FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

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)

CITY ▲ CHARLOTTE STATE ▲ NC ZIP CODE ▲ 28203-2861 –

2. **FEC IDENTIFICATION NUMBER ▼** C 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 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 04 / 01 / 2016 through 06 / 30 / 2016

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 *Mary Ann Rouse* ***[Electronically Filed]*** Date 07 / 12 / 2016

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

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

Write or Type Committee Name

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

Report Covering the Period: From: 04 / 01 / 2016 To: 06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		179569.37
(b) Cash on Hand at Beginning of Reporting Period	140910.53	
(c) Total Receipts (from Line 19)	28357.16	52198.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	169267.69	231767.69
7. Total Disbursements (from Line 31)	500.00	63000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	168767.69	168767.69
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** 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: 04 / 01 / 2016 To: 06 / 30 / 2016

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)	23717.04	38592.09
(ii) Unitemized	4601.46	13525.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	28318.50	52117.38
(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) ▶	28318.50	52117.38
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.)	38.66	80.94
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 Transfers (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)) ▶	28357.16	52198.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	28357.16	52198.32

DETAILED SUMMARY PAGE
of Disbursements

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

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	500.00	63000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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))	500.00	63000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	500.00	63000.00

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)	28318.50	52117.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28318.50	52117.38
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Dr. Susan R Andersen
Mailing Address: 1118 Setter Lane
City: Concord State: NC Zip Code: 28025
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: PHYS
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 208.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14599
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Dr. Susan R Andersen
Mailing Address: 1118 Setter Lane
City: Concord State: NC Zip Code: 28025
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: PHYS
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.02
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14697
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Dr. Susan R Andersen
Mailing Address: 1118 Setter Lane
City: Concord State: NC Zip Code: 28025
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: PHYS
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 291.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14795
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): Pamela M Beckwith
Mailing Address: 1709 Rosebank Lane
City: Charlotte | State: NC | Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016 [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 666.68
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14516
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Pamela M Beckwith
Mailing Address: 1709 Rosebank Lane
City: Charlotte | State: NC | Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016 [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 833.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14611
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial): Pamela M Beckwith
Mailing Address: 1709 Rosebank Lane
City: Charlotte | State: NC | Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016 [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.02
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14709
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
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

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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 Beckwith
Mailing Address: 1709 Rosebank Lane
City: Charlotte | State: NC | Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016 [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 1166.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14807
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Daniel J. Birach
Mailing Address: 355 W MLK Blvd Unit 1807
City: Charlotte | State: NC | Zip Code: 28202
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016 [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14544
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Daniel J. Birach
Mailing Address: 355 W MLK Blvd Unit 1807
City: Charlotte | State: NC | Zip Code: 28202
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016 [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 625.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14639
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 416.67

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

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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): Daniel J. Birach
Mailing Address: 355 W MLK Blvd Unit 1807
City: Charlotte State: NC Zip Code: 28202
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14737
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Daniel J. Birach
Mailing Address: 355 W MLK Blvd Unit 1807
City: Charlotte State: NC Zip Code: 28202
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 875.00

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14834
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Mr. Stephen C Burr
Mailing Address: 203 Eslynn Road
City: Mount Holly State: NC Zip Code: 28120
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14523
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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)
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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. Stephen C Burr
Mailing Address: 203 Eslynn Road
City: Mount Holly | State: NC | Zip Code: 28120
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 625.00

Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14618
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Mr. Stephen C Burr
Mailing Address: 203 Eslynn Road
City: Mount Holly | State: NC | Zip Code: 28120
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 750.00

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14716
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Mr. Stephen C Burr
Mailing Address: 203 Eslynn Road
City: Mount Holly | State: NC | Zip Code: 28120
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 875.00

