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Image# 201601209004539252

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	-or Other Than An Aut	norized Committee	Office I	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
CHARLOTTE-MECKLENBU	IRG HOSPITAL AUTHOR	ITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLO	OYEES FED PAC
ADDRESS (number and street)	ATTENTION: MARY ANN F	ROUSE		
•	1000 BLYTHE BOULEVARI	D		
Check if different than previously reported. (ACC)	CHARLOTTE		NC 2820	03-2861
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	TY A	STATE A	ZIP CODE 🛦
C C00423871		S THIS NEW (N) O	AMENDED (A))
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	20 (M2) May 20 (M2) 20 (M3) Jun 20 (M3)		Year Only) Dec 20 (M12) (Non-Election
	Apr	20 (M4) Jul 20 (M7	Oct 20 (M10	Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q	Q1) (c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report (Q	PRF-Election	Convention (12C)	Special (12S)	1 (121.)
October 15 Quarterly Report (Q	·	Common (120)	opesia: (120)	
January 31 Year-End Report (Y	(E) Election	on on	/	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Electio	on on	/	in the State of
5. Covering Period 07	7 01 2015	through 12		015
I certify that I have examined th	is Report and to the best of	my knowledge and belief it is	true, correct and comple	ete.
Type or Print Name of Treasure	r Mary Ann Rouse			
Signature of Treasurer Mary	Ann Rouse	[Electronically Filed]	Date 01 2	0 2016
NOTE: Submission of false, errone	eous, or incomplete information	n may subject the person signin	g this Report to the penal	ties of 2 U.S.C. §437g.
Office Use			FE	C FORM 3X
Only				Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
S.	(a) Cash on Hand January 1, 2015		84294.70
	(b) Cash on Hand at Beginning of Reporting Period	131101.19	
	(c) Total Receipts (from Line 19)	48468.18	90274.67
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	179569.37	174569.37
	Total Disbursements (from Line 31)	0.00	-5000.00
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	179569.37	179569.37
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

11. Contributions (done) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Report Covering the Period: From: 07	COLUMN A	COLUMN B			
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Receipts		Calendar Year-to-Date			
Than Political Committees (i) Itemized (use Schedule A)						
(ii) Uniternized						
(ii) Unitemized		45286.22	75843.32			
(iii) TOTAL (add	(I) Itemized (use Schedule A)	7 7 7	7 7			
Lines 11(a)(i) and (ii)	(ii) Unitemized	3111.50	14309.92			
(b) Political Party Committees		48207.72	90153.24			
(c) Other Political Committees (such as PACs)	Lines II(a)(i) and (ii)	40397.12	30133.24			
(such as PACs)	(b) Political Party Committees	0.00	0.00			
(a) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	· /	0.00	0.00			
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)		0.00	0.00			
Totals to Line 33, page 5)						
12. Transfers From Affiliated/Other Party Committees		48397.72	90153.24			
Party Committees	, ,					
14. Loan Repayments Received		0.00	0.00			
14. Loan Repayments Received		0.00				
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	13. All Loans Received	0.00	0.00			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	14 Loan Repayments Received	0.00	0.00			
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)						
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees						
to Federal Candidates and Other Political Committees	(Carry Totals to Line 37, page 5)	0.00	0.00			
Political Committees	16. Refunds of Contributions Made					
17. Other Federal Receipts (Dividends, Interest, etc.)						
(Dividends, Interest, etc.)		0.00	0.00			
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	•	70.40	121.42			
(a) Non-Federal Account (from Schedule H3)		70.46	121.43			
(from Schedule H3)						
(b) Levin Funds (from Schedule H5)	` '	0.00	0.00			
(c) Total Transfers (add 18(a) and 18(b)) 0.00	· · · · · · · · · · · · · · · · · · ·					
19. Total Receipts (add Lines 11(d),	(b) Levin Funds (from Schedule H5)	0.00	0.00			
19. Total Receipts (add Lines 11(d),						
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
12, 13, 14, 15, 16, 17, and 18(c))▶ 48468.18	19. Total Receipts (add Lines 11(d),		 			
	12, 13, 14, 15, 16, 17, and 18(c))▶	48468.18	90274.67			
20. Total Federal Receipts	20. Total Federal Receipts					
(subtract Line 18(c) from Line 19) ▶ 48468.18	·	48468.18	90274.67			

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
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Cilou	Calelidal Teal-10-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	0.00
(use Schedule E)	7	3.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(455 551,544,5 1)		
Loan Repayments Made	0.00	0.00
-		
Loans Made	0.00	0.00
(a) Individuals/Persons Other	0.00	0.00
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	0.00	0.00
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	-5000.00
Other Disbursements	0.00	3000.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		0.00
(i) Federal Share	0.00	0.00
(ii) III ovinil Chara	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	3.00	
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
_	,	
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	-5000.00
Total Federal Disbursements		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	0.00	-5000.00
	7	

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)	48397.72	90153.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48397.72	90153.24
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOR LINE NUMBER:			GE 6	OF 133
(check o	nly one)			
X 11a	11b	11c	12	
13	14	15	16	17

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

or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	DSPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Peter Acker Mailing Address 4405 Over Bidge Bidge		Date of Receipt
Mailing Address 4105 Crepe Ridge Drive		12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code NC 28037	Transaction ID : SA11AI.14145
Denver	NC 28037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
Carolinas HealthCare System	Administrator	
Receipt For: 2016	Aggregate Year-to-Date ▼	
Primary	350.00	
Full Name (Last, First, Middle Initial) 3. Dr. Susan R Andersen	•	Date of Receipt
Mailing Address 1118 Setter Lane		07 01 2015
City	State Zip Code	Transaction ID : SA11AI.13450
Concord	NC 28025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$41.67 monthly
Receipt For: 2015		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	291.69	
Full Name (Last, First, Middle Initial) Dr. Susan R Andersen	·	Date of Receipt
Mailing Address 1118 Setter Lane		07 31 2015
City	State Zip Code NC 28025	Transaction ID : SA11AI.13969
Concord	NC 28025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	PHYS	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	333.36	
SUBTOTAL of Receipts This Page (option.	al)	433.34
	· · · · · · · · · · · · · · · · · · ·	

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Detailed Summary Page 13 14 15 16 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) Dr. Susan R Andersen Date of Receipt Mailing Address 1118 Setter Lane 01 2015 City Zip Code State Transaction ID: SA11AI.13624 NC Concord 28025 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation PHYS CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 375.03 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Susan R Andersen Date of Receipt Mailing Address 1118 Setter Lane 10 01 2015 City State Zip Code Transaction ID: SA11AI.13710 NC Concord 28025 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation CarolinasHealthCareSystem **PHYS** Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Susan R Andersen Date of Receipt Mailing Address 1118 Setter Lane M M / 30 10 2015 City State Zip Code Transaction ID: SA11AI.13796 NC Concord 28025 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee.

