

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="186100.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="186100.79"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37432.73"/>	<input type="text" value="37432.73"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="223533.52"/>	<input type="text" value="223533.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="-2964.24"/>	<input type="text" value="-2964.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="226497.76"/>	<input type="text" value="226497.76"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: M M / D D / Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2013

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).....	27283.77	27283.77
(ii) Unitemized	9959.95	9959.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37243.72	37243.72
(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)	37243.72	37243.72
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).....	94.23	94.23
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	94.78	94.78
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))..... ▶	37432.73	37432.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37432.73	37432.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	35.76	35.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35.76	35.76
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	-3000.00	-3000.00
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)) ..	-2964.24	-2964.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-2964.24	-2964.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	37243.72	37243.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37243.72	37243.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35.76	35.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	94.23	94.23
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-58.47	-58.47

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. John W. Baker		Date of Receipt
Mailing Address 16224 Leeward Lane		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Huntersville	NC	28078
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.10469
Carolinas HealthCare System	Healthcare Administrator	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.35"/>	<input type="text" value="41.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial) B. Pamela M Beckwith		Date of Receipt
Mailing Address 1709 Rosebank Lane		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.10242
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="333.34"/>	<input type="text" value="166.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial) C. Pamela M Beckwith		Date of Receipt
Mailing Address 1709 Rosebank Lane		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.10318
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="500.01"/>	<input type="text" value="166.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="375.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Pamela M Beckwith		Date of Receipt
Mailing Address 1709 Rosebank Lane		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10394
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="166.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$166.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="666.68"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Pamela M Beckwith		Date of Receipt
Mailing Address 1709 Rosebank Lane		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10470
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="166.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$166.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="833.35"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Pamela M Beckwith		Date of Receipt
Mailing Address 1709 Rosebank Lane		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10545
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="166.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$166.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1000.02"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="500.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Stephen C Burr
 Full Name (Last, First, Middle Initial)
 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 CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11Al.10476
 Amount of Each Receipt this Period 50.00
 Payroll Deduction \$50 monthly

B. Mr. Stephen C Burr
 Full Name (Last, First, Middle Initial)
 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 CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11Al.10551
 Amount of Each Receipt this Period 50.00
 Payroll Deduction \$50 monthly

C. Mr. Jack F Chamblee
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 550934
 City Gastonia State NC Zip Code 28055-0934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11Al.10528
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.67
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)	PAGE 9 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Jack F Chamblee		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>31</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	31	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	31	/	2013								
Mailing Address PO Box 550934		Transaction ID : SA11AI.10603										
City Gastonia	State NC	Zip Code 28055-0934										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02											

Full Name (Last, First, Middle Initial) B. Mr. Paul G Colavita		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	01	/	2013								
Mailing Address 2501 Sedley Road		Transaction ID : SA11AI.10482										
City Charlotte	State NC	Zip Code 28211										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35											

Full Name (Last, First, Middle Initial) C. Mr. Paul G Colavita		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>31</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	31	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	31	/	2013								
Mailing Address 2501 Sedley Road		Transaction ID : SA11AI.10557										
City Charlotte	State NC	Zip Code 28211										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02											

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: PAGE 10 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Marsha D Ford
 Full Name (Last, First, Middle Initial)
 Mailing Address 6836 Alexander 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : SA11AI.10355
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction \$100 monthly

B. Dr. Marsha D Ford
 Full Name (Last, First, Middle Initial)
 Mailing Address 6836 Alexander 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.10431
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction \$100 monthly

C. Dr. Marsha D Ford
 Full Name (Last, First, Middle Initial)
 Mailing Address 6836 Alexander 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.10507
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional).....▶ 300.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Marsha D Ford		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : SA11AI.10582
Mailing Address 6836 Alexander Road		Amount of Each Receipt this Period 100.00 Payroll Deduction \$100 monthly
City Charlotte	State NC	Zip Code 28270
FEC ID number of contributing federal political committee. C		
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Mr. Paul S Franz		Date of Receipt MM / DD / YYYY 01 / 02 / 2013 Transaction ID : SA11AI.10148
Mailing Address 1320 Fillmore Avenue #413		Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.67	

Full Name (Last, First, Middle Initial) C. Mr. Paul S Franz		Date of Receipt MM / DD / YYYY 02 / 01 / 2013 Transaction ID : SA11AI.10235
Mailing Address 1320 Fillmore Avenue #413		Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	

