

# 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** 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:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2009 through 06 30 2009

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 07 28 2009

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 **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: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		110368.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	110368.27									
(c) Total Receipts (from Line 19) .....	24707.82	24707.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	135076.09	135076.09								
7. Total Disbursements (from Line 31) .....	0.00	0.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	135076.09	135076.09								
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

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: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	18496.88	18496.88
(ii) Unitemized .....	6164.45	6164.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	24661.33	24661.33
(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) .....	24661.33	24661.33
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	46.49	46.49
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)) .....	24707.82	24707.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24707.82	24707.82

**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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	24661.33	24661.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24661.33	24661.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
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 / 34
	<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) C. Stephen Bale, MD	Date of Receipt MM / DD / YYYY 03 / 11 / 2009
	Mailing Address 2613 Cole Creek Lane	<b>Transaction ID:</b> SA11AI.6502
	City State Zip Code Rock Hill SC 29732	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Carolina HealthCare System Physician	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Pamela M Beckwith	Date of Receipt MM / DD / YYYY 01 / 30 / 2009
	Mailing Address 1709 Rosebank Lane	<b>Transaction ID:</b> SA11AI.6463
	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	

<b>C.</b>	Full Name (Last, First, Middle Initial) Pamela M Beckwith	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 1709 Rosebank Lane	<b>Transaction ID:</b> SA11AI.6606
	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>583.34</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: PAGE 7 / 34  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pamela M Beckwith</p> <p>Mailing Address 1709 Rosebank Lane</p> <p>City State Zip Code <b>Charlotte NC 28226</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">666.68</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">04 / 01 / 2009</span></p> <p><b>Transaction ID: SA11AI.6514</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">166.67</span></p> <p>Payroll Deduction \$166.67 monthly</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Pamela M Beckwith</p> <p>Mailing Address 1709 Rosebank Lane</p> <p>City State Zip Code <b>Charlotte NC 28226</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">833.35</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">05 / 01 / 2009</span></p> <p><b>Transaction ID: SA11AI.6560</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">166.67</span></p> <p>Payroll Deduction \$166.67 monthly</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Pamela M Beckwith</p> <p>Mailing Address 1709 Rosebank Lane</p> <p>City State Zip Code <b>Charlotte NC 28226</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.02</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">06 / 01 / 2009</span></p> <p><b>Transaction ID: SA11AI.6651</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">166.67</span></p> <p>Payroll Deduction \$166.67 monthly</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">500.01</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# 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 / 34
	<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. Fred T Brown		Date of Receipt
	Mailing Address 7427 Saint Clair Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Charlotte	NC	28270
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.6586</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.67
		<input type="text"/> 208.35	Payroll Deduction \$41.67 monthly

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Fred T Brown		Date of Receipt
	Mailing Address 7427 Saint Clair Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Charlotte	NC	28270
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.6677</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.67
		<input type="text"/> 250.02	Payroll Deduction \$41.67 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 <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Gastonia	NC	28055-0934
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.6595</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.67
		<input type="text"/> 208.35	Payroll Deduction \$41.67 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 125.01
<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 / 34
	<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 MM / DD / YYYY 06 / 01 / 2009
	Mailing Address PO Box 550934	<b>Transaction ID:</b> SA11AI.6686
	City State Zip Code Gastonia NC 28055-0934	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 6836 Alexander Road	<b>Transaction ID:</b> SA11AI.6630
	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 PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 04 / 01 / 2009
	Mailing Address 6836 Alexander Road	<b>Transaction ID:</b> SA11AI.6538
	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 PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

<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 10 / 34
	<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) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 6836 Alexander Road	<b>Transaction ID:</b> SA11AI.6584
	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 PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 6836 Alexander Road	<b>Transaction ID:</b> SA11AI.6675
	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 PHYS	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt MM / DD / YYYY 01 / 02 / 2009
	Mailing Address 1320 Fillmore Avenue #413	<b>Transaction ID:</b> SA11AI.6396
	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.67	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>583.35</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 11 / 34  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code  
Charlotte NC 28203