458.37

Occupation PHYS

Aggregate Year-to-Date ▼

Payroll Deduction \$41.67 monthly

Name of Employer

Receipt For: 2015

Primary

CarolinasHealthCareSystem

Other (specify)

X General

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

FOR LINE	: PAGE	8 OF	133	
(check on	ly one)			
X 11a	11b	11c	12	
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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 HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Dr. Susan R Andersen Mailing Address 1118 Setter Lane		Date of Receipt
City Concord	State Zip Code NC 28025	12 01 2015 Transaction ID : SA11AI.13882
FEC ID number of contributing federal political committee.	C 28025	Amount of Each Receipt this Period 41.63
Name of Employer CarolinasHealthCareSystem Receipt For: 2015	Occupation PHYS	Payroll Deduction \$41.63 monthly
Primary	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Robert Battista Mailing Address 1008 Sultana Lane		Date of Receipt 10 01 _2015 _
City Matthews	State Zip Code NC 28104	Transaction ID : SA11AI.13705 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Conjunction	20.84 Payroll Deduction \$20.84 monthly
Name of Employer CarolinasHealthCareSystem Receipt For: 2015	Occupation ADMIN Aggregate Veer to Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	
Full Name (Last, First, Middle Initial) Robert Battista		Date of Receipt
Mailing Address 1008 Sultana Lane City	State Zip Code	10 30 2015
Matthews	NC 28104	Transaction ID : SA11AI.13791 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.84 Payroll Deduction \$20.84 monthly
Name of Employer CarolinasHealthCareSystem Receipt For: 2015	Application Applic	. ay.on boddonon quotor monthly
Primary	Aggregate Year-to-Date ▼ 229.24	
SUBTOTAL of Receipts This Page (optional).	>	83.31
TOTAL This Period (last page this line number	er only)	7

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

FOR LINE	: PAGE	5 9 OF	133			
(check only one)						
X 11a	11b	11c	12			
13	14	15	16	17		

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or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HC	OSPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Robert Battista Mailing Address 1008 Sultana Lane		Date of Receipt
City Matthews FEC ID number of contributing	State Zip Code NC 28104	12 01 2015 Transaction ID : SA11AI.13877 Amount of Each Receipt this Period
federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General	Occupation ADMIN Aggregate Year-to-Date ▼	20.76 Payroll Deduction \$20.76 monthly
Other (specify) ▼ Full Name (Last, First, Middle Initial) Pamela M Beckwith Mailing Address 1709 Rosebank Lane	250.00	Date of Receipt
City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28226	7 01 2015 Transaction ID : SA11AI.13462 Amount of Each Receipt this Period 166.67
Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 1166.69	Payroll Deduction \$166.67 monthly
Full Name (Last, First, Middle Initial) Pamela M Beckwith Mailing Address 1709 Rosebank Lane City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015	NC 28226 C Occupation ADMIN	Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36	
SUBTOTAL of Receipts This Page (optional	<u>al</u>)	354.10
TOTAL This Period (last page this line nun	nber only)	

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Detailed Summary Page	X	11a		11b		11c		12	
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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) Pamela M Beckwith Date of Receipt Mailing Address 1709 Rosebank Lane 01 2015 City Zip Code State Transaction ID: SA11AI.13636 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 1500.03 Other (specify) Full Name (Last, First, Middle Initial) B. Pamela M Beckwith Date of Receipt Mailing Address 1709 Rosebank Lane 10 01 2015 City State Zip Code Transaction ID: SA11AI.13722 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 1666.70 Other (specify) Full Name (Last, First, Middle Initial) c. Pamela M Beckwith Date of Receipt Mailing Address 1709 Rosebank Lane M M / 30 10 2015 City State Zip Code Transaction ID: SA11AI.13808 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 166.67 С federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation CarolinasHealthCareSystem **ADMIN** Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1833.37 500.01

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

	FOR LINE	NOMBER	: ٢/	4GE	
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or each category of the Detailed Summary Page	X 11a	11b	110	-	-
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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

	CHARLOTTE-MECKLENBURG HOSPIT	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
4. <u>F</u>	ull Name (Last, First, Middle Initial) Pamela M Beckwith ailing Address 1709 Rosebank Lane		Date of Receipt
Ci C	ity charlotte	State Zip Code NC 28226	12 01 2015 Transaction ID : SA11AI.13894 Amount of Each Receipt this Period
fee	EC ID number of contributing deral political committee.	C	166.63
Ca	ame of Employer arolinasHealthCareSystem eceipt For: 2015	Occupation ADMIN	Payroll Deduction \$166.63 monthly
	Primary ∑ General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
3. <u>A</u>	ull Name (Last, First, Middle Initial) Alicia Bowers ailing Address 518 Hermitage Court		Date of Receipt
Ci		State Zip Code NC 28207	10 01 2015 Transaction ID : SA11AI.13756 Amount of Each Receipt this Period
fee	EC ID number of contributing deral political committee.	C	20.84
Ca	ame of Employer arolinas HealthCare System	Occupation Attorney	Payroll Deduction \$20.84 monthly
He	eceipt For: 2015 Primary	Aggregate Year-to-Date ▼ 208.40	
C	ull Name (Last, First, Middle Initial) Alicia Bowers		Date of Receipt
Ma Ci	ailing Address 518 Hermitage Court	State Zip Code	10 30 2015 Transaction ID : SA11AI.13842
	Charlotte	NC 28207	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	20.84 Payroll Deduction \$20.84 monthly
	ame of Employer arolinas HealthCare System	Occupation Attorney	r ayron Deduction \$20.04 monthly
	eceipt For: 2015 Primary General Other (specify)	Aggregate Year-to-Date ▼ 229.24	
SUE	BTOTAL of Receipts This Page (optional)	•	208.31
тот	TAL This Period (last page this line number of	nly)	

FOR LINE NUMBER: PAGE 12 OF 133 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 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) Alicia Bowers Date of Receipt Mailing Address 518 Hermitage Court 01 2015 12 City Zip Code State Transaction ID: SA11AI.13928 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 20.76 federal political committee. Payroll Deduction \$20.76 monthly Name of Employer Occupation Carolinas HealthCare System Attorney Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Teresa M Bowleg Date of Receipt Mailing Address 484 Mulkey Drive 10 30 2015 City State Zip Code Transaction ID: SA11AI.13839 NC Murphy 28906 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Payroll Deduction \$20 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Teresa M Bowleg Date of Receipt Mailing Address 484 Mulkey Drive M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13925 NC Murphy 28906 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Payroll Deduction \$20 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 240.00 60.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FO	R LINE	NU	IMBER	:	PAGE	•	13 OF	=	13
Use separate schedule(s)	(che	eck only	or or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) David A. Boyce Date of Receipt Mailing Address 175 Lavender Bloom Loop 01 2015 10 City Zip Code State Transaction ID: SA11AI.13724 NC Mooresville 28115 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 208.40 Other (specify) Full Name (Last, First, Middle Initial) B. David A. Boyce Date of Receipt Mailing Address 175 Lavender Bloom Loop 10 30 2015 City State Zip Code Transaction ID: SA11AI.13810 NC Mooresville 28115 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 229.24 Other (specify) Full Name (Last, First, Middle Initial) c. David A. Boyce Date of Receipt Mailing Address 175 Lavender Bloom Loop M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13896 NC Mooresville 28115 Amount of Each Receipt this Period FEC ID number of contributing 20.76 С federal political committee. Payroll Deduction \$20.76 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.00 62.44 SUBTOTAL of Receipts This Page (optional).....