SUBTOTAL of Receipts This Page (optional).....▶	933.34
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)	PAGE 12 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Paul S Franz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Fillmore Avenue #413
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : SA11AI.10311
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

B. Mr. Paul S Franz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Fillmore Avenue #413
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.10387
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

C. Mr. Paul S Franz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Fillmore Avenue #413
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2083.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.10463
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	1250.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Mr. Paul S Franz		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>31</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	31	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	31	/	2013								
Mailing Address 1320 Fillmore Avenue #413		Transaction ID : SA11Al.10539										
City Charlotte	State NC	Zip Code 28203										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.02											

Full Name (Last, First, Middle Initial) B. Mr. Greg A Gombar		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td>/</td> <td>02</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	01	/	02	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
01	/	02	/	2013								
Mailing Address 4625 Cotton Creek Drive		Transaction ID : SA11Al.10186										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.67											

Full Name (Last, First, Middle Initial) c. Mr. Greg A Gombar		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
02	/	01	/	2013								
Mailing Address 4625 Cotton Creek Drive		Transaction ID : SA11Al.10266										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34											

SUBTOTAL of Receipts This Page (optional).....▶	1250.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Greg A Gombar
 Full Name (Last, First, Middle Initial)
 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 CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : SA11AI.10342
 Amount of Each Receipt this Period
 416.67
 Payroll Deduction \$416.67 monthly

B. Mr. Greg A Gombar
 Full Name (Last, First, Middle Initial)
 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 CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.10418
 Amount of Each Receipt this Period
 416.67
 Payroll Deduction \$416.67 monthly

c. Mr. Greg A Gombar
 Full Name (Last, First, Middle Initial)
 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 CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2083.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.10494
 Amount of Each Receipt this Period
 416.67
 Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional).....	1250.01
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Greg A Gombar		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td> <td>3</td><td>1</td><td></td> <td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		3	1		2	0	1	3													
Mailing Address 4625 Cotton Creek Drive		Transaction ID : SA11AI.10569																				
City Charlotte	State NC	Zip Code 28226																				
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.67																					
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.02																					

Full Name (Last, First, Middle Initial) B. Dr. Mary N Hall		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td> <td>0</td><td>1</td><td></td> <td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	1		2	0	1	3													
Mailing Address 1040 Queens Road		Transaction ID : SA11AI.10456																				
City Charlotte	State NC	Zip Code 28207																				
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67																					
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35																					

Full Name (Last, First, Middle Initial) C. Dr. Mary N Hall		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td> <td>3</td><td>1</td><td></td> <td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		3	1		2	0	1	3													
Mailing Address 1040 Queens Road		Transaction ID : SA11AI.10532																				
City Charlotte	State NC	Zip Code 28207																				
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67																					
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02																					

SUBTOTAL of Receipts This Page (optional).....▶	500.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Henry C Hawthorne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 James B White Hwy N
 City Whiteville State NC Zip Code 28472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : SA11AI.10310
 Amount of Each Receipt this Period 100.00
 Payroll Deduction \$100 monthly

B. Henry C Hawthorne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 James B White Hwy N
 City Whiteville State NC Zip Code 28472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.10386
 Amount of Each Receipt this Period 100.00
 Payroll Deduction \$100 monthly

c. Henry C Hawthorne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 James B White Hwy N
 City Whiteville State NC Zip Code 28472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.10462
 Amount of Each Receipt this Period 100.00
 Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Henry C Hawthorne		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : SA11AI.10538
Mailing Address 1310 James B White Hwy N		Amount of Each Receipt this Period 100.00 Payroll Deduction \$100 monthly
City Whiteville	State NC	Zip Code 28472
FEC ID number of contributing federal political committee. C		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Sara J Herron		Date of Receipt MM / DD / YYYY 03 / 01 / 2013 Transaction ID : SA11AI.10369
Mailing Address 9422 Briarwick Lane		Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
City Charlotte	State NC	Zip Code 28277-1673
FEC ID number of contributing federal political committee. C		
Name of Employer Carolinas HealthCare System	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Sara J Herron		Date of Receipt MM / DD / YYYY 04 / 01 / 2013 Transaction ID : SA11AI.10445
Mailing Address 9422 Briarwick Lane		Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
City Charlotte	State NC	Zip Code 28277-1673
FEC ID number of contributing federal political committee. C		
Name of Employer Carolinas HealthCare System	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	266.68
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sara J Herron
 Full Name (Last, First, Middle Initial)
 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 Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2013
Transaction ID : SA11AI.10521
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

