TOTAL</b> 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: (check only one)	PAGE 7 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
 FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Stephen C Burr	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 203 Eslynn Road	<b>Transaction ID:</b> SA11AI.7645
	City State Zip Code Mount Holly NC 28120	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Stephen C Burr	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 203 Eslynn Road	<b>Transaction ID:</b> SA11AI.7479
	City State Zip Code Mount Holly NC 28120	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Stephen C Burr	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 203 Eslynn Road	<b>Transaction ID:</b> SA11AI.7572
	City State Zip Code Mount Holly NC 28120	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.01</b>
<b>TOTAL</b> 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: (check only one)	PAGE 8 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2010
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7690</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 350.00	Payroll Deduction \$50 monthly

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 30 / 2010
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7552</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 400.00	Payroll Deduction \$50 monthly

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee		Date of Receipt
	Mailing Address PO Box 550934		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 01 / 2010
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7617</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 450.00	Payroll Deduction \$50 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 150.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 2501 Sedley Road	<b>Transaction ID:</b> SA11AI.7650
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 2501 Sedley Road	<b>Transaction ID:</b> SA11AI.7488
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 2501 Sedley Road	<b>Transaction ID:</b> SA11AI.7577
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.01</b>
<b>TOTAL</b> 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: (check only one)	PAGE 10 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 6836 Alexander Road	<b>Transaction ID:</b> SA11AI.7674
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 6836 Alexander Road	<b>Transaction ID:</b> SA11AI.7526
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 6836 Alexander Road	<b>Transaction ID:</b> SA11AI.7601
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$100 monthly
	Name of Employer Occupation CarolinasHealthCareSystem PHYS	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 11 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
 FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1320 Fillmore Avenue #413	<b>Transaction ID:</b> SA11AI.7635
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$416.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.69	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 1320 Fillmore Avenue #413	<b>Transaction ID:</b> SA11AI.7462
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$416.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 1320 Fillmore Avenue #413	<b>Transaction ID:</b> SA11AI.7562
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$416.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.03	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.01</b>
<b>TOTAL</b> 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 / 39  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code  
Charlotte NC 28226

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2916.69

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2010

**Transaction ID:** SA11AI.7662

Amount of Each Receipt this Period  
416.67

Payroll Deduction \$416.67 monthly

**B.** Full Name (Last, First, Middle Initial)  
Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code  
Charlotte NC 28226

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3333.36

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

**Transaction ID:** SA11AI.7506

Amount of Each Receipt this Period  
416.67

Payroll Deduction \$416.67 monthly

**C.** Full Name (Last, First, Middle Initial)  
Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code  
Charlotte NC 28226

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3750.03

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2010

**Transaction ID:** SA11AI.7589

Amount of Each Receipt this Period  
416.67

Payroll Deduction \$416.67 monthly

**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 13 / 39  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Russell Guerin

Mailing Address 3324 Meadow Bluff Drive

City State Zip Code  
Charlotte NC 28226

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

Name of Employer: Carolinas HealthCare System  
Occupation: ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1166.69

Date of Receipt: 07 / 01 / 2010  
Transaction ID: SA11AI.7655  
Amount of Each Receipt this Period: 166.67  
Payroll Deduction \$166.67 monthly

**B.**

Full Name (Last, First, Middle Initial)  
Russell Guerin

Mailing Address 3324 Meadow Bluff Drive

City State Zip Code  
Charlotte NC 28226

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

Name of Employer: Carolinas HealthCare System  
Occupation: ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1333.36

Date of Receipt: 07 / 30 / 2010  
Transaction ID: SA11AI.7495  
Amount of Each Receipt this Period: 166.67  
Payroll Deduction \$166.67 monthly

**C.**

Full Name (Last, First, Middle Initial)  
Russell Guerin

Mailing Address 3324 Meadow Bluff Drive

City State Zip Code  
Charlotte NC 28226

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

Name of Employer: Carolinas HealthCare System  
Occupation: ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.03

Date of Receipt: 09 / 01 / 2010  
Transaction ID: SA11AI.7582  
Amount of Each Receipt this Period: 166.67  
Payroll Deduction \$166.67 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **500.01**