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	FOR LINE NUMBER:	: PAGE 14 OF 13							
Use separate schedule(s) for each category of the	(check only one)								
Detailed Summary Page	X 11a 11b	11c	12						
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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) Mr. Jerry L Bryson Date of Receipt Mailing Address 148 Cabell Way 01 2015 10 City Zip Code State Transaction ID: SA11AI.13719 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 21.00 federal political committee. Payroll Deduction \$21 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Jerry L Bryson Date of Receipt Mailing Address 148 Cabell Way 10 30 2015 City State Zip Code Transaction ID: SA11AI.13805 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 21.00 federal political committee. Payroll Deduction \$21 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 231.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Jerry L Bryson Date of Receipt Mailing Address 148 Cabell Way M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13891 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 21.00 С federal political committee. Payroll Deduction \$21 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 252.00

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63.00

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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) Mr. Stephen C Burr Date of Receipt Mailing Address 203 Eslynn Road 01 2015 City Zip Code State Transaction ID: SA11AI.13470 NC Mount Holly 28120 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Stephen C Burr Date of Receipt Mailing Address 203 Eslynn Road 07 31 2015 City State Zip Code Transaction ID: SA11AI.13989 NC Mount Holly 28120 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Stephen C Burr Date of Receipt Mailing Address 203 Eslynn Road M = M 09 01 2015 City Zip Code State Transaction ID: SA11AI.13644 NC Mount Holly 28120 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 750.06 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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) Mr. Stephen C Burr Date of Receipt Mailing Address 203 Eslynn Road 01 2015 10 City Zip Code State Transaction ID: SA11AI.13730 NC Mount Holly 28120 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 833.40 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Stephen C Burr Date of Receipt Mailing Address 203 Eslynn Road 10 30 2015 City State Zip Code Transaction ID: SA11AI.13816 NC Mount Holly 28120 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 916.74 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Stephen C Burr Date of Receipt Mailing Address 203 Eslynn Road M = M 12 01 2015 City Zip Code State Transaction ID: SA11AI.13902 NC Mount Holly 28120 Amount of Each Receipt this Period FEC ID number of contributing 83.26 С federal political committee. Payroll Deduction \$83.26 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1000.00 249.94 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full)	ORITY/CAROLINAS HEALTI	НСДЕ	2F SV	STEM F	MPI OVI	EES FI	=D B	Δ C

NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Nancy C. Butler		Date of Receipt
Mailing Address 3821 Kitley Place		10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28210	Transaction ID : SA11AI.13747 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary X General	Occupation ADMIN Aggregate Year-to-Date ▼	Payroll Deduction \$20.84 monthly
Other (specify) ▼ Full Name (Last, First, Middle Initial)	208.40	
Nancy C. Butler Mailing Address 3821 Kitley Place		Date of Receipt 10 30 2015
City Charlotte	State Zip Code NC 28210	Transaction ID : SA11AI.13833 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	
Full Name (Last, First, Middle Initial) C. Nancy C. Butler		Date of Receipt
Mailing Address 3821 Kitley Place City	State Zip Code	12 01 2015
Charlotte	NC 28210	Transaction ID : SA11AI.13919 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.76
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.76 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	62.44
TOTAL This Period (last page this line num	ber only)	9 9

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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) Robert F. Carta Date of Receipt Mailing Address 4319 Wordsworth Lane 01 2015 10 City Zip Code State Transaction ID: SA11AI.13749 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation Administrator Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 208.40 Other (specify) Full Name (Last, First, Middle Initial) B. Robert F. Carta Date of Receipt Mailing Address 4319 Wordsworth Lane 10 30 2015 City State Zip Code Transaction ID: SA11AI.13835 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 229.24 Other (specify) Full Name (Last, First, Middle Initial) c. Robert F. Carta Date of Receipt Mailing Address 4319 Wordsworth Lane M M / 11 11 2015 City Zip Code State Transaction ID: SA11AI.14147 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2016 Aggregate Year-to-Date ▼ Primary X General Other (specify) 479.24 291.68 SUBTOTAL of Receipts This Page (optional).....

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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

\angle			
Α.	Full Name (Last, First, Middle Initial) Robert F. Carta		Date of Receipt
	Mailing Address 4319 Wordsworth Lane		12 01 2015
	City	State Zip Code	Transaction ID : SA11AI.13921
	Charlotte	NC 28211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.76
	Name of Employer	Occupation	Payroll Deduction \$20.76 monthly
	Carolinas HealthCare System	Administrator	
	Receipt For: 2015	Aggregate Year-to-Date ▼	
	Primary Keneral	riggregate roan to Date (
	Other (specify) ▼	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Vincent P Casingal		Date of Receipt
	Mailing Address 7112 Graybeard Court		09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.13688
	Charlotte	NC 28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	25.00
	Name of Employer	Occupation	Payroll Deduction \$25 monthly
	CarolinasHealthCareSystem	PHYS	
	Receipt For: 2015	Aggregate Year-to-Date ▼	
	Primary General	Aggregate roar to Bate V	
	Other (specify) ▼	225.00	
С .	Full Name (Last, First, Middle Initial) Dr. Vincent P Casingal		Date of Receipt
	Mailing Address 7112 Graybeard Court		10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : SA11AI.13773
	Charlotte	NC 28226	Amount of Each Receipt this Period
	FEC ID number of contributing	С	25.00
	federal political committee.	C	7
	Name of Employer	Occupation	Payroll Deduction \$25 monthly
	CarolinasHealthCareSystem	PHYS	
	Receipt For: 2015		
	Primary Seneral	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
		7	
s	SUBTOTAL of Receipts This Page (optional)	>	70.76
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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	ITAL AUTHORITY/CAROLINAS HEALTHC	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Dr. Vincent P Casingal Mailing Address 7112 Graybeard Court		Date of Receipt
		10 30 2015
City	State Zip Code NC 28226	Transaction ID : SA11AI.13859
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	Payroll Deduction \$25 monthly
CarolinasHealthCareSystem	PHYS	
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) 3. Dr. Vincent P Casingal Mailing Address 7112 Graybeard Court		Date of Receipt
Thaming Flag. 666 7 112 Glaybeard Count		12 01 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.13945
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	Payroll Deduction \$25 monthly
CarolinasHealthCareSystem	PHYS	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	300.00	
Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee		Date of Receipt
Mailing Address 3215 Windshire Lane #306		09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28273	Transaction ID : SA11AI.13660 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	Payroll Deduction \$25 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2015 Primary Seneral	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ☐	225.00	
SUBTOTAL of Receipts This Page (optional)	>	75.00