B. Sara J Herron
 Full Name (Last, First, Middle Initial)
 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 Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013
Transaction ID : SA11AI.10596
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

C. Laurence C Hinsdale
 Full Name (Last, First, Middle Initial)
 Mailing Address 7117 Stirewalt Road
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 02 / 2013
Transaction ID : SA11AI.10205
 Amount of Each Receipt this Period
250.00
 Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... **416.68**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Laurence C Hinsdale			Date of Receipt M M / D D / Y Y Y Y Y 02 / 01 / 2013 Transaction ID : SA11AI.10285		
Mailing Address 7117 Stirewalt Road			Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly		
City Concord	State NC	Zip Code 28027			
FEC ID number of contributing federal political committee. C					
Name of Employer Carolinas HealthCare System		Occupation ADMIN			
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) B. Laurence C Hinsdale			Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2013 Transaction ID : SA11AI.10361		
Mailing Address 7117 Stirewalt Road			Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly		
City Concord	State NC	Zip Code 28027			
FEC ID number of contributing federal political committee. C					
Name of Employer Carolinas HealthCare System		Occupation ADMIN			
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

Full Name (Last, First, Middle Initial) C. Laurence C Hinsdale			Date of Receipt M M / D D / Y Y Y Y Y 04 / 01 / 2013 Transaction ID : SA11AI.10437		
Mailing Address 7117 Stirewalt Road			Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly		
City Concord	State NC	Zip Code 28027			
FEC ID number of contributing federal political committee. C					
Name of Employer Carolinas HealthCare System		Occupation ADMIN			
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Laurence C Hinsdale		Date of Receipt MM / DD / YYYY 05 / 01 / 2013 Transaction ID : SA11AI.10513
Mailing Address 7117 Stirewalt Road		Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly
City Concord	State NC	Zip Code 28027
FEC ID number of contributing federal political committee. C		
Name of Employer Carolinas HealthCare System	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Laurence C Hinsdale		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : SA11AI.10588
Mailing Address 7117 Stirewalt Road		Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly
City Concord	State NC	Zip Code 28027
FEC ID number of contributing federal political committee. C		
Name of Employer Carolinas HealthCare System	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) c. Mr. Christopher R Hummer		Date of Receipt MM / DD / YYYY 03 / 01 / 2013 Transaction ID : SA11AI.10327
Mailing Address 215 Hillside Avenue		Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
City Charlotte	State NC	Zip Code 28209
FEC ID number of contributing federal political committee. C		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	583.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mr. Christopher R Hummer			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.10403			M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	4		0	1		2	0	1	3																
Mailing Address 215 Hillside Avenue			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>8</td><td>3</td><td>.</td><td>3</td><td>4</td> </tr> </table>			8	3	.	3	4															
8	3	.	3	4																					
City Charlotte	State NC	Zip Code 28209	Payroll Deduction \$83.34 monthly																						
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>3</td><td>3</td><td>3</td><td>.</td><td>3</td><td>6</td> </tr> </table>				3	3	3	.	3	6														
3	3	3	.	3	6																				
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

Full Name (Last, First, Middle Initial) B. Mr. Christopher R Hummer			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.10479			M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	5		0	1		2	0	1	3																
Mailing Address 215 Hillside Avenue			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>8</td><td>3</td><td>.</td><td>3</td><td>4</td> </tr> </table>			8	3	.	3	4															
8	3	.	3	4																					
City Charlotte	State NC	Zip Code 28209	Payroll Deduction \$83.34 monthly																						
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>4</td><td>1</td><td>6</td><td>.</td><td>7</td><td>0</td> </tr> </table>				4	1	6	.	7	0														
4	1	6	.	7	0																				
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