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14814
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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): Nancy C. Butler
Mailing Address: 3821 Kitley Place
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 208.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14642
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Nancy C. Butler
Mailing Address: 3821 Kitley Place
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.02
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14703
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Nancy C. Butler
Mailing Address: 3821 Kitley Place
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 291.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14837
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 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. Jack F Chamblee
Mailing Address: 3215 Windshire Lane #306
City: Charlotte State: NC Zip Code: 28273
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 208.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14636
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. Jack F Chamblee
Mailing Address: 3215 Windshire Lane #306
City: Charlotte State: NC Zip Code: 28273
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.02
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14722
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. Jack F Chamblee
Mailing Address: 3215 Windshire Lane #306
City: Charlotte State: NC Zip Code: 28273
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 291.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14831
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 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): Eugene P. Christian
Mailing Address: 8008 Wicklow Hall Drive
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Physician
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14868
Amount of Each Receipt this Period: 30.00
[ ] Memo Item
Payroll Deduction $30 monthly

B. Full Name (Last, First, Middle Initial): Mr. Paul G Colavita
Mailing Address: 2223 Croydon Rd #401
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 208.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14624
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. Paul G Colavita
Mailing Address: 2223 Croydon Rd #401
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.02
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14725
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 113.34

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: (check only one)
[X] 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. Paul G Colavita
Mailing Address: 2223 Croydon Rd #401
City: Charlotte | State: NC | Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 291.69
Date of Receipt: M M 06 / D D 30 / Y Y Y Y 2016
Transaction ID : SA11AI.14820
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Sara Cole
Mailing Address: 6400 Mt. Olive Rd
City: Concord | State: NC | Zip Code: 28025
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System | Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 208.35
Date of Receipt: M M 04 / D D 29 / Y Y Y Y 2016
Transaction ID : SA11AI.14666
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Sara Cole
Mailing Address: 6400 Mt. Olive Rd
City: Concord | State: NC | Zip Code: 28025
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System | Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.02
Date of Receipt: M M 06 / D D 01 / Y Y Y Y 2016
Transaction ID : SA11AI.14734
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 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): Sara Cole
Mailing Address: 6400 Mt. Olive Rd
City: Concord State: NC Zip Code: 28025
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 291.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14861
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Paul A D'Amico
Mailing Address: 3006 Stanbury Drive
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14539
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Paul A D'Amico
Mailing Address: 3006 Stanbury Drive
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 625.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14634
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 291.67

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)
[X] 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): Paul A D'Amico
Mailing Address: 3006 Stanbury Drive
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14732
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Paul A D'Amico
Mailing Address: 3006 Stanbury Drive
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 875.00

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14829
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Mr. Paul S Franz
Mailing Address: 1320 Fillmore Avenue #505
City: Charlotte State: NC Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1666.68

Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14511
Amount of Each Receipt this Period: 416.67
[ ] Memo Item
Payroll Deduction $416.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 666.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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. Paul S Franz
Mailing Address: 1320 Fillmore Avenue #505
City: Charlotte State: NC Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2083.35
Date of Receipt: M M 04 / D D 29 / Y Y Y Y 2016
Transaction ID : SA11AI.14606
Amount of Each Receipt this Period: 416.67
[ ] Memo Item
Payroll Deduction $416.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. Paul S Franz
Mailing Address: 1320 Fillmore Avenue #505
City: Charlotte State: NC Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.02
Date of Receipt: M M 06 / D D 01 / Y Y Y Y 2016
Transaction ID : SA11AI.14704
Amount of Each Receipt this Period: 416.67
[ ] Memo Item
Payroll Deduction $416.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. Paul S Franz
Mailing Address: 1320 Fillmore Avenue #505
City: Charlotte State: NC Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2916.69
Date of Receipt: M M 06 / D D 30 / Y Y Y Y 2016
Transaction ID : SA11AI.14802
Amount of Each Receipt this Period: 416.67
[ ] Memo Item
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

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[X] 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: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1666.68
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14555
Amount of Each Receipt this Period: 416.67
[ ] Memo Item
Payroll Deduction $416.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. Greg A Gombar
Mailing Address: 4625 Cotton Creek Drive
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2083.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14650
Amount of Each Receipt this Period: 416.67
[ ] Memo Item
Payroll Deduction $416.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. Greg A Gombar
Mailing Address: 4625 Cotton Creek Drive
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.02
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14748
Amount of Each Receipt this Period: 416.67
[ ] Memo Item
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)
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[ ] 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: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 2916.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14845
Amount of Each Receipt this Period: 416.67
[ ] Memo Item
Payroll Deduction $416.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. Clark E Goodwin
Mailing Address: 6028 Alexa Road
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14859
Amount of Each Receipt this Period: 30.00
[ ] Memo Item
Payroll Deduction $30 monthly