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for each category of the Detailed Summary Page 13 14 15 16 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) Mr. Jack F Chamblee Date of Receipt Mailing Address 3215 Windshire Lane #306 01 2015 10 City Zip Code State Transaction ID: SA11AI.13746 NC Charlotte 28273 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Jack F Chamblee Date of Receipt Mailing Address 3215 Windshire Lane #306 10 30 2015 City State Zip Code Transaction ID: SA11AI.13832 Charlotte NC 28273 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 275.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Jack F Chamblee Date of Receipt Mailing Address 3215 Windshire Lane #306 M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13918 NC Charlotte 28273 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 300.00 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Lugene P. Christian		Date of Receipt
Mailing Address 8008 Wicklow Hall Drive		07 01 2015
City Matthews	State Zip Code NC 28104	Transaction ID : SA11AI.13517 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Carolinas HealthCare System	Occupation Physician	- Payroll Deduction \$30 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Eugene P. Christian		Date of Receipt
Mailing Address 8008 Wicklow Hall Drive City	State Zip Code	07 31 2015
Matthews	NC 28104	Transaction ID : SA11AI.14036 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Carolinas HealthCare System	Occupation Physician	Payroll Deduction \$30 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Eugene P. Christian		Date of Receipt
Mailing Address 8008 Wicklow Hall Drive		09 01 2015
City Matthews	State Zip Code NC 28104	Transaction ID : SA11AI.13691 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Carolinas HealthCare System	Occupation Physician	Payroll Deduction \$30 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional).		90.00
TOTAL This Period (last page this line number	er only)	

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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. Eugene P. Christian Date of Receipt Mailing Address 8008 Wicklow Hall Drive 01 2015 10 City Zip Code State Transaction ID: SA11AI.13776 NC Matthews 28104 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Payroll Deduction \$30 monthly Name of Employer Occupation Carolinas HealthCare System Physician Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Eugene P. Christian Date of Receipt Mailing Address 8008 Wicklow Hall Drive 10 30 2015 City State Zip Code Transaction ID: SA11AI.13862 Matthews NC 28104 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Payroll Deduction \$30 monthly Name of Employer Occupation Carolinas HealthCare System Physician Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 330.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Eugene P. Christian Date of Receipt Mailing Address 8008 Wicklow Hall Drive M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13948 NC Matthews 28104 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Payroll Deduction \$30 monthly Name of Employer Occupation Carolinas HealthCare System Physician Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 360.00 90.00 SUBTOTAL of Receipts This Page (optional).....

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$\overline{\ \ }$	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIT	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Α.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita Mailing Address 2223 Croydon Rd #401		Date of Receipt
	City Charlotte FEC ID number of contributing	State Zip Code NC 28207	07 01 2015 Transaction ID : SA11AI.13476 Amount of Each Receipt this Period 41.67
	federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify) Other	Occupation ADMIN Aggregate Year-to-Date ▼ 291.69	Payroll Deduction \$41.67 monthly
В.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita Mailing Address 2223 Croydon Rd #401		Date of Receipt
	City Charlotte	State Zip Code NC 28207	07 31 2015 Transaction ID : SA11AI.13995 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	41.67 Payroll Deduction \$41.67 monthly
	Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify) ▼	ADMIN Aggregate Year-to-Date ▼ 333.36	
C.	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita Mailing Address 2223 Croydon Rd #401		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.13650 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	41.67 Payroll Deduction \$41.67 monthly
	Carolinas HealthCare System Receipt For: 2015 Primary	ADMIN Aggregate Year-to-Date ▼ 375.03	
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Full Name (Last, Firs Mr. Paul G Colav Mailing Address 2223	rita		Date of Receipt 10 01 2015
City Charlotte FEC ID number of confederal political common Name of Employer Carolinas HealthCare	nittee.	State Zip Code NC 28207 C Occupation ADMIN	Transaction ID : SA11AI.13736 Amount of Each Receipt this Period 41.67 Payroll Deduction \$41.67 monthly
Receipt For: 2015 Primary Other (specify)	Ğ General ▼	Aggregate Year-to-Date ▼ 416.70	
Full Name (Last, Firs Mr. Paul G Cola Mailing Address 2223	vita		Date of Receipt 10 30 2015
Charlotte	antributing.	State Zip Code NC 28207	Transaction ID : SA11AI.13822 Amount of Each Receipt this Period
FEC ID number of confederal political common Name of Employer	nittee.	Occupation	41.67 Payroll Deduction \$41.67 monthly
Carolinas HealthCare Receipt For: 2015 Primary Other (specify)	General	ADMIN Aggregate Year-to-Date ▼ 458.37	
Full Name (Last, Firs	avita		Date of Receipt
City Charlotte FEC ID number of confederal political common Name of Employer Carolinas HealthCare Receipt For: 2015 Primary Other (specify)	ontributing nittee. System General	State Zip Code NC 28207 C Occupation ADMIN Aggregate Year-to-Date ▼	Transaction ID: SA11AI.13908 Amount of Each Receipt this Period 41.63 Payroll Deduction \$41.63 monthly
SUBTOTAL of Receipts	s This Page (optional)	<u> </u>	124.97
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\rangle	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
۹.	Full Name (Last, First, Middle Initial) Ronald M Costanzo Mailing Address 222 South Caldwell ST #1501		Date of Receipt
	City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary ☐ General Other (specify) ▼	State Zip Code NC 28202 C Occupation Administrator Aggregate Year-to-Date ▼ 208.40	Transaction ID: SA11AI.13735 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
3.	Full Name (Last, First, Middle Initial) Ronald M Costanzo Mailing Address 222 South Caldwell ST #1501 City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify) Other (specify)	State Zip Code NC 28202 C Occupation Administrator Aggregate Year-to-Date ▼	Date of Receipt 10 30 2015 Transaction ID: SA11AI.13821 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
D.	Full Name (Last, First, Middle Initial) Ronald M Costanzo Mailing Address 222 South Caldwell ST #1501 City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28202 C Occupation Administrator Aggregate Year-to-Date ▼	Date of Receipt 12 01 2015 Transaction ID: SA11AI.13907 Amount of Each Receipt this Period 20.76 Payroll Deduction \$20.76 monthly
S	UBTOTAL of Receipts This Page (optional)	<u> </u>	62.44
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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) Judy Doran Date of Receipt Mailing Address 114 Greenbriar Road 01 2015 10 City Zip Code State Transaction ID: SA11AI.13712 NC Troy 27371 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 208.40 Other (specify) Full Name (Last, First, Middle Initial) B. Judy Doran Date of Receipt Mailing Address 114 Greenbriar Road 10 30 2015 City State Zip Code Transaction ID: SA11AI.13798 NC Troy 27371 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 229.24 Other (specify) Full Name (Last, First, Middle Initial) **c.** Judy Doran Date of Receipt Mailing Address 114 Greenbriar Road M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13884 NC Troy 27371 Amount of Each Receipt this Period FEC ID number of contributing 20.76 С federal political committee. Payroll Deduction \$20.76 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.00 62.44 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 28 OF 133 Use separate schedule(s) for each category of the Detailed Summary Page

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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.