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.34

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2009

**Transaction ID:** SA11AI.6459

Amount of Each Receipt this Period  
416.67

Payroll Deduction \$416.67 monthly

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code  
Charlotte NC 28203

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.01

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2009

**Transaction ID:** SA11AI.6602

Amount of Each Receipt this Period  
416.67

Payroll Deduction \$416.67 monthly

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code  
Charlotte NC 28203

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.68

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** SA11AI.6510

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: (check only one)	PAGE 12 / 34
	<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. Paul S Franz	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 1320 Fillmore Avenue #413	<b>Transaction ID:</b> SA11AI.6556
	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.35	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 1320 Fillmore Avenue #413	<b>Transaction ID:</b> SA11AI.6647
	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.02	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman	Date of Receipt MM / DD / YYYY 01 / 02 / 2009
	Mailing Address 8221 Buena Vista Drive	<b>Transaction ID:</b> SA11AI.6438
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$250 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1083.34</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: PAGE 13 / 34  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code  
 Denver NC 28037

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

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.6492

Amount of Each Receipt this Period  
 250.00

Payroll Deduction \$250 monthly

**B.** Full Name (Last, First, Middle Initial)  
Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code  
 Denver NC 28037

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

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.6635

Amount of Each Receipt this Period  
 250.00

Payroll Deduction \$250 monthly

**C.** Full Name (Last, First, Middle Initial)  
Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code  
 Denver NC 28037

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

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.6543

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 14 / 34  
(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)  
Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code  
Denver NC 28037

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2009

**Transaction ID:** SA11AI.6589

Amount of Each Receipt this Period  
250.00

Payroll Deduction \$250 monthly

**B.** Full Name (Last, First, Middle Initial)  
Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City State Zip Code  
Denver NC 28037

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2009

**Transaction ID:** SA11AI.6680

Amount of Each Receipt this Period  
250.00

Payroll Deduction \$250 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: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2009

**Transaction ID:** SA11AI.6423

Amount of Each Receipt this Period  
400.00

Payroll Deduction \$400 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**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 15 / 34  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.6478

Amount of Each Receipt this Period  
 400.00

Payroll Deduction \$400 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: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.6621

Amount of Each Receipt this Period  
 400.00

Payroll Deduction \$400 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: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.6529

Amount of Each Receipt this Period  
 400.00

Payroll Deduction \$400 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

**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 16 / 34
	<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. Greg A Gombar	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 4625 Cotton Creek Drive	<b>Transaction ID:</b> SA11AI.6575
	City State Zip Code Charlotte NC 28226	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 4625 Cotton Creek Drive	<b>Transaction ID:</b> SA11AI.6666
	City State Zip Code Charlotte NC 28226	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 8044 Silver Jade Drive	<b>Transaction ID:</b> SA11AI.6588
	City State Zip Code Denver NC 28037	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: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.35	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>841.67</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 / 34
	<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 06 / 01 / 2009
	Mailing Address 8044 Silver Jade Drive	<b>Transaction ID:</b> SA11AI.6679
	City State Zip Code Denver NC 28037	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

<b>B.</b>	Full Name (Last, First, Middle Initial) Henry C Hawthorne	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 1310 James B White Hwy N	<b>Transaction ID:</b> SA11AI.6555
	City State Zip Code Whiteville NC 28472	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 Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Henry C Hawthorne	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 1310 James B White Hwy N	<b>Transaction ID:</b> SA11AI.6646
	City State Zip Code Whiteville NC 28472	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 Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>141.67</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 / 34
	<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 02 / 27 / 2009
	Mailing Address 1525 Kenilworth Ave #106	<b>Transaction ID:</b> SA11AI.6604
	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

<b>B.</b>	Full Name (Last, First, Middle Initial) James C Hunter	Date of Receipt MM / DD / YYYY 04 / 01 / 2009
	Mailing Address 1525 Kenilworth Ave #106	<b>Transaction ID:</b> SA11AI.6512
	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: 2009 <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) James C Hunter	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 1525 Kenilworth Ave #106	<b>Transaction ID:</b> SA11AI.6558
	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<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 19 / 34
	<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 06 / 01 / 2009
	Mailing Address 1525 Kenilworth Ave #106	<b>Transaction ID:</b> SA11AI.6649
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael J Lutes	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 4025 Camrose Crossing	<b>Transaction ID:</b> SA11AI.6664
	City State Zip Code Matthews NC 28104	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$40 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 3617 Charolais Lane	<b>Transaction ID:</b> SA11AI.6618
	City State Zip Code Harrisburg NC 28075	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>206.68</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 / 34
	<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. Martha Ann B McConnell	Date of Receipt MM / DD / YYYY 04 / 01 / 2009
	Mailing Address 3617 Charolais Lane	<b>Transaction ID:</b> SA11AI.6526
	City State Zip Code Harrisburg NC 28075	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: 2009 <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) Ms. Martha Ann B McConnell	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 3617 Charolais Lane	<b>Transaction ID:</b> SA11AI.6572
	City State Zip Code Harrisburg NC 28075	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 3617 Charolais Lane	<b>Transaction ID:</b> SA11AI.6663
	City State Zip Code Harrisburg NC 28075	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<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 21 / 34
	<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	