C. Full Name (Last, First, Middle Initial): Dr. Mary N Hall
Mailing Address: 1040 Queens Road
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 666.68
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14501
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 613.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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): Dr. Mary N Hall
Mailing Address: 1040 Queens Road
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 833.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14596
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Dr. Mary N Hall
Mailing Address: 1040 Queens Road
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1000.02
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14694
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial): Dr. Mary N Hall
Mailing Address: 1040 Queens Road
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1166.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14792
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
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

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[ ] 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): Matthew L. Hanley
Mailing Address: 2640 Beverwyck Road
City: Charlotte State: NC Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14534
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Matthew L. Hanley
Mailing Address: 2640 Beverwyck Road
City: Charlotte State: NC Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 625.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14629
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Matthew L. Hanley
Mailing Address: 2640 Beverwyck Road
City: Charlotte State: NC Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14727
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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): Matthew L. Hanley
Mailing Address: 2640 Beverwyck Road
City: Charlotte State: NC Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 875.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14824
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Dr. Andrew C Herman
Mailing Address: 3021 Stanbury Drive
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: PHYS
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14635
Amount of Each Receipt this Period: 50.00
[ ] Memo Item
Payroll Deduction $50 monthly

C. Full Name (Last, First, Middle Initial): Dr. Andrew C Herman
Mailing Address: 3021 Stanbury Drive
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: PHYS
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14733
Amount of Each Receipt this Period: 50.00
[ ] Memo Item
Payroll Deduction $50 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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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. Andrew C Herman
Mailing Address: 3021 Stanbury Drive
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: PHYS
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14830
Amount of Each Receipt this Period: 50.00
[ ] Memo Item
Payroll Deduction $50 monthly

B. Full Name (Last, First, Middle Initial): Mr. Christopher R Hummer
Mailing Address: 215 Hillside Avenue
City: Charlotte State: NC Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14525
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Mr. Christopher R Hummer
Mailing Address: 215 Hillside Avenue
City: Charlotte State: NC Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 625.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14620
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
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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. Christopher R Hummer
Mailing Address: 215 Hillside Avenue
City: Charlotte State: NC Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14718
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Mr. Christopher R Hummer
Mailing Address: 215 Hillside Avenue
City: Charlotte State: NC Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 875.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14816
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): James C Hunter
Mailing Address: 2701 Rothwood Drive
City: Charlotte State: NC Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 666.68
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14537
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 416.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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): James C Hunter
Mailing Address: 2701 Rothwood Drive
City: Charlotte | State: NC | Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 833.35

Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14632
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): James C Hunter
Mailing Address: 2701 Rothwood Drive
City: Charlotte | State: NC | Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.02

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14730
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial): James C Hunter
Mailing Address: 2701 Rothwood Drive
City: Charlotte | State: NC | Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1166.69

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14827
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
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

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[ ] 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): Jon M Joffe
Mailing Address: 815 Capington Lane
City: Marvin State: NC Zip Code: 28173
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14676
Amount of Each Receipt this Period: 50.00
[ ] Memo Item
Payroll Deduction $50 monthly

B. Full Name (Last, First, Middle Initial): Jon M Joffe
Mailing Address: 815 Capington Lane
City: Marvin State: NC Zip Code: 28173
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14773
Amount of Each Receipt this Period: 50.00
[ ] Memo Item
Payroll Deduction $50 monthly

C. Full Name (Last, First, Middle Initial): Jon M Joffe
Mailing Address: 815 Capington Lane
City: Marvin State: NC Zip Code: 28173
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14871
Amount of Each Receipt this Period: 50.00
[ ] Memo Item
Payroll Deduction $50 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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. W. Christopher Johnson
Mailing Address: 445 Forest Hill Circle
City: Rutherfordton State: NC Zip Code: 28139
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 208.35

Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14649
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. W. Christopher Johnson
Mailing Address: 445 Forest Hill Circle
City: Rutherfordton State: NC Zip Code: 28139
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14740
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. W. Christopher Johnson
Mailing Address: 445 Forest Hill Circle
City: Rutherfordton State: NC Zip Code: 28139
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 291.69

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14844
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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SCHEDULE A (FEC Form 3X)
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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): Saju D Joy
Mailing Address: 1318 Lost Oak Road
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: PHYS
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 208.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14605
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Saju D Joy
Mailing Address: 1318 Lost Oak Road
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: PHYS
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.02
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14747
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Saju D Joy
Mailing Address: 1318 Lost Oak Road
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: PHYS
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 291.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14801
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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SCHEDULE A (FEC Form 3X)
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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. Kathleen Ann Kaney
Mailing Address: 2316 Vail Avenue
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 208.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14627
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Ms. Kathleen Ann Kaney
Mailing Address: 2316 Vail Avenue
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.02
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14753
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Ms. Kathleen Ann Kaney
Mailing Address: 2316 Vail Avenue
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 291.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14822
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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SCHEDULE A (FEC Form 3X)
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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. John J Knox
Mailing Address: 6530 Boykin Spaniel Road
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 208.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14667
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. John J Knox
Mailing Address: 6530 Boykin Spaniel Road
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.02
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14760
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. John J Knox
Mailing Address: 6530 Boykin Spaniel Road
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 291.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14862
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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SCHEDULE A (FEC Form 3X)
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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): Stephen J. Lawler
Mailing Address: 4810 Ashley Park Ln #1624
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14556
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Stephen J. Lawler
Mailing Address: 4810 Ashley Park Ln #1624
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14651
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Stephen J. Lawler
Mailing Address: 4810 Ashley Park Ln #1624
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14749
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

SCHEDULE A (FEC Form 3X)
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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): Stephen J. Lawler
Mailing Address: 4810 Ashley Park Ln #1624
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 875.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14846
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Thomas F Laymon
Mailing Address: 2004 Garden View Lane
City: Weddington State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14521
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

C. Full Name (Last, First, Middle Initial): Thomas F Laymon
Mailing Address: 2004 Garden View Lane
City: Weddington State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14616
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 325.00

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

SCHEDULE A (FEC Form 3X)
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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): Thomas F Laymon
Mailing Address: 2004 Garden View Lane
City: Weddington State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14714
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

B. Full Name (Last, First, Middle Initial): Thomas F Laymon
Mailing Address: 2004 Garden View Lane
City: Weddington State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 700.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14812
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

C. Full Name (Last, First, Middle Initial): Mr. Frank S Letherby
Mailing Address: 9438 White Hemlock Lane
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 208.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14681
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 241.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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. W. Spencer Lilly
Mailing Address: 9306 Copans Glen Lane
City: Huntersville State: NC Zip Code: 28078
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 833.32
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14584
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

B. Full Name (Last, First, Middle Initial): Mr. W. Spencer Lilly
Mailing Address: 9306 Copans Glen Lane
City: Huntersville State: NC Zip Code: 28078
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1041.65
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14679
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

C. Full Name (Last, First, Middle Initial): Mr. W. Spencer Lilly
Mailing Address: 9306 Copans Glen Lane
City: Huntersville State: NC Zip Code: 28078
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1249.98
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14776
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 624.99

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

SCHEDULE A (FEC Form 3X)
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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. W. Spencer Lilly
Mailing Address: 9306 Copans Glen Lane
City: Huntersville State: NC Zip Code: 28078
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1458.31
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14874
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

B. Full Name (Last, First, Middle Initial): Carol A Lovin
Mailing Address: 7023 Conservatory Lane
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14574
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

C. Full Name (Last, First, Middle Initial): Carol A Lovin
Mailing Address: 7023 Conservatory Lane
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14669
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 408.33

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)
[X] 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): Carol A Lovin
Mailing Address: 7023 Conservatory Lane
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14766
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

B. Full Name (Last, First, Middle Initial): Carol A Lovin
Mailing Address: 7023 Conservatory Lane
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 700.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14864
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