1 1 .	the name and address of any political committee to	5 SOUCH CONTINUED TO THE SUCH CONTINUE.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. John Doty		Date of Receipt
Mailing Address 16123 Chiltern Lane		11 11 2015
City Huntersville	State Zip Code NC 28078	Transaction ID : SA11AI.14137 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Carolinas HealthCare System	Physician	
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Claudia Douglass		Date of Receipt
Mailing Address 2742 Harlinsdale Drive		10 01 2015
City	State Zip Code SC 29732	Transaction ID : SA11AI.13744
Rock Hill FEC ID number of contributing federal political committee.	SC 29732	Amount of Each Receipt this Period 20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 208.40	
Full Name (Last, First, Middle Initial) C. Claudia Douglass		Date of Receipt
Mailing Address 2742 Harlinsdale Drive		10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rock Hill	State Zip Code SC 29732	Transaction ID : SA11AI.13830 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly
CarolinasHealthCareSystem Receipt For: 2015	ADMIN	
Primary ∑ General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	
SUBTOTAL of Receipts This Page (optional)	541.68
TOTAL This Period (last page this line number	ber only)	

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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.

or ior c	ommercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	IE OF COMMITTEE (In Full) ARLOTTE-MECKLENBURG HOSPIT	TAL AUTHORITY/CAROLINAS HEALTHC	ARE SYSTEM EMPLOYEES FED PAC
A. Cla	Name (Last, First, Middle Initial) audia Douglass ng Address 2742 Harlinsdale Drive		Date of Receipt
City	ng Address 2742 Hallinsdale Drive	State Zip Code	12 01 2015 Transaction ID : SA11Al.13916
-	k Hill	SC 29732	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	20.76
Nam	e of Employer	Occupation	Payroll Deduction \$20.76 monthly
	linasHealthCareSystem	ADMIN	
Rece	eipt For: 2015 Primary	Aggregate Year-to-Date ▼ 250.00	
B. Da	Name (Last, First, Middle Initial) vid L Dunlap		Date of Receipt
	ng Address 54 Picard Way		11 11 2015
City		State Zip Code	Transaction ID : SA11AI.14150
Cha	rleston	SC 29412	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	2500.00
Caro	e of Employer linas HealthCare System	Occupation Administrator	
Rece	eipt For: 2016 Primary	Aggregate Year-to-Date ▼ 2500.00	
	Name (Last, First, Middle Initial) . David M Ellerbe		Date of Receipt
	ng Address 2030 Peppercorn Ln		10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cha	urlotte	State Zip Code NC 28205	Transaction ID : SA11AI.13731 Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	20.84
Nam	e of Employer	Occupation	Payroll Deduction \$20.84 monthly
	olinasHealthCareSystem	ADMIN	
Rece	eipt For: 2015 Primary Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	
SUBT	OTAL of Receipts This Page (optional)	<u> </u>	2541.60
TOTAL	This Period (last page this line number of	nly)	

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. David M Ellerbe Mailing Address 2030 Peppercorn Ln City Charlotte	State Zip Code NC 28205	Date of Receipt 10 30 2015 Transaction ID : SA11AI.13817 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify)	Occupation ADMIN Aggregate Year-to-Date ▼ 229.24	Payroll Deduction \$20.84 monthly
Full Name (Last, First, Middle Initial) Mr. David M Ellerbe Mailing Address 2030 Peppercorn Ln City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28205 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt 12 01 2015 Transaction ID: SA11AI.13903 Amount of Each Receipt this Period 20.76 Payroll Deduction \$20.76 monthly
Full Name (Last, First, Middle Initial) W Lee Fanning Mailing Address 5625 Fairway View Dr City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2016 Primary General Other (specify)	State Zip Code NC 28277 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 11 16 2015 Transaction ID: SA11AI.14151 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	291.60

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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) Mr. Paul S Franz Date of Receipt Mailing Address 1320 Fillmore Avenue #505 01 2015 City Zip Code State Transaction ID: SA11AI.13458 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing C 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 2916.69 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Paul S Franz Date of Receipt Mailing Address 1320 Fillmore Avenue #505 07 31 2015 City State Zip Code Transaction ID: SA11AI.13977 Charlotte NC 28203 Amount of Each Receipt this Period FEC ID number of contributing 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 3333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Paul S Franz Date of Receipt Mailing Address 1320 Fillmore Avenue #505 M M / 09 01 2015 City Zip Code State Transaction ID: SA11AI.13632 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing 416.67 С federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 3750.03 1250.01 SUBTOTAL of Receipts This Page (optional).....

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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) Mr. Paul S Franz Date of Receipt Mailing Address 1320 Fillmore Avenue #505 01 2015 10 City Zip Code State Transaction ID: SA11AI.13718 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing C 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 4166.70 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Paul S Franz Date of Receipt Mailing Address 1320 Fillmore Avenue #505 10 30 2015 City State Zip Code Transaction ID: SA11AI.13804 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 4583.37 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Paul S Franz Date of Receipt Mailing Address 1320 Fillmore Avenue #505 M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13890 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing 416.63 С federal political committee. Payroll Deduction \$416.63 monthly Name of Employer Occupation CarolinasHealthCareSystem **ADMIN** Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 5000.00 1249.97 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson 1	or the	purpose	of soli	citing	con	tribut	ions	

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Steven A Gilgen		Date of Receipt
Mailing Address 161 Jarrett Road		10 01 2015
City Hayesville	State Zip Code NC 28904	Transaction ID : SA11AI.13721
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	
Full Name (Last, First, Middle Initial) Steven A Gilgen Mailing Address 161 Jarrett Road		Date of Receipt
City	State Zip Code	10 30 2015 Transaction ID : SA11Al.13807
Hayesville	NC 28904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 229.24	
Full Name (Last, First, Middle Initial) C. Steven A Gilgen		Date of Receipt
Mailing Address 161 Jarrett Road		12 01 2015
City Hayesville	State Zip Code NC 28904	Transaction ID : SA11AI.13893 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.76
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.76 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	······	62.44
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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) Mr. Greg A Gombar Date of Receipt Mailing Address 4625 Cotton Creek Drive 01 2015 City Zip Code State Transaction ID: SA11AI.13493 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 2916.69 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Greg A Gombar Date of Receipt Mailing Address 4625 Cotton Creek Drive 07 31 2015 City State Zip Code Transaction ID: SA11AI.14012 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 3333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Greg A Gombar Date of Receipt Mailing Address 4625 Cotton Creek Drive M M / 09 01 2015 City Zip Code State Transaction ID: SA11AI.13667 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 416.67 С federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 3750.03 1250.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)

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	CHARLOTTE-MECKLENBURG HOSF	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Α.	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar		Date of Receipt
	Mailing Address 4625 Cotton Creek Drive		10 01 _ 2015 _
	City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.13752 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.67
	Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
	Carolinas HealthCare System	ADMIN	
	Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 4166.70	
В.	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar		Date of Receipt
	Mailing Address 4625 Cotton Creek Drive		10 30 2015
	City	State Zip Code	Transaction ID : SA11AI.13838
	Charlotte	NC 28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.67
	Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
	Carolinas HealthCare System	ADMIN	
	Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 4583.37	
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar		Date of Receipt
	Mailing Address 4625 Cotton Creek Drive		12 01 2015
	City	State Zip Code	Transaction ID : SA11AI.13924
	Charlotte	NC 28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.63 Payroll Deduction \$416.63 monthly
	Name of Employer	Occupation	- 1 ayron Deduction \$410.03 monthly
	Carolinas HealthCare System	ADMIN	
	Receipt For: 2015 Primary General	Aggregate Year-to-Date ▼	

5000.00

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Other (specify)

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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) Mr. Clark E Goodwin Date of Receipt Mailing Address 6028 Alexa Road 01 2015 City Zip Code State Transaction ID: SA11AI.13680 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Clark E Goodwin Date of Receipt Mailing Address 6028 Alexa Road 10 01 2015 City State Zip Code Transaction ID: SA11AI.13765 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Clark E Goodwin Date of Receipt Mailing Address 6028 Alexa Road M M / 30 10 2015 City Zip Code State Transaction ID: SA11AI.13851 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation CarolinasHealthCareSystem **ADMIN** Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 275.00 75.00 SUBTOTAL of Receipts This Page (optional).....