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) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 01 / 30 / 2009
	Mailing Address 826 Berkeley Avenue	<b>Transaction ID:</b> SA11AI.6493
	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: CarolinasHealthCareSystem   Occupation: ADMIN Receipt For: 2009   Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   333.34	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 826 Berkeley Avenue	<b>Transaction ID:</b> SA11AI.6636
	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: CarolinasHealthCareSystem   Occupation: ADMIN Receipt For: 2009   Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   500.01	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 04 / 01 / 2009
	Mailing Address 826 Berkeley Avenue	<b>Transaction ID:</b> SA11AI.6544
	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: CarolinasHealthCareSystem   Occupation: ADMIN Receipt For: 2009   Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   666.68	

<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: PAGE 22 / 34  
(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. 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 Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.35

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2009

**Transaction ID: SA11AI.6590**

Amount of Each Receipt this Period  
166.67

Payroll Deduction \$166.67 monthly

**B.**

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 Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.02

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2009

**Transaction ID: SA11AI.6681**

Amount of Each Receipt this Period  
166.67

Payroll Deduction \$166.67 monthly

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code  
Charlotte NC 28277

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2009

**Transaction ID: SA11AI.6626**

Amount of Each Receipt this Period  
100.00

Payroll Deduction \$100 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **433.34**

**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 23 / 34  
(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. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code  
Charlotte NC 28277

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID: SA11AI.6534**

Amount of Each Receipt this Period  
100.00

Payroll Deduction \$100 monthly

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code  
Charlotte NC 28277

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2009

**Transaction ID: SA11AI.6580**

Amount of Each Receipt this Period  
100.00

Payroll Deduction \$100 monthly

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code  
Charlotte NC 28277

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2009

**Transaction ID: SA11AI.6671**

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 24 / 34  
(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. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code  
Charlotte NC 28207

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2009

**Transaction ID:** SA11AI.6407

Amount of Each Receipt this Period  
400.00

Payroll Deduction \$400 monthly

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code  
Charlotte NC 28207

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2009

**Transaction ID:** SA11AI.6467

Amount of Each Receipt this Period  
400.00

Payroll Deduction \$400 monthly

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code  
Charlotte NC 28207

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2009

**Transaction ID:** SA11AI.6610

Amount of Each Receipt this Period  
400.00

Payroll Deduction \$400 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

**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 25 / 34  
(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. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code  
Charlotte NC 28207

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.6518

Amount of Each Receipt this Period  
400.00

Payroll Deduction \$400 monthly

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code  
Charlotte NC 28207

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.6564

Amount of Each Receipt this Period  
400.00

Payroll Deduction \$400 monthly

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code  
Charlotte NC 28207

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

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.6655

Amount of Each Receipt this Period  
400.00

Payroll Deduction \$400 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

**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 26 / 34  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 333.34

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 0 2 / 2 0 0 9

**Transaction ID: SA11AI.6391**

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 Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 666.68

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 3 0 / 2 0 0 9

**Transaction ID: SA11AI.6455**

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 Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.02