Full Name (Last, First, Middle Initial) C. Mr. Christopher R Hummer			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.10554			M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	5		3	1		2	0	1	3																
Mailing Address 215 Hillside Avenue			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>8</td><td>3</td><td>.</td><td>3</td><td>4</td> </tr> </table>			8	3	.	3	4															
8	3	.	3	4																					
City Charlotte	State NC	Zip Code 28209	Payroll Deduction \$83.34 monthly																						
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>5</td><td>0</td><td>0</td><td>.</td><td>4</td> </tr> </table>				5	0	0	.	4															
5	0	0	.	4																					
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td>2</td><td>5</td><td>0</td><td>.</td><td>0</td><td>2</td> </tr> </table>	2	5	0	.	0	2
2	5	0	.	0	2		
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. James C Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1506 Providence 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **333.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 01 / 2013
Transaction ID : SA11AI.10255
 Amount of Each Receipt this Period
166.67
 Payroll Deduction \$166.67 monthly

B. James C Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1506 Providence 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.01**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2013
Transaction ID : SA11AI.10331
 Amount of Each Receipt this Period
166.67
 Payroll Deduction \$166.67 monthly

C. James C Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1506 Providence 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **666.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2013
Transaction ID : SA11AI.10407
 Amount of Each Receipt this Period
166.67
 Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	500.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James C Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1506 Providence 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **833.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2013
Transaction ID : SA11AI.10483
 Amount of Each Receipt this Period
166.67
 Payroll Deduction \$166.67 monthly

B. James C Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1506 Providence 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013
Transaction ID : SA11AI.10558
 Amount of Each Receipt this Period
166.67
 Payroll Deduction \$166.67 monthly

c. Mr. W. Christopher Johnson
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **208.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2013
Transaction ID : SA11AI.10493
 Amount of Each Receipt this Period
41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	375.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. W. Christopher Johnson		Date of Receipt
Mailing Address 445 Forest Hill Circle		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rutherfordton	NC	28139
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.10568
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.02"/>	<input type="text" value="41.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial) B. Mr. John J Knox		Date of Receipt
Mailing Address 6530 Boykin Spaniel Road		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28277
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.10506
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.35"/>	<input type="text" value="41.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial) C. Mr. John J Knox		Date of Receipt
Mailing Address 6530 Boykin Spaniel Road		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28277
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.10581
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.02"/>	<input type="text" value="41.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. W. Spencer Lilly		Date of Receipt MM / DD / YYYY 03 / 01 / 2013 Transaction ID : SA11AI.10368
Mailing Address 9306 Copans Glen Lane		Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Mr. W. Spencer Lilly		Date of Receipt MM / DD / YYYY 04 / 01 / 2013 Transaction ID : SA11AI.10444
Mailing Address 9306 Copans Glen Lane		Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) C. Mr. W. Spencer Lilly		Date of Receipt MM / DD / YYYY 05 / 01 / 2013 Transaction ID : SA11AI.10520
Mailing Address 9306 Copans Glen Lane		Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. W. Spencer Lilly		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>31</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	31	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	31	/	2013								
Mailing Address 9306 Copans Glen Lane		Transaction ID : SA11AI.10595										
City Huntersville	State NC	Zip Code 28078										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04											

Full Name (Last, First, Middle Initial) B. Carol A Lovin		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
03	/	01	/	2013								
Mailing Address 7023 Conservatory Lane		Transaction ID : SA11AI.10358										
City Charlotte	State NC	Zip Code 28210										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02											

Full Name (Last, First, Middle Initial) C. Carol A Lovin		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	04	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
04	/	01	/	2013								
Mailing Address 7023 Conservatory Lane		Transaction ID : SA11AI.10434										
City Charlotte	State NC	Zip Code 28210										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36											

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Carol A Lovin		Date of Receipt MM / DD / YYYY 05 / 01 / 2013 Transaction ID : SA11AI.10510
Mailing Address 7023 Conservatory Lane		Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) B. Carol A Lovin		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : SA11AI.10585
Mailing Address 7023 Conservatory Lane		Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) C. Ms. Martha Ann B McConnell		Date of Receipt MM / DD / YYYY 01 / 02 / 2013 Transaction ID : SA11AI.10176
Mailing Address 3617 Charolais Lane		Amount of Each Receipt this Period 1500.00 Payroll Deduction \$1500 monthly
City Harrisburg	State NC	Zip Code 28075
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1666.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. James T McDevitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : SA11AI.10366
 Amount of Each Receipt this Period 83.34
 Payroll Deduction \$83.34 monthly

B. Mr. James T McDevitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.10442
 Amount of Each Receipt this Period 83.34
 Payroll Deduction \$83.34 monthly