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI	FAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
۸.	Full Name (Last, First, Middle Initial) Mr. Clark E Goodwin Mailing Address 6028 Alexa Road		Date of Receipt
	City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary ☐ General Other (specify) ▼	State Zip Code NC 28277 C Occupation ADMIN Aggregate Year-to-Date ▼ 300.00	Transaction ID: SA11AI.13937 Amount of Each Receipt this Period 25.00 Payroll Deduction \$25 monthly
3.	Full Name (Last, First, Middle Initial) Kathleen Grew Mailing Address 8603 Excalibur Way City Huntersville FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify) Other (specify)	State Zip Code NC 28078 C Occupation VP Aggregate Year-to-Date ▼ 208.40	Date of Receipt 10 01 2015 Transaction ID: SA11AI.13780 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
C .	Full Name (Last, First, Middle Initial) Kathleen Grew Mailing Address 8603 Excalibur Way City Huntersville FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify) Other (specify)	State Zip Code NC 28078 C Occupation VP Aggregate Year-to-Date ▼	Date of Receipt 10 30 2015 Transaction ID: SA11AI.13866 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
s	UBTOTAL of Receipts This Page (optional)	<u> </u>	66.68
T	OTAL This Period (last page this line number of	only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC	
Full Name (Last, First, Middle Initial) Kathleen Grew		Date of Receipt	
Mailing Address 8603 Excalibur Way	Mailing Address 8603 Excalibur Way		
City	State Zip Code	12 01 2015 Transaction ID : SA11AI.13952	
Huntersville	NC 28078	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.76	
Name of Employer	Occupation	Payroll Deduction \$20.76 monthly	
Carolinas HealthCare System	VP		
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Carol Hale Mailing Address 7606 Seton House Lane		Date of Receipt	
	12 14 2015		
City	State Zip Code	Transaction ID : SA11AI.14156	
Charlotte	NC 28277	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer	Occupation		
Carolinas Healthcare System	Administator		
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Mary N Hall		Date of Receipt	
Mailing Address 1040 Queens Road		07 01 2015	
City	State Zip Code	Transaction ID : SA11AI.13448	
Charlotte	NC 28207	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	166.67	
Name of Employer	Occupation	Payroll Deduction \$166.67 monthly	
CarolinasHealthCareSystem	ADMIN		
Receipt For: 2015	Aggregate Year-to-Date ▼		
Primary	1166.69		
SUBTOTAL of Receipts This Page (optional).	<u> </u>	437.43	
TOTAL This Period (last page this line number	er only)		

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Dr. Mary N Hall Mailing Address 1040 Queens Road		Date of Receipt
City Charlotte FEC ID number of contributing	State Zip Code NC 28207	07 31 2015 Transaction ID : SA11AI.13967 Amount of Each Receipt this Period 166.67
rederal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General	Occupation ADMIN Aggregate Year-to-Date ▼	Payroll Deduction \$166.67 monthly
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Mary N Hall	1333.36	Date of Receipt
Mailing Address 1040 Queens Road City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28207	09 01 2015 Transaction ID : SA11AI.13622 Amount of Each Receipt this Period 166.67
Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 1500.03	Payroll Deduction \$166.67 monthly
Full Name (Last, First, Middle Initial) Dr. Mary N Hall Mailing Address 1040 Queens Road City	State Zip Code	Date of Receipt 10 01 2015 Transaction ID: SA11AI.13708
Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary ☐ General Other (specify) ▼	NC 28207 C Occupation ADMIN Aggregate Year-to-Date ▼ 1666.70	Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
SUBTOTAL of Receipts This Page (optional)		500.01
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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. Dr. Mary N Hall Date of Receipt Mailing Address 1040 Queens Road 30 2015 10 City Zip Code State Transaction ID: SA11AI.13794 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 1833.37 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Mary N Hall Date of Receipt Mailing Address 1040 Queens Road 12 01 2015 City State Zip Code Transaction ID: SA11AI.13880 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing 166.63 federal political committee. Payroll Deduction \$166.63 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew L. Hanley Date of Receipt Mailing Address 2640 Beverwyck Road M M / 10 01 2015 City Zip Code State Transaction ID: SA11AI.13740 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation Administrator Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 208.40 354.14 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full)

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

CHARLOTTE-MECKLENBUR	RG HOSPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC			
Full Name (Last, First, Middle Initianum Matthew L. Hanley	al)	Date of Receipt			
Mailing Address 2640 Beverwyck F	Mailing Address 2640 Beverwyck Road				
City Charlotte	State Zip Code NC 28211	Transaction ID : SA11AI.13826 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	20.84			
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$20.84 monthly			
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24				
Full Name (Last, First, Middle Initial) Matthew L. Hanley		Date of Receipt			
Mailing Address 2640 Beverwyck F		12 01 2015			
City Charlotte	State Zip Code NC 28211	Transaction ID : SA11AI.13912 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	20.76			
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$20.76 monthly			
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial Modena Henderson	al)	Date of Receipt			
Mailing Address 4421 Bonnie Loch		M - M / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y			
City Burlington	State Zip Code NC 27215	Transaction ID : SA11AI.14149 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	300.00			
Name of Employer Carolinas HealthCare System	Occupation Administration				
Receipt For: 2016 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
SUBTOTAL of Receipts This Page (optional)	341.60			
TOTAL This Period (last page this li	ne number only)				

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$\left. \right\rangle$	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Α.	Full Name (Last, First, Middle Initial) Sara J Herron Mailing Address 9422 Briarwick Lane		Date of Receipt
	City Charlotte	State Zip Code NC 28277-1673	07 01 2015 Transaction ID : SA11AI.13523 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$125 monthly
	Receipt For: 2015 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
В.	Full Name (Last, First, Middle Initial) Sara J Herron Mailing Address 9422 Briarwick Lane		Date of Receipt
	City Charlotte	State Zip Code NC 28277-1673	07 31 2015 Transaction ID : SA11AI.14042 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$125 monthly
	Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Sara J Herron		Date of Receipt
	Mailing Address 9422 Briarwick Lane		09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Charlotte	State Zip Code NC 28277-1673	Transaction ID : SA11AI.13697 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00 Payroll Deduction \$125 monthly
	Name of Employer	Occupation	- 1,7-1, 2000000.
	Carolinas HealthCare System Receipt For: 2015 Primary	ADMIN Aggregate Year-to-Date ▼ 1125.00	

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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) Sara J Herron Date of Receipt Mailing Address 9422 Briarwick Lane 01 2015 10 City Zip Code State Transaction ID: SA11AI.13782 NC Charlotte 28277-1673 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sara J Herron Date of Receipt Mailing Address 9422 Briarwick Lane 10 30 2015 City State Zip Code Transaction ID: SA11AI.13868 NC Charlotte 28277-1673 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 1375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sara J Herron Date of Receipt Mailing Address 9422 Briarwick Lane M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13954 NC Charlotte 28277-1673 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1500.00 375.00 SUBTOTAL of Receipts This Page (optional).....