**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: (check only one)	PAGE 14 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 8044 Silver Jade Drive	<b>Transaction ID:</b> SA11AI.7680
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$50 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 8044 Silver Jade Drive	<b>Transaction ID:</b> SA11AI.7534
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$50 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 8044 Silver Jade Drive	<b>Transaction ID:</b> SA11AI.7607
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$50 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 15 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Henry C Hawthorne	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1310 James B White Hwy N	<b>Transaction ID: SA11AI.7634</b>
	City State Zip Code Whiteville NC 28472	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$75 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Henry C Hawthorne	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 1310 James B White Hwy N	<b>Transaction ID: SA11AI.7461</b>
	City State Zip Code Whiteville NC 28472	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$75 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Henry C Hawthorne	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 1310 James B White Hwy N	<b>Transaction ID: SA11AI.7561</b>
	City State Zip Code Whiteville NC 28472	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$75 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>225.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 16 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Laurence C Hinsdale	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 7117 Stirewalt Road	<b>Transaction ID:</b> SA11AI.7676
	City State Zip Code Concord NC 28027	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1166.69	

<b>B.</b>	Full Name (Last, First, Middle Initial) Laurence C Hinsdale	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 7117 Stirewalt Road	<b>Transaction ID:</b> SA11AI.7528
	City State Zip Code Concord NC 28027	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1333.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) Laurence C Hinsdale	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 7117 Stirewalt Road	<b>Transaction ID:</b> SA11AI.7603
	City State Zip Code Concord NC 28027	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer: Carolinas HealthCare System Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.03	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.01</b>
<b>TOTAL</b> 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: (check only one)	PAGE 17 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) James C Hunter	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1525 Kenilworth Ave #106	<b>Transaction ID:</b> SA11AI.7638
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

<b>B.</b>	Full Name (Last, First, Middle Initial) James C Hunter	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 1525 Kenilworth Ave #106	<b>Transaction ID:</b> SA11AI.7466
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

<b>C.</b>	Full Name (Last, First, Middle Initial) James C Hunter	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 1525 Kenilworth Ave #106	<b>Transaction ID:</b> SA11AI.7565
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.02</b>
<b>TOTAL</b> 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: (check only one)	PAGE 18 / 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney		Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 2316 Vail Avenue		<b>Transaction ID:</b> SA11AI.7575
	City	State	Zip Code
	Charlotte	NC	28207
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Payroll Deduction \$25 monthly
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert M Keener		Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 625 Club Drive		<b>Transaction ID:</b> SA11AI.7599
	City	State	Zip Code
	Stanley	NC	28164
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Payroll Deduction \$25 monthly
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby		Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 5234 Lancelot Drive		<b>Transaction ID:</b> SA11AI.7665
	City	State	Zip Code
	Charlotte	NC	28270
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.34
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 583.38	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>133.34</b>
<b>TOTAL</b> 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: (check only one)	PAGE 19 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 5234 Lancelot Drive	<b>Transaction ID:</b> SA11AI.7510
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 5234 Lancelot Drive	<b>Transaction ID:</b> SA11AI.7592
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 9306 Copans Glen Lane	<b>Transaction ID:</b> SA11AI.7683
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.02</b>
<b>TOTAL</b> 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: (check only one)	PAGE 20 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 9306 Copans Glen Lane	<b>Transaction ID:</b> SA11AI.7540
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 9306 Copans Glen Lane	<b>Transaction ID:</b> SA11AI.7610
	City State Zip Code Huntersville NC 28078	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

<b>C.</b>	Full Name (Last, First, Middle Initial) FRIEDA M LOWDER	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 14444 WESTGREEN DR	<b>Transaction ID:</b> SA11AI.7637
	City State Zip Code HUNTERSVILLE NC 28078	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CAROLINAS HEALTHCARE SYST-EM SVP	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>208.35</b>
<b>TOTAL</b> 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: (check only one)	PAGE 21 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
 FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIEDA M LOWDER	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 14444 WESTGREEN DR	<b>Transaction ID:</b> SA11AI.7464
	City State Zip Code HUNTERSVILLE NC 28078	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CAROLINAS HEALTHCARE SYST-EM SVP Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36	

<b>B.</b>	Full Name (Last, First, Middle Initial) FRIEDA M LOWDER	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 14444 WESTGREEN DR	<b>Transaction ID:</b> SA11AI.7564
	City State Zip Code HUNTERSVILLE NC 28078	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CAROLINAS HEALTHCARE SYST-EM SVP Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.03	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael J Lutes	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 4025 Camrose Crossing	<b>Transaction ID:</b> SA11AI.7659
	City State Zip Code Matthews NC 28104	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.69	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.01</b>
<b>TOTAL</b> 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: (check only one)	PAGE 22 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael J Lutes	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 4025 Camrose Crossing	<b>Transaction ID:</b> SA11AI.7501
	City State Zip Code Matthews NC 28104	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael J Lutes	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 4025 Camrose Crossing	<b>Transaction ID:</b> SA11AI.7586
	City State Zip Code Matthews NC 28104	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Marx	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 3535 Knapdale Lane	<b>Transaction ID:</b> SA11AI.7657
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation Carolinas HealthCare System PHYS	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.01</b>
<b>TOTAL</b> 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 23 / 39  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC**