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 7 / 2 0 0 9

**Transaction ID: SA11AI.6598**

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 27 / 34
	<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. Roger A Ray		Date of Receipt
	Mailing Address 11029 Lederer Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Charlotte NC 28277		<b>Transaction ID:</b> SA11AI.6506
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 333.34
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN		Payroll Deduction \$333.34 monthly
Receipt For: 2009 <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. Roger A Ray		Date of Receipt
	Mailing Address 11029 Lederer Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Charlotte NC 28277		<b>Transaction ID:</b> SA11AI.6552
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 333.34
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN		Payroll Deduction \$333.34 monthly
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1666.70	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Roger A Ray		Date of Receipt
	Mailing Address 11029 Lederer Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Charlotte NC 28277		<b>Transaction ID:</b> SA11AI.6643
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 333.34
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN		Payroll Deduction \$333.34 monthly
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.02</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 28 / 34
	<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) GRACE SOTOMAYOR	Date of Receipt MM / DD / YYYY 01 / 05 / 2009
	Mailing Address 6506 Donnegal Farm Road	<b>Transaction ID:</b> SA11AI.6503
	City State Zip Code CHARLOTTE NC 28270	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation CAROLINAS HEALTHCARE SYST-EM ADMINISTRATION Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel W Sweat	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 133 Twin Lake Drive	<b>Transaction ID:</b> SA11AI.6603
	City State Zip Code Shelby NC 28152	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 CarolinashHealthCareSystem ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel W Sweat	Date of Receipt MM / DD / YYYY 04 / 01 / 2009
	Mailing Address 133 Twin Lake Drive	<b>Transaction ID:</b> SA11AI.6511
	City State Zip Code Shelby NC 28152	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 CarolinashHealthCareSystem ADMIN Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</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 29 / 34
	<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 MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 133 Twin Lake Drive	<b>Transaction ID:</b> SA11AI.6557
	City State Zip Code Shelby NC 28152	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 ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel W Sweat	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 133 Twin Lake Drive	<b>Transaction ID:</b> SA11AI.6648
	City State Zip Code Shelby NC 28152	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 ADMIN	
Receipt For: 2009 <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) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 01 / 02 / 2009
	Mailing Address 2137 Dilworth Road East	<b>Transaction ID:</b> SA11AI.6409
	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.67	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>616.67</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 30 / 34  
(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. Michael C Tarwater

Mailing Address 2137 Dilworth Road East

City State Zip Code  
 Charlotte NC 28203

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

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 833.34

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.6469

Amount of Each Receipt this Period  
 416.67

Payroll Deduction \$416.67 monthly

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Michael C Tarwater

Mailing Address 2137 Dilworth Road East

City State Zip Code  
 Charlotte NC 28203

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

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1250.01

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.6612

Amount of Each Receipt this Period  
 416.67

Payroll Deduction \$416.67 monthly

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Michael C Tarwater

Mailing Address 2137 Dilworth Road East

City State Zip Code  
 Charlotte NC 28203

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

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2009  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1666.68

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.6520

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: (check only one)	PAGE 31 / 34
	<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. Michael C Tarwater	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 2137 Dilworth Road East	<b>Transaction ID:</b> SA11AI.6566
	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.35	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 2137 Dilworth Road East	<b>Transaction ID:</b> SA11AI.6657
	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.02	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Chris M Teigland	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 700 Hungerford Place	<b>Transaction ID:</b> SA11AI.6631
	City State Zip Code Charlotte NC 28207	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>933.34</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 32 / 34
	<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. Chris M Teigland	Date of Receipt MM / DD / YYYY 04 / 01 / 2009
	Mailing Address 700 Hungerford Place	<b>Transaction ID:</b> SA11AI.6539
	City State Zip Code Charlotte NC 28207	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Chris M Teigland	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 700 Hungerford Place	<b>Transaction ID:</b> SA11AI.6585
	City State Zip Code Charlotte NC 28207	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Chris M Teigland	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 700 Hungerford Place	<b>Transaction ID:</b> SA11AI.6676
	City State Zip Code Charlotte NC 28207	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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<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 33 / 34
	<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. Martha J Whitecotton	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 9526 Greyson Ridge Drive	<b>Transaction ID:</b> SA11AI.6683
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$40 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 5522 Challis View Lane	<b>Transaction ID:</b> SA11AI.6623
	City State Zip Code Charlotte NC 28226	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 ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 04 / 01 / 2009
	Mailing Address 5522 Challis View Lane	<b>Transaction ID:</b> SA11AI.6531
	City State Zip Code Charlotte NC 28226	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 ADMIN	
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>240.00</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 34 / 34
	(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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones		Date of Receipt
	Mailing Address 5522 Challis View Lane		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	<b>Transaction ID: SA11AI.6577</b>
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
		<input type="text" value="500.00"/>	Payroll Deduction \$100 monthly

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones		Date of Receipt
	Mailing Address 5522 Challis View Lane		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	<b>Transaction ID: SA11AI.6668</b>
Receipt For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
		<input type="text" value="600.00"/>	Payroll Deduction \$100 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="200.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="18496.88"/>