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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) Dr. Robert V Higgins Date of Receipt Mailing Address 7112 Fairway Vista Drive 01 2015 City Zip Code State Transaction ID: SA11AI.13687 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation PHYS CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Robert V Higgins Date of Receipt Mailing Address 7112 Fairway Vista Drive 10 01 2015 City State Zip Code Transaction ID: SA11AI.13772 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation CarolinasHealthCareSystem **PHYS** Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Robert V Higgins Date of Receipt Mailing Address 7112 Fairway Vista Drive M M / 30 10 2015 City State Zip Code Transaction ID: SA11AI.13858 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation PHYS CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 275.00 75.00 SUBTOTAL of Receipts This Page (optional).....

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EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only only on the second of	one) 11b 14	11c 15	12 16	17
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or for commercial purposes, other than using th	le name and address of any political committee to	5 SOUCH COMMIDULIONS HOM SUCH COMMINICE.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Dr. Robert V Higgins Mailing Address 7112 Fairway Vista Drive		Date of Receipt
City	State Zip Code	12 01 2015 Transaction ID : SA11AI.13944
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 Payroll Deduction \$25 monthly
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	- Payron Deduction \$25 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Colleen D. Hole Mailing Address 18029 John Robbins Lane		Date of Receipt 10 012015
City Cornelius	State Zip Code NC 28031	Transaction ID : SA11AI.13725 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	
Full Name (Last, First, Middle Initial) C. Colleen D. Hole		Date of Receipt
Mailing Address 18029 John Robbins Lane		10 30 2015
City Cornelius	State Zip Code NC 28031	Transaction ID : SA11AI.13811 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 229.24	
SUBTOTAL of Receipts This Page (optional)		66.68

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	OF COMMITTEE (In Full) RLOTTE-MECKLENBURG HOSPI	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
A. Colle	me (Last, First, Middle Initial) en D. Hole		Date of Receipt
Mailing	Address 18029 John Robbins Lane		11 04 2015
City Cornel		State Zip Code NC 28031	Transaction ID : SA11AI.14139 Amount of Each Receipt this Period
	number of contributing political committee.	C	250.00
Carolin	of Employer asHealthCareSystem	Occupation ADMIN	
P	t For: 2016 Primary ⊠ General Other (specify) ▼	Aggregate Year-to-Date ▼ 479.24	
	me (Last, First, Middle Initial) en D. Hole		Date of Receipt
Mailing	Address 18029 John Robbins Lane		12 01 2015
City Corneli	ius	State Zip Code NC 28031	Transaction ID : SA11AI.13897 Amount of Each Receipt this Period
	number of contributing political committee.	C	20.76
Carolina	of Employer asHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.76 monthly
P	t For: 2015 Primary	Aggregate Year-to-Date ▼ 500.00	
	me (Last, First, Middle Initial) am Hubbard		Date of Receipt
	Address 2699 Jameson Drive NW		10 01 2015
City Conco	rd	State Zip Code NC 28027	Transaction ID : SA11AI.13741 Amount of Each Receipt this Period
	number of contributing political committee.	C	20.84
Carolin	of Employer as HealthCare System	Occupation Administrator	Payroll Deduction \$20.84 monthly
P	t For: 2015 Primary ∑ General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	
SUBTOT	AL of Receipts This Page (optional)		291.60
TOTAL T	his Period (last page this line number o	only)	

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\sum	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIT	FAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Α.	Full Name (Last, First, Middle Initial) William Hubbard Mailing Address 2699 Jameson Drive NW		Date of Receipt
	City Concord	State Zip Code NC 28027	10 30 2015 Transaction ID : SA11AI.13827 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.84
	Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$20.84 monthly
	Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	
В.	Full Name (Last, First, Middle Initial) William Hubbard		Date of Receipt
	Mailing Address 2699 Jameson Drive NW City Concord FEC ID number of contributing	State Zip Code NC 28027	12 01 2015 Transaction ID : SA11Al.13913 Amount of Each Receipt this Period
	federal political committee. Name of Employer Carolinas HealthCare System	Occupation	20.76 Payroll Deduction \$20.76 monthly
	Receipt For: 2015 Primary General Other (specify) ▼	Administrator Aggregate Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer Mailing Address 215 Hillside Avenue		Date of Receipt
	City Charlotte	State Zip Code NC 28209	07 01 2015 Transaction ID : SA11AI.13474 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer CarolinasHealthCareSystem Receipt For: 2015	Occupation ADMIN	Payroll Deduction \$125 monthly
	Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
s	UBTOTAL of Receipts This Page (optional)	•	166.60
T	OTAL This Period (last page this line number of	nly)	

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	e name and address of any political committee to					
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	ITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC				
Full Name (Last, First, Middle Initial) A. Mr. Christopher R Hummer		Date of Receipt				
Mailing Address 215 Hillside Avenue		07 31 2015				
Charlette	State Zip Code	Transaction ID : SA11AI.13993				
Charlotte	NC 28209	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	Occupation	Payroll Deduction \$125 monthly				
CarolinasHealthCareSystem	ADMIN					
Receipt For: 2015	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	1000.00					
Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer		Date of Receipt				
Mailing Address 215 Hillside Avenue		09 01 2015				
City	State Zip Code	Transaction ID : SA11AI.13648				
Charlotte	NC 28209	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	Occupation	Payroll Deduction \$125 monthly				
CarolinasHealthCareSystem	ADMIN					
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00					
Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer		Date of Receipt				
Mailing Address 215 Hillside Avenue		10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.13734				
Charlotte	NC 28209	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	Occupation	Payroll Deduction \$125 monthly				
CarolinasHealthCareSystem	ADMIN					
Receipt For: 2015	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	1250.00					
SUBTOTAL of Receipts This Page (optional)	•	375.00				
TOTAL This Period (last page this line number	only)					