**A.**

Full Name (Last, First, Middle Initial)  
John Marx

Mailing Address 3535 Knapdale Lane

City State Zip Code  
Charlotte NC 28226

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

Name of Employer: Carolinas HealthCare System  
Occupation: PHYS

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt: MM / DD / YYYY  
07 / 30 / 2010

**Transaction ID: SA11AI.7498**

Amount of Each Receipt this Period  
41.67

Payroll Deduction \$41.67 monthly

**B.**

Full Name (Last, First, Middle Initial)  
John Marx

Mailing Address 3535 Knapdale Lane

City State Zip Code  
Charlotte NC 28226

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

Name of Employer: Carolinas HealthCare System  
Occupation: PHYS

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt: MM / DD / YYYY  
09 / 01 / 2010

**Transaction ID: SA11AI.7584**

Amount of Each Receipt this Period  
41.67

Payroll Deduction \$41.67 monthly

**C.**

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

Mailing Address 826 Berkeley Avenue

City State Zip Code  
Charlotte NC 28203

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

Name of Employer: CarolinasHealthCareSystem  
Occupation: ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1166.69

Date of Receipt: MM / DD / YYYY  
07 / 01 / 2010

**Transaction ID: SA11AI.7682**

Amount of Each Receipt this Period  
166.67

Payroll Deduction \$166.67 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.01**

**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: (check only one)	PAGE 24 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 826 Berkeley Avenue	<b>Transaction ID:</b> SA11AI.7538
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 826 Berkeley Avenue	<b>Transaction ID:</b> SA11AI.7609
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. F Del Murphy	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 2824 Winding Oak Drive	<b>Transaction ID:</b> SA11AI.7580
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$25 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>358.34</b>
<b>TOTAL</b> 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: (check only one)	PAGE 25 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. James C Olsen	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 5900 Summerston Place	<b>Transaction ID:</b> SA11AI.7670
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$125 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James C Olsen	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 5900 Summerston Place	<b>Transaction ID:</b> SA11AI.7519
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$125 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James C Olsen	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 5900 Summerston Place	<b>Transaction ID:</b> SA11AI.7597
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$125 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1125.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 26 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 2028 Hopedale Avenue	<b>Transaction ID:</b> SA11AI.7644
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$400 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 2028 Hopedale Avenue	<b>Transaction ID:</b> SA11AI.7477
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$400 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3200.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 2028 Hopedale Avenue	<b>Transaction ID:</b> SA11AI.7571
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$400 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 39  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code  
Charlotte NC 28210

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

Name of Employer: Carolinas HealthCare System  
Occupation: ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 07 / 01 / 2010  
**Transaction ID: SA11AI.7675**

Amount of Each Receipt this Period: 250.00

Payroll Deduction \$250 monthly

**B.**

Full Name (Last, First, Middle Initial)  
Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code  
Charlotte NC 28210

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

Name of Employer: Carolinas HealthCare System  
Occupation: ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 07 / 30 / 2010  
**Transaction ID: SA11AI.7527**

Amount of Each Receipt this Period: 250.00

Payroll Deduction \$250 monthly

**C.**

Full Name (Last, First, Middle Initial)  
Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code  
Charlotte NC 28210

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

Name of Employer: Carolinas HealthCare System  
Occupation: ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 09 / 01 / 2010  
**Transaction ID: SA11AI.7602**

Amount of Each Receipt this Period: 250.00

Payroll Deduction \$250 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 39  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code  
Charlotte NC 28277

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2333.38

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2010

**Transaction ID:** SA11AI.7630

Amount of Each Receipt this Period 333.34

Payroll Deduction \$333.34 monthly

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code  
Charlotte NC 28277

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2666.72

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2010

**Transaction ID:** SA11AI.7457

Amount of Each Receipt this Period 333.34

Payroll Deduction \$333.34 monthly

**C.** Full Name (Last, First, Middle Initial)  
Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code  
Charlotte NC 28277

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 01 / 2010

**Transaction ID:** SA11AI.7557

Amount of Each Receipt this Period 333.34

Payroll Deduction \$333.34 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.02