C. Full Name (Last, First, Middle Initial): Michael J Lutes
Mailing Address: 4025 Camrose Crossing
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14548
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 325.00

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)
[X] 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): Michael J Lutes
Mailing Address: 4025 Camrose Crossing
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 625.00

Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14643
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Michael J Lutes
Mailing Address: 4025 Camrose Crossing
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14741
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Michael J Lutes
Mailing Address: 4025 Camrose Crossing
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 875.00

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14838
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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): Zahide Marenic
Mailing Address: 5811 Old Well House
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 210.00

Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14659
Amount of Each Receipt this Period: 42.00
[ ] Memo Item
Payroll Deduction $42 monthly

B. Full Name (Last, First, Middle Initial): Zahide Marenic
Mailing Address: 5811 Old Well House
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 252.00

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14757
Amount of Each Receipt this Period: 42.00
[ ] Memo Item
Payroll Deduction $42 monthly

C. Full Name (Last, First, Middle Initial): Zahide Marenic
Mailing Address: 5811 Old Well House
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 294.00

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14854
Amount of Each Receipt this Period: 42.00
[ ] Memo Item
Payroll Deduction $42 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 126.00

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

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[X] 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): Sara J Mikus
Mailing Address: 9422 Briarwick Lane
City: Charlotte State: NC Zip Code: 28277-1673
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14585
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Sara J Mikus
Mailing Address: 9422 Briarwick Lane
City: Charlotte State: NC Zip Code: 28277-1673
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 625.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14680
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Sara J Mikus
Mailing Address: 9422 Briarwick Lane
City: Charlotte State: NC Zip Code: 28277-1673
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14777
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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): Sara J Mikus
Mailing Address: 9422 Briarwick Lane
City: Charlotte State: NC Zip Code: 28277-1673
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 875.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14875
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Mr. F Del Murphy
Mailing Address: 5205 Belcher Lane
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 208.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14655
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. F Del Murphy
Mailing Address: 5205 Belcher Lane
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.02
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14764
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 208.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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. F Del Murphy
Mailing Address: 5205 Belcher Lane
City: Charlotte | State: NC | Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 291.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14850
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Tye Jeffrey Nordberg
Mailing Address: 219 Dellwood Avenue
City: Charlotte | State: NC | Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System | Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14527
Amount of Each Receipt this Period: 150.00
[ ] Memo Item
Payroll Deduction $150 monthly

C. Full Name (Last, First, Middle Initial): Tye Jeffrey Nordberg
Mailing Address: 219 Dellwood Avenue
City: Charlotte | State: NC | Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System | Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14622
Amount of Each Receipt this Period: 150.00
[ ] Memo Item
Payroll Deduction $150 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 341.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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): Tye Jeffrey Nordberg
Mailing Address: 219 Dellwood Avenue
City: Charlotte State: NC Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 900.00
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14720
Amount of Each Receipt this Period: 150.00
[ ] Memo Item
Payroll Deduction $150 monthly

B. Full Name (Last, First, Middle Initial): Tye Jeffrey Nordberg
Mailing Address: 219 Dellwood Avenue
City: Charlotte State: NC Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1050.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14818
Amount of Each Receipt this Period: 150.00
[ ] Memo Item
Payroll Deduction $150 monthly

C. Full Name (Last, First, Middle Initial): Mr. James C Olsen
Mailing Address: 5900 Summerston Place
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14566
Amount of Each Receipt this Period: 200.00
[ ] Memo Item
Payroll Deduction $200 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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. James C Olsen
Mailing Address: 5900 Summerston Place
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14661
Amount of Each Receipt this Period: 200.00
[ ] Memo Item
Payroll Deduction $200 monthly

B. Full Name (Last, First, Middle Initial): Mr. James C Olsen
Mailing Address: 5900 Summerston Place
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1200.00
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14759
Amount of Each Receipt this Period: 200.00
[ ] Memo Item
Payroll Deduction $200 monthly