C. Mr. James T McDevitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.10518
 Amount of Each Receipt this Period 83.34
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. James T McDevitt

Full Name (Last, First, Middle Initial)
 Mailing Address 826 Berkeley Avenue

City Charlotte	State NC	Zip Code 28203
-------------------	-------------	-------------------

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

Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
---	---------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : SA11AI.10593

Amount of Each Receipt this Period
83.34

Payroll Deduction \$83.34 monthly

B. Ms. G. Genell Moore

Full Name (Last, First, Middle Initial)
 Mailing Address 9601 Mountain Ivy Court

City Charlotte	State NC	Zip Code 28210
-------------------	-------------	-------------------

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

Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
---	---------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 02 / 2013

Transaction ID : SA11AI.10216

Amount of Each Receipt this Period
300.00

Payroll Deduction \$300 monthly

C. Mr. James C Olsen

Full Name (Last, First, Middle Initial)
 Mailing Address 5900 Summerston Place

City Charlotte	State NC	Zip Code 28277
-------------------	-------------	-------------------

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

Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
---	---------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.34**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 01 / 2013

Transaction ID : SA11AI.10272

Amount of Each Receipt this Period
166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	550.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. James C Olsen		Date of Receipt MM / DD / YYYY 03 / 01 / 2013 Transaction ID : SA11AI.10348
Mailing Address 5900 Summerston Place		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01	

Full Name (Last, First, Middle Initial) B. Mr. James C Olsen		Date of Receipt MM / DD / YYYY 04 / 01 / 2013 Transaction ID : SA11AI.10424
Mailing Address 5900 Summerston Place		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	

Full Name (Last, First, Middle Initial) C. Mr. James C Olsen		Date of Receipt MM / DD / YYYY 05 / 01 / 2013 Transaction ID : SA11AI.10500
Mailing Address 5900 Summerston Place		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.35	

SUBTOTAL of Receipts This Page (optional).....▶	500.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. James C Olsen		Date of Receipt
Mailing Address 5900 Summerston Place		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28277
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10575
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="166.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$166.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1000.02"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Joseph G Piemont		Date of Receipt
Mailing Address 2028 Hopedale Avenue		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10162
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="400.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$400 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Joseph G Piemont		Date of Receipt
Mailing Address 2028 Hopedale Avenue		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10247
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="400.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$400 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="966.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Joseph G Piemont		Date of Receipt
Mailing Address 2028 Hopedale Avenue		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10323
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="400.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$400 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Joseph G Piemont		Date of Receipt
Mailing Address 2028 Hopedale Avenue		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10399
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="400.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$400 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Joseph G Piemont		Date of Receipt
Mailing Address 2028 Hopedale Avenue		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10475
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="400.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$400 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Joseph G Piemont
 Full Name (Last, First, Middle Initial)
 Mailing Address 2028 Hopedale Avenue
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.10550
 Amount of Each Receipt this Period
 400.00
 Payroll Deduction \$400 monthly

B. Debra Plousha Moore
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : SA11AI.10281
 Amount of Each Receipt this Period
 125.00
 Payroll Deduction \$125 monthly

C. Debra Plousha Moore
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : SA11AI.10357
 Amount of Each Receipt this Period
 125.00
 Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Debra Plousha Moore
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.10433
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

B. Debra Plousha Moore
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.10509
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

C. Debra Plousha Moore
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.10584
 Amount of Each Receipt this Period 125.00
 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)	PAGE 35 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Thomas J Pulliam		Date of Receipt MM / DD / YYYY 01 / 02 / 2013 Transaction ID : SA11AI.10142
Mailing Address 1105 Fawnbrook Road		Amount of Each Receipt this Period 300.00 Payroll Deduction \$300 monthly
City Lewisville	State NC	Zip Code 27023
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation PHYS
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Thomas J Pulliam		Date of Receipt MM / DD / YYYY 02 / 01 / 2013 Transaction ID : SA11AI.10230
Mailing Address 1105 Fawnbrook Road		Amount of Each Receipt this Period 300.00 Payroll Deduction \$300 monthly
City Lewisville	State NC	Zip Code 27023
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation PHYS
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Thomas J Pulliam		Date of Receipt MM / DD / YYYY 03 / 01 / 2013 Transaction ID : SA11AI.10306
Mailing Address 1105 Fawnbrook Road		Amount of Each Receipt this Period 300.00 Payroll Deduction \$300 monthly
City Lewisville	State NC	Zip Code 27023
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation PHYS
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Thomas J Pulliam
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Fawnbrook Road
 City Lewisville State NC Zip Code 27023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.10382
 Amount of Each Receipt this Period 300.00
 Payroll Deduction \$300 monthly