**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: (check only one)	PAGE 29 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Lawrence W Raymond		Date of Receipt
	Mailing Address 5740 Ballinard Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code Charlotte NC 28277		<input type="text"/> 07 / <input type="text"/> 01 / <input type="text"/> 2010
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7668</b>
	Name of Employer Carolinas HealthCare System		Amount of Each Receipt this Period
Occupation PHYS		<input type="text"/> 60.00	
Payroll Deduction \$60 monthly			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 420.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lawrence W Raymond		Date of Receipt
	Mailing Address 5740 Ballinard Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code Charlotte NC 28277		<input type="text"/> 07 / <input type="text"/> 30 / <input type="text"/> 2010
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7515</b>
	Name of Employer Carolinas HealthCare System		Amount of Each Receipt this Period
Occupation PHYS		<input type="text"/> 60.00	
Payroll Deduction \$60 monthly			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 480.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lawrence W Raymond		Date of Receipt
	Mailing Address 5740 Ballinard Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code Charlotte NC 28277		<input type="text"/> 09 / <input type="text"/> 01 / <input type="text"/> 2010
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7595</b>
	Name of Employer Carolinas HealthCare System		Amount of Each Receipt this Period
Occupation PHYS		<input type="text"/> 60.00	
Payroll Deduction \$60 monthly			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 540.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 180.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 39  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Wanda Robinson

Mailing Address 233 Altondale Avenue

City State Zip Code  
Charlotte NC 28207

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

Name of Employer: Carolinas HealthCare System  
Occupation: PHYS

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: MM / DD / YYYY  
07 / 01 / 2010

**Transaction ID:** SA11AI.7649

Amount of Each Receipt this Period: 100.00

Payroll Deduction \$100 monthly

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Wanda Robinson

Mailing Address 233 Altondale Avenue

City State Zip Code  
Charlotte NC 28207

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

Name of Employer: Carolinas HealthCare System  
Occupation: PHYS

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: MM / DD / YYYY  
07 / 30 / 2010

**Transaction ID:** SA11AI.7486

Amount of Each Receipt this Period: 100.00

Payroll Deduction \$100 monthly

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Wanda Robinson

Mailing Address 233 Altondale Avenue

City State Zip Code  
Charlotte NC 28207

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

Name of Employer: Carolinas HealthCare System  
Occupation: PHYS

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: MM / DD / YYYY  
09 / 01 / 2010

**Transaction ID:** SA11AI.7576

Amount of Each Receipt this Period: 100.00

Payroll Deduction \$100 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 39  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

**A.**

Full Name (Last, First, Middle Initial)  
Pamela M Rowell

Mailing Address 9702 Heritage Lane

City State Zip Code  
Indian Trail NC 28079

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

Name of Employer Occupation  
Carolinas HealthCare System ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.40

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

**Transaction ID:** SA11AI.7544

Amount of Each Receipt this Period  
44.88

Payroll Deduction \$44.88 monthly

**B.**

Full Name (Last, First, Middle Initial)  
Pamela M Rowell

Mailing Address 9702 Heritage Lane

City State Zip Code  
Indian Trail NC 28079

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

Name of Employer Occupation  
Carolinas HealthCare System ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.28

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2010

**Transaction ID:** SA11AI.7613

Amount of Each Receipt this Period  
44.88

Payroll Deduction \$44.88 monthly

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ronald M Smidt

Mailing Address P O Box 901

City State Zip Code  
Troutman NC 28166

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2010

**Transaction ID:** SA11AI.7687

Amount of Each Receipt this Period  
30.00

Payroll Deduction \$30 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **119.76**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 39  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Ronald M Smidt