C. Full Name (Last, First, Middle Initial): Mr. James C Olsen
Mailing Address: 5900 Summerston Place
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1400.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14856
Amount of Each Receipt this Period: 200.00
[ ] Memo Item
Payroll Deduction $200 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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. Dennis Phillips
Mailing Address: 1252 Dilworth Cres Row
City: Charlotte | State: NC | Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 666.68

Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14509
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. Dennis Phillips
Mailing Address: 1252 Dilworth Cres Row
City: Charlotte | State: NC | Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 833.35

Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14604
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. Dennis Phillips
Mailing Address: 1252 Dilworth Cres Row
City: Charlotte | State: NC | Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.02

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14702
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
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

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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. Dennis Phillips
Mailing Address: 1252 Dilworth Cres Row
City: Charlotte State: NC Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1166.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14800
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Debra Plousha Moore
Mailing Address: 6935 Conservatory Lane
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1166.68
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14573
Amount of Each Receipt this Period: 291.67
[ ] Memo Item
Payroll Deduction $291.67 monthly

C. Full Name (Last, First, Middle Initial): Debra Plousha Moore
Mailing Address: 6935 Conservatory Lane
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1458.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14668
Amount of Each Receipt this Period: 291.67
[ ] Memo Item
Payroll Deduction $291.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 750.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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): Debra Plousha Moore
Mailing Address: 6935 Conservatory Lane
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.02

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14765
Amount of Each Receipt this Period: 291.67
[ ] Memo Item
Payroll Deduction $291.67 monthly

B. Full Name (Last, First, Middle Initial): Debra Plousha Moore
Mailing Address: 6935 Conservatory Lane
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2041.69

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14863
Amount of Each Receipt this Period: 291.67
[ ] Memo Item
Payroll Deduction $291.67 monthly

C. Full Name (Last, First, Middle Initial): Derek Raghavan
Mailing Address: 9440 Heydon Hall Circle
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14587
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 708.34

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: (check only one)
[X] 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): Derek Raghavan
Mailing Address: 9440 Heydon Hall Circle
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14682
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Derek Raghavan
Mailing Address: 9440 Heydon Hall Circle
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14779
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Derek Raghavan
Mailing Address: 9440 Heydon Hall Circle
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14876
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

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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: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14503
Amount of Each Receipt this Period: 250.00
[ ] Memo Item
Payroll Deduction $250 monthly

B. Full Name (Last, First, Middle Initial): Mr. Roger A Ray
Mailing Address: 11029 Lederer Ave
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1250.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14598
Amount of Each Receipt this Period: 250.00
[ ] Memo Item
Payroll Deduction $250 monthly

C. Full Name (Last, First, Middle Initial): Mr. Roger A Ray
Mailing Address: 11029 Lederer Ave
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14696
Amount of Each Receipt this Period: 250.00
[ ] Memo Item
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

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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: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1750.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14794
Amount of Each Receipt this Period: 250.00
[ ] Memo Item
Payroll Deduction $250 monthly

B. Full Name (Last, First, Middle Initial): Douglas C Roush
Mailing Address: 2710 Normandy Road
City: Charlotte State: NC Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 204.19
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14828
Amount of Each Receipt this Period: 29.17
[ ] Memo Item
Payroll Deduction $29.17 monthly

C. Full Name (Last, First, Middle Initial): Pamela M Rowell
Mailing Address: 9702 Heritage Lane
City: Indian Trail State: NC Zip Code: 28079
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 208.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14684
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 320.84

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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: Indian Trail | State: NC | Zip Code: 28079
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.02
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14778
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Pamela M Rowell
Mailing Address: 9702 Heritage Lane
City: Indian Trail | State: NC | Zip Code: 28079
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 291.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14878
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Michael Ruhlen
Mailing Address: 7216 Graybeard Court
City: Charlotte | State: NC | Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas Healthcare System
Occupation: VP/CMO CMC -Mercy & CMC - Pine
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14867
Amount of Each Receipt this Period: 30.00
[ ] Memo Item
Payroll Deduction $30 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 113.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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): Kenneth A Shull
Mailing Address: 60 Greenstoke Loop
City: Tryon State: NC Zip Code: 28782
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 208.35
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14662
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Kenneth A Shull
Mailing Address: 60 Greenstoke Loop
City: Tryon State: NC Zip Code: 28782
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.02
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14781
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Kenneth A Shull
Mailing Address: 60 Greenstoke Loop
City: Tryon State: NC Zip Code: 28782
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 291.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14857
Amount of Each Receipt this Period: 41.67
[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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: Troutman State: NC Zip Code: 28166
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14880
Amount of Each Receipt this Period: 30.00
[ ] Memo Item
Payroll Deduction $30 monthly