B. Thomas J Pulliam
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Fawnbrook Road
 City Lewisville State NC Zip Code 27023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.10458
 Amount of Each Receipt this Period 300.00
 Payroll Deduction \$300 monthly

C. Thomas J Pulliam
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Fawnbrook Road
 City Lewisville State NC Zip Code 27023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.10534
 Amount of Each Receipt this Period 300.00
 Payroll Deduction \$300 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Roger A Ray			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	02	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
02	/	01	/	2013									
Mailing Address 11029 Lederer Ave			Transaction ID : SA11AI.10229										
City Charlotte	State NC	Zip Code 28277	Amount of Each Receipt this Period <table border="1"> <tr> <td>166.67</td> </tr> </table>	166.67									
166.67													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>333.34</td> </tr> </table>		333.34									
333.34													
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼													

Full Name (Last, First, Middle Initial) B. Mr. Roger A Ray			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
03	/	01	/	2013									
Mailing Address 11029 Lederer Ave			Transaction ID : SA11AI.10305										
City Charlotte	State NC	Zip Code 28277	Amount of Each Receipt this Period <table border="1"> <tr> <td>166.67</td> </tr> </table>	166.67									
166.67													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>500.01</td> </tr> </table>		500.01									
500.01													
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼													

Full Name (Last, First, Middle Initial) C. Mr. Roger A Ray			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	04	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y									
04	/	01	/	2013									
Mailing Address 11029 Lederer Ave			Transaction ID : SA11AI.10381										
City Charlotte	State NC	Zip Code 28277	Amount of Each Receipt this Period <table border="1"> <tr> <td>166.67</td> </tr> </table>	166.67									
166.67													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>666.68</td> </tr> </table>		666.68									
666.68													
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>500.01</td> </tr> </table>	500.01
500.01		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Roger A Ray
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **833.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2013
Transaction ID : SA11AI.10457
 Amount of Each Receipt this Period
166.67
 Payroll Deduction \$166.67 monthly

B. Mr. Roger A Ray
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013
Transaction ID : SA11AI.10533
 Amount of Each Receipt this Period
166.67
 Payroll Deduction \$166.67 monthly

C. Mr. Michael L Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 6901 Foxglove Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2013
Transaction ID : SA11AI.10356
 Amount of Each Receipt this Period
100.00
 Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional).....▶	433.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Michael L Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 6901 Foxglove Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.10432
 Amount of Each Receipt this Period 100.00
 Payroll Deduction \$100 monthly

B. Mr. Michael L Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 6901 Foxglove Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.10508
 Amount of Each Receipt this Period 100.00
 Payroll Deduction \$100 monthly

C. Mr. Michael L Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 6901 Foxglove Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.10583
 Amount of Each Receipt this Period 100.00
 Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Pamela M Rowell		Date of Receipt
Mailing Address 9702 Heritage Lane		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indian Trail	NC	28079
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10523
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	ADMIN	<input type="text" value="41.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$41.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.35"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Pamela M Rowell		Date of Receipt
Mailing Address 9702 Heritage Lane		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indian Trail	NC	28079
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10598
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	ADMIN	<input type="text" value="41.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$41.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.02"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kenneth A Shull		Date of Receipt
Mailing Address 60 Greenstoke Loop		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Tryon	NC	28782
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10501
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="41.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$41.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.35"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Kenneth A Shull		Date of Receipt
Mailing Address 60 Greenstoke Loop		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Tryon	NC	28782
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10576
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="41.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$41.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.02"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James Michael Stevenson		Date of Receipt
Mailing Address 1711 Mission Road		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Murphy	NC	28906
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10319
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="83.34"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$83.34 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.02"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. James Michael Stevenson		Date of Receipt
Mailing Address 1711 Mission Road		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Murphy	NC	28906
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10395
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="83.34"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$83.34 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="333.36"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="208.35"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James Michael Stevenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1711 Mission Road
 City State Zip Code
 Murphy NC 28906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.10471
 Amount of Each Receipt this Period
 83.34
 Payroll Deduction \$83.34 monthly