Mailing Address P O Box 901

City State Zip Code  
Troutman NC 28166

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

**Transaction ID:** SA11AI.7546

Amount of Each Receipt this Period  
30.00

Payroll Deduction \$30 monthly

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Ronald M Smidt

Mailing Address P O Box 901

City State Zip Code  
Troutman NC 28166

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2010

**Transaction ID:** SA11AI.7614

Amount of Each Receipt this Period  
30.00

Payroll Deduction \$30 monthly

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Robin E Surane

Mailing Address PO Box 43

City State Zip Code  
Cornelius NC 28031

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2010

**Transaction ID:** SA11AI.7616

Amount of Each Receipt this Period  
25.00

Payroll Deduction \$25 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **85.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel W Sweat		Date of Receipt
	Mailing Address 133 Twin Lake Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 01 / 2010
	City	State	Zip Code
	Shelby	NC	28152
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7636
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			Payroll Deduction \$100 monthly
		<input type="text"/> 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel W Sweat		Date of Receipt
	Mailing Address 133 Twin Lake Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 30 / 2010
	City	State	Zip Code
	Shelby	NC	28152
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7463
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			Payroll Deduction \$100 monthly
		<input type="text"/> 800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel W Sweat		Date of Receipt
	Mailing Address 133 Twin Lake Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 01 / 2010
	City	State	Zip Code
	Shelby	NC	28152
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7563
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			Payroll Deduction \$100 monthly
		<input type="text"/> 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 300.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 2137 Dilworth Road East	<b>Transaction ID:</b> SA11AI.7646
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$416.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2916.69	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 2137 Dilworth Road East	<b>Transaction ID:</b> SA11AI.7481
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$416.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3333.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 2137 Dilworth Road East	<b>Transaction ID:</b> SA11AI.7573
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$416.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3750.03	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.01</b>
<b>TOTAL</b> 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: (check only one)	PAGE 35 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Alfred P Taylor	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 1804 Arborway Road	<b>Transaction ID:</b> SA11AI.7569
	City State Zip Code Albemarle NC 28001	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$25 monthly
Name of Employer Carolinas HealthCare System	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 5522 Challis View Lane	<b>Transaction ID:</b> SA11AI.7666
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.69	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 5522 Challis View Lane	<b>Transaction ID:</b> SA11AI.7512
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>358.34</b>
<b>TOTAL</b> 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: (check only one)	PAGE 36 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 5522 Challis View Lane	<b>Transaction ID:</b> SA11AI.7593
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03	

<b>B.</b>	Full Name (Last, First, Middle Initial) Zachary Zapack	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 1800 Camden Road	<b>Transaction ID:</b> SA11AI.7628
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
Name of Employer Carolinas HealthCare System	Occupation Administrator	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

<b>C.</b>	Full Name (Last, First, Middle Initial) Zachary Zapack	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 1800 Camden Road	<b>Transaction ID:</b> SA11AI.7454
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
Name of Employer Carolinas HealthCare System	Occupation Administrator	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>333.35</b>
<b>TOTAL</b> 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 37 / 39	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
 FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Zachary Zapack		Date of Receipt																					
	Mailing Address 1800 Camden Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		0	1		2	0	1	0														
	City	State	Zip Code		<b>Transaction ID:</b> SA11AI.7555																			
	Charlotte	NC	28203																					
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		C										Amount of Each Receipt this Period										
C																								
Name of Employer Carolinas HealthCare System		Occupation Administrator		<table border="1"> <tr> <td>83.34</td> </tr> </table>	83.34																			
83.34																								
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>750.06</td> </tr> </table>		750.06	Payroll Deduction \$83.34 monthly																			
750.06																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"> <tr> <td>83.34</td> </tr> </table>	83.34
83.34			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"> <tr> <td>13109.99</td> </tr> </table>	13109.99
13109.99			

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
Cogdell for County Commission

Mailing Address PO Box 5544

City Charlotte State NC Zip Code 28299

Purpose of Disbursement  
Cogdell for County Commission

Candidate Name  
Cogdell for County Commission

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7623

Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
John Spratt for Congress

Mailing Address PO BOX 636

City ANNANDALE State VA Zip Code 22003

Purpose of Disbursement  
John Spratt for Congress

Candidate Name  
John Spratt for Congress

Office Sought:  House  
 Senate  
 President

State: SC District: 05

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7621

Date of Disbursement

09 / 01 / 2010

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Kissell for Congress

Mailing Address 106 East Main St  
PO Box 1530

City Biscoe State NC Zip Code 27209

Purpose of Disbursement  
Kissell for Congress

Candidate Name  
Kissell for Congress

Office Sought:  House  
 Senate  
 President

State: NC District: 08

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7618

Date of Disbursement

08 / 27 / 2010

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Kissell for Congress	Transaction ID: SB23.7620 Date of Disbursement 08 / 27 / 2010
	Mailing Address 106 East Main St PO Box 1530	Amount of Each Disbursement this Period 2500.00
	City Biscoe State NC Zip Code 27209	
	Purpose of Disbursement Kissell for Congress	011 Category/ Type
	Candidate Name Kissell for Congress	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Sue Myrick	Transaction ID: SB23.7553 Date of Disbursement 08 / 03 / 2010
	Mailing Address P. O. Box 37091	Amount of Each Disbursement this Period 1000.00
	City CHARLOTTE State NC Zip Code 28237	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sue Myrick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

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

11500.00