B. Full Name (Last, First, Middle Initial): James Michael Stevenson
Mailing Address: 1711 Mission Road
City: Murphy State: NC Zip Code: 28906
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 333.32

Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14517
Amount of Each Receipt this Period: 83.33
[ ] Memo Item
Payroll Deduction $83.33 monthly

C. Full Name (Last, First, Middle Initial): James Michael Stevenson
Mailing Address: 1711 Mission Road
City: Murphy State: NC Zip Code: 28906
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 416.65

Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14612
Amount of Each Receipt this Period: 83.33
[ ] Memo Item
Payroll Deduction $83.33 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 196.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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): James Michael Stevenson
Mailing Address: 1711 Mission Road
City: Murphy State: NC Zip Code: 28906
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 499.98

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14710
Amount of Each Receipt this Period: 83.33
[ ] Memo Item
Payroll Deduction $83.33 monthly

B. Full Name (Last, First, Middle Initial): James Michael Stevenson
Mailing Address: 1711 Mission Road
City: Murphy State: NC Zip Code: 28906
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 583.31

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14808
Amount of Each Receipt this Period: 83.33
[ ] Memo Item
Payroll Deduction $83.33 monthly

C. Full Name (Last, First, Middle Initial): Mr. Michael C Tarwater
Mailing Address: 2301 Queens Road East
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14531
Amount of Each Receipt this Period: 500.00
[ ] Memo Item
Payroll Deduction $500 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 666.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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: 2301 Queens Road East
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 2500.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14626
Amount of Each Receipt this Period: 500.00
[ ] Memo Item
Payroll Deduction $500 monthly

B. Full Name (Last, First, Middle Initial): Mr. Michael C Tarwater
Mailing Address: 2301 Queens Road East
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 3000.00
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14724
Amount of Each Receipt this Period: 500.00
[ ] Memo Item
Payroll Deduction $500 monthly

C. Full Name (Last, First, Middle Initial): Joan Thomas
Mailing Address: 230 Summermore Drive
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14530
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 1125.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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): Joan Thomas
Mailing Address: 230 Summermore Drive
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14625
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Joan Thomas
Mailing Address: 230 Summermore Drive
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14723
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Joan Thomas
Mailing Address: 230 Summermore Drive
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14821
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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. Martha J Whitecotton
Mailing Address: 9526 Greyson Ridge Drive
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 666.68

Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14588
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Ms. Martha J Whitecotton
Mailing Address: 9526 Greyson Ridge Drive
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 833.35

Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14683
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial): Ms. Martha J Whitecotton
Mailing Address: 9526 Greyson Ridge Drive
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.02

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14780
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
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

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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. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City: Charlotte | State: NC | Zip Code: 28277

FEC ID number of contributing federal political committee. C

Name of Employer: Carolinas HealthCare System
Occupation: ADMIN

Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.69

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14877

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial)
Mary Ann Wilcox

Mailing Address 5314 Wingedfoot Road

City: Charlotte | State: NC | Zip Code: 28226

FEC ID number of contributing federal political committee. C

Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN

Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14561

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial)
Mary Ann Wilcox

Mailing Address 5314 Wingedfoot Road

City: Charlotte | State: NC | Zip Code: 28226

FEC ID number of contributing federal political committee. C

Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN

Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 833.35

Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14656

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
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)
[X] 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): Mary Ann Wilcox
Mailing Address: 5314 Wingedfoot Road
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1000.02
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14754
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Mary Ann Wilcox
Mailing Address: 5314 Wingedfoot Road
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1166.69
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14851
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial): Ms. Phyllis Anne Wingate
Mailing Address: 6005 Willowood Road
City: Kannapolis State: NC Zip Code: 28081
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 666.68
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14568
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
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