B. James Michael Stevenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1711 Mission Road
 City State Zip Code
 Murphy NC 28906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11AI.10546
 Amount of Each Receipt this Period
 83.34
 Payroll Deduction \$83.34 monthly

C. Daniel W Sweat
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Twin Lake Drive
 City State Zip Code
 Shelby NC 28152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : SA11AI.10312
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.68
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Daniel W Sweat		Date of Receipt
Mailing Address 133 Twin Lake Drive		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Shelby	NC	28152
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.10388
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="400.00"/>	<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial) B. Daniel W Sweat		Date of Receipt
Mailing Address 133 Twin Lake Drive		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Shelby	NC	28152
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.10464
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="500.00"/>	<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial) C. Daniel W Sweat		Date of Receipt
Mailing Address 133 Twin Lake Drive		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Shelby	NC	28152
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.10540
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="600.00"/>	<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$100 monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial) A. Mr. Michael C Tarwater		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>02</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		02		2013
M M	/	D D	/	Y Y Y Y								
01		02		2013								
Mailing Address 1414 Biltmore Drive		Transaction ID : SA11AI.10150										
City Charlotte	State NC	Zip Code 28207										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.67										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.67											

Full Name (Last, First, Middle Initial) B. Mr. Michael C Tarwater		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		01		2013
M M	/	D D	/	Y Y Y Y								
02		01		2013								
Mailing Address 1414 Biltmore Drive		Transaction ID : SA11AI.10237										
City Charlotte	State NC	Zip Code 28207										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.67										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34											

Full Name (Last, First, Middle Initial) C. Mr. Michael C Tarwater		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		01		2013
M M	/	D D	/	Y Y Y Y								
03		01		2013								
Mailing Address 1414 Biltmore Drive		Transaction ID : SA11AI.10313										
City Charlotte	State NC	Zip Code 28207										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.67										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.01											

SUBTOTAL of Receipts This Page (optional).....▶	1250.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Michael C Tarwater		Date of Receipt
Mailing Address 1414 Biltmore Drive		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10389
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="416.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$416.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1666.68"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Michael C Tarwater		Date of Receipt
Mailing Address 1414 Biltmore Drive		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10465
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="416.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$416.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2083.35"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Michael C Tarwater		Date of Receipt
Mailing Address 1414 Biltmore Drive		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10541
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="416.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$416.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2500.02"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1250.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joan Thomas
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 02 / 2013
Transaction ID : SA11AI.10168
 Amount of Each Receipt this Period 250.00
 Payroll Deduction \$250 monthly

B. Joan Thomas
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : SA11AI.10252
 Amount of Each Receipt this Period 250.00
 Payroll Deduction \$250 monthly

C. Joan Thomas
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : SA11AI.10328
 Amount of Each Receipt this Period 250.00
 Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joan Thomas		Date of Receipt MM / DD / YYYY 04 / 01 / 2013 Transaction ID : SA11AI.10404
Mailing Address 230 Summermore Drive		Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly
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: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Joan Thomas		Date of Receipt MM / DD / YYYY 05 / 01 / 2013 Transaction ID : SA11AI.10480
Mailing Address 230 Summermore Drive		Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly
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: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Joan Thomas		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : SA11AI.10555
Mailing Address 230 Summermore Drive		Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly
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: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Martha J Whitecotton		Date of Receipt MM / DD / YYYY 05 / 01 / 2013 Transaction ID : SA11AI.10522
Mailing Address 9526 Greyson Ridge Drive		Amount of Each Receipt this Period 41.67 Payroll Deduction \$41.67 monthly
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 208.35	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Martha J Whitecotton		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 Transaction ID : SA11AI.10597
Mailing Address 9526 Greyson Ridge Drive		Amount of Each Receipt this Period 41.67 Payroll Deduction \$41.67 monthly
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 250.02	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Daniel L Wiens		Date of Receipt MM / DD / YYYY 03 / 01 / 2013 Transaction ID : SA11AI.10308
Mailing Address 1140 Milton Hall Place		Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
City Charlotte	State NC	Zip Code 28270
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 250.02	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Daniel L Wiens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 Milton Hall Place
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2013
Transaction ID : SA11AI.10384
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