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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. Phyllis Anne Wingate
Mailing Address: 6005 Willowood Road
City: Kannapolis State: NC Zip Code: 28081
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 833.35

Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14663
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Ms. Phyllis Anne Wingate
Mailing Address: 6005 Willowood Road
City: Kannapolis State: NC Zip Code: 28081
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1000.02

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14761
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial): Ms. Phyllis Anne Wingate
Mailing Address: 6005 Willowood Road
City: Kannapolis State: NC Zip Code: 28081
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1166.69

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14858
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
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)
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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): Jean Wright
Mailing Address: 8636 Carly Lane
City: Mint Hill State: NC Zip Code: 28227
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas Healthcare System
Occupation: Physician
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 333.32
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14583
Amount of Each Receipt this Period: 83.33
[ ] Memo Item
Payroll Deduction $83.33 monthly

B. Full Name (Last, First, Middle Initial): Jean Wright
Mailing Address: 8636 Carly Lane
City: Mint Hill State: NC Zip Code: 28227
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas Healthcare System
Occupation: Physician
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 416.65
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14678
Amount of Each Receipt this Period: 83.33
[ ] Memo Item
Payroll Deduction $83.33 monthly

C. Full Name (Last, First, Middle Initial): Jean Wright
Mailing Address: 8636 Carly Lane
City: Mint Hill State: NC Zip Code: 28227
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas Healthcare System
Occupation: Physician
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14775
Amount of Each Receipt this Period: 83.33
[ ] Memo Item
Payroll Deduction $83.33 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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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): Jean Wright
Mailing Address: 8636 Carly Lane
City: Mint Hill State: NC Zip Code: 28227
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas Healthcare System
Occupation: Physician
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 583.31
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14873
Amount of Each Receipt this Period: 83.33
[ ] Memo Item
Payroll Deduction $83.33 monthly

B. Full Name (Last, First, Middle Initial): Mr. John E Young
Mailing Address: 809 E. King Street
City: Kings Mountain State: NC Zip Code: 28086
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14580
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

C. Full Name (Last, First, Middle Initial): Mr. John E Young
Mailing Address: 809 E. King Street
City: Kings Mountain State: NC Zip Code: 28086
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14675
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 283.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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. John E Young
Mailing Address: 809 E. King Street
City: Kings Mountain | State: NC | Zip Code: 28086
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14772
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

B. Full Name (Last, First, Middle Initial): Mr. John E Young
Mailing Address: 809 E. King Street
City: Kings Mountain | State: NC | Zip Code: 28086
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14870
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

C. Full Name (Last, First, Middle Initial): Zachary Zapack
Mailing Address: 1015 Charlotte Ave #351
City: Rock Hill | State: SC | Zip Code: 29732
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System | Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 833.32

Date of Receipt: 04 / 01 / 2016
Transaction ID : SA11AI.14499
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 408.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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[ ] 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): Zachary Zapack
Mailing Address: 1015 Charlotte Ave #351
City: Rock Hill | State: SC | Zip Code: 29732
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1041.65

Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11AI.14595
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

B. Full Name (Last, First, Middle Initial): Zachary Zapack
Mailing Address: 1015 Charlotte Ave #351
City: Rock Hill | State: SC | Zip Code: 29732
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1249.98

Date of Receipt: 06 / 01 / 2016
Transaction ID : SA11AI.14693
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

C. Full Name (Last, First, Middle Initial): Zachary Zapack
Mailing Address: 1015 Charlotte Ave #351
City: Rock Hill | State: SC | Zip Code: 29732
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1458.31

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11AI.14791
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 624.99

TOTAL This Period (last page this line number only) ▶ 23717.04

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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): The Campaign for Trevor Fuller
Mailing Address: PO Box 30752
City: Charlotte State: NC Zip Code: 28230
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 06 / D D 13 / Y Y Y Y 2016
Transaction ID : SB29.14786
Amount of Each Disbursement this Period: 500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 500.00