B. Mr. Daniel L Wiens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 Milton Hall Place
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2013
Transaction ID : SA11AI.10460
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

C. Mr. Daniel L Wiens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 Milton Hall Place
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013
Transaction ID : SA11AI.10536
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.02**
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Robert H Wiggins		Date of Receipt
Mailing Address 6417 Seton House Lane		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28277
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10505
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="41.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$41.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.35"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Robert H Wiggins		Date of Receipt
Mailing Address 6417 Seton House Lane		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28277
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10580
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="41.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$41.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.02"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mary Ann Wilcox		Date of Receipt
Mailing Address 2719 Phillips Gate Drive		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10333
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="83.34"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$83.34 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.02"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="166.68"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mary Ann Wilcox		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	04	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
04	/	01	/	2013								
Mailing Address 2719 Phillips Gate Drive		Transaction ID : SA11AI.10409										
City Charlotte	State NC	Zip Code 28210										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36											

Full Name (Last, First, Middle Initial) B. Mary Ann Wilcox		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	01	/	2013								
Mailing Address 2719 Phillips Gate Drive		Transaction ID : SA11AI.10485										
City Charlotte	State NC	Zip Code 28210										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70											

Full Name (Last, First, Middle Initial) C. Mary Ann Wilcox		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>31</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	31	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	31	/	2013								
Mailing Address 2719 Phillips Gate Drive		Transaction ID : SA11AI.10560										
City Charlotte	State NC	Zip Code 28210										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04											

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Phyllis Anne Wingate		Date of Receipt
Mailing Address 6005 Willowood Road		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Kannapolis	NC	28081
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.10274
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="333.34"/>	<input type="text" value="166.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial) B. Ms. Phyllis Anne Wingate		Date of Receipt
Mailing Address 6005 Willowood Road		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Kannapolis	NC	28081
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.10350
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="500.01"/>	<input type="text" value="166.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial) C. Ms. Phyllis Anne Wingate		Date of Receipt
Mailing Address 6005 Willowood Road		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Kannapolis	NC	28081
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.10426
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="666.68"/>	<input type="text" value="166.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="500.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Phyllis Anne Wingate		Date of Receipt
Mailing Address 6005 Willowood Road		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Kannapolis	NC	28081
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.10502
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="833.35"/>	<input type="text" value="166.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial) B. Ms. Phyllis Anne Wingate		Date of Receipt
Mailing Address 6005 Willowood Road		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Kannapolis	NC	28081
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.10577
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1000.02"/>	<input type="text" value="166.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial) C. Zachary Zapack		Date of Receipt
Mailing Address 1015 Charlotte Ave #351		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rock Hill	SC	29732
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.10226
Carolinas HealthCare System	Administrator	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="333.34"/>	<input type="text" value="166.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="500.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Zachary Zapack		Date of Receipt
Mailing Address 1015 Charlotte Ave #351		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rock Hill	SC	29732
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.10302
Carolinas HealthCare System	Administrator	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="500.01"/>	<input type="text" value="166.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial) B. Zachary Zapack		Date of Receipt
Mailing Address 1015 Charlotte Ave #351		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rock Hill	SC	29732
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.10378
Carolinas HealthCare System	Administrator	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="666.68"/>	<input type="text" value="166.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial) C. Zachary Zapack		Date of Receipt
Mailing Address 1015 Charlotte Ave #351		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rock Hill	SC	29732
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.10454
Carolinas HealthCare System	Administrator	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="833.35"/>	<input type="text" value="166.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="500.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City	State	Zip Code
Rock Hill	SC	29732

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

Name of Employer	Occupation
Carolinas HealthCare System	Administrator

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2013

Transaction ID : SA11AI.10530

Amount of Each Receipt this Period
 166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	166.67
TOTAL This Period (last page this line number only).....▶	27283.77

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bobby Harrell Campaign Fund

Mailing Address 2000 Sam Rittenberg Blvd Suite 124

City Charleston State SC Zip Code 29407

Purpose of Disbursement
Stop Payment

011

Candidate Name

Bobby Harrell Campaign Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SB29.10626

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Rodney W. Moore

Mailing Address P.O. Box 44107

City Charlotte State NC Zip Code 28215

Purpose of Disbursement
Stop Payment

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SB29.10624

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

-3000.00

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

-3000.00