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	e name and address of any political committee to					
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	ITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC				
Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer		Date of Receipt				
Mailing Address 215 Hillside Avenue		10 30 / Y = Y = Y = Y				
Charlette	State Zip Code	Transaction ID : SA11AI.13820				
Charlotte	NC 28209	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	Occupation	Payroll Deduction \$125 monthly				
CarolinasHealthCareSystem	ADMIN					
Receipt For: 2015	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	1375.00					
Full Name (Last, First, Middle Initial) 3. Mr. Christopher R Hummer		Date of Receipt				
Mailing Address 215 Hillside Avenue		12 01 2015				
City	State Zip Code	Transaction ID : SA11AI.13906				
Charlotte	NC 28209	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	Occupation	Payroll Deduction \$125 monthly				
CarolinasHealthCareSystem	ADMIN					
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 1500.00					
Full Name (Last, First, Middle Initial) C. James C Hunter		Date of Receipt				
Mailing Address 2701 Rothwood Drive		07 01 2015				
City	State Zip Code	Transaction ID : SA11AI.13482				
Charlotte	NC 28211	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	166.67				
Name of Employer	Occupation	Payroll Deduction \$166.67 monthly				
CarolinasHealthCareSystem	ADMIN					
Receipt For: 2015	Aggregate Year-to-Date ▼					
Primary K General						
Other (specify) ▼	1166.69					
SUBTOTAL of Receipts This Page (optional)		416.67				
TOTAL This Period (last page this line number	only)					

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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) James C Hunter Date of Receipt Mailing Address 2701 Rothwood Drive 2015 31 City Zip Code State Transaction ID: SA11AI.14001 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 1333.36 Other (specify) Full Name (Last, First, Middle Initial) **B.** James C Hunter Date of Receipt Mailing Address 2701 Rothwood Drive 09 01 2015 City State Zip Code Transaction ID: SA11AI.13656 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 1500.03 Other (specify) Full Name (Last, First, Middle Initial) c. James C Hunter Date of Receipt Mailing Address 2701 Rothwood Drive M M / 10 01 2015 City Zip Code State Transaction ID: SA11AI.13742 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 166.67 С federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1666.70 500.01 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using t	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC				
Full Name (Last, First, Middle Initial) 1. James C Hunter		Date of Receipt				
Mailing Address 2701 Rothwood Drive		10 30 2015				
City	State Zip Code	Transaction ID : SA11AI.13828				
Charlotte	NC 28211	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	166.67				
Name of Employer	Occupation	Payroll Deduction \$166.67 monthly				
CarolinasHealthCareSystem	ADMIN					
Receipt For: 2015 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37					
Full Name (Last, First, Middle Initial) James C Hunter		Date of Receipt				
Mailing Address 2701 Rothwood Drive		12 01 2015				
City	State Zip Code	Transaction ID : SA11AI.13914				
Charlotte	NC 28211	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	166.63				
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.63 monthly				
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00					
Full Name (Last, First, Middle Initial) 2. Jon M Joffe		Date of Receipt				
Mailing Address 815 Capington Lane		07 01 2015				
City	State Zip Code	Transaction ID : SA11AI.13520				
Marvin	NC 28173	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	Payroll Deduction \$50 monthly				
CarolinasHealthCareSystem	CarolinasHealthCareSystem ADMIN					
Receipt For: 2015	Aggregate Year-to-Date ▼					
Primary	350.00					
SUBTOTAL of Receipts This Page (optional).	>	383.30				
	er only)					

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for each category of the Detailed Summary Page	X 11a	11b	11c	12
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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) Jon M Joffe Date of Receipt Mailing Address 815 Capington Lane 2015 31 City Zip Code State Transaction ID: SA11AI.14039 NC Marvin 28173 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Payroll Deduction \$50 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jon M Joffe Date of Receipt Mailing Address 815 Capington Lane 09 01 2015 City State Zip Code Transaction ID: SA11AI.13694 NC Marvin 28173 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Payroll Deduction \$50 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jon M Joffe Date of Receipt Mailing Address 815 Capington Lane M = M 10 01 2015 City State Zip Code Transaction ID: SA11AI.13779 NC Marvin 28173 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Payroll Deduction \$50 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 500.00 150.00 SUBTOTAL of Receipts This Page (optional).....

	FOR LINE	NUMBER:	PAGE	= 53 OF
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	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	ICARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Jon M Joffe Mailing Address 815 Capington Lane	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y	
City	State Zip Code	Transaction ID : SA11AI.13865
Marvin	NC 28173	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	Payroll Deduction \$50 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary General Other (specify)	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) 3. Jon M Joffe		Date of Receipt
Mailing Address 815 Capington Lane		M M / D D / Y Y Y Y
City	State Zip Code	12 01 2015
Marvin	NC 28173	Transaction ID : SA11AI.13951 Amount of Each Receipt this Period
FEC ID number of contributing	20.10	Amount of Each Heceipt this Fellod
federal political committee.	C	50.00
Name of Employer	Occupation	Payroll Deduction \$50 monthly
CarolinasHealthCareSystem	ADMIN	_
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) C. Mr. W. Christopher Johnson	·	Date of Receipt
Mailing Address 445 Forest Hill Circle		07 01 2015
City	State Zip Code	Transaction ID : SA11AI.13492
Rutherfordton	NC 28139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	1
Primary	291.69	
SUBTOTAL of Receipts This Page (optional)		141.67
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TOTAL This Period (last page this line numb	per only)	

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. W. Christopher Johnson Mailing Address 445 Forest Hill Circle		Date of Receipt
City	State Zip Code	07 31 2015
City Rutherfordton	NC 28139	Transaction ID : SA11AI.14011 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial) Mr. W. Christopher Johnson Mailing Address 445 French I'll Girls		Date of Receipt
Mailing Address 445 Forest Hill Circle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	09 01 2015 Transaction ID : SA11AI.13666
Rutherfordton	NC 28139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 375.03	
Full Name (Last, First, Middle Initial) Mr. W. Christopher Johnson	<u> </u>	Date of Receipt
Mailing Address 445 Forest Hill Circle		10 01 2015
City	State Zip Code	Transaction ID : SA11AI.13751
Rutherfordton	NC 28139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	416.70	
SUBTOTAL of Receipts This Page (optional)	>	125.01
TOTAL This Period (last page this line number	er only)	

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

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	statements may not be sold or used by any persole name and address of any political committee to			
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	ITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC		
Full Name (Last, First, Middle Initial) Mr. W. Christopher Johnson Mailing Address 445 Forest Hill Circle	Date of Receipt			
City	State 7:- 0-4-	10 30 2015		
City Rutherfordton	State Zip Code NC 28139	Transaction ID : SA11AI.13837		
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: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37			
Full Name (Last, First, Middle Initial) Mr. W. Christopher Johnson		Date of Receipt		
Mailing Address 445 Forest Hill Circle City	State Zip Code	12 01 2015 Transaction ID : SA11AI.13923		
Rutherfordton	NC 28139	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	41.63		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.63 monthly		
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) C. Scott Robertson Jones		Date of Receipt		
Mailing Address 9707 Welwyn Lane		10 01 2015		
City Charlotte	State Zip Code NC 28210	Transaction ID : SA11AI.13785 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	20.84		
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly		
CarolinasHealthCareSystem	ADMIN			
Receipt For: 2015	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	208.40			
SUBTOTAL of Receipts This Page (optional)	•	104.14		
TOTAL This Period (last page this line number	only)			

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	PITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Scott Robertson Jones		Date of Receipt
Mailing Address 9707 Welwyn Lane		10 30 2015
Charlette	State Zip Code	Transaction ID : SA11AI.13871
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	229.24	
Full Name (Last, First, Middle Initial) 3. Scott Robertson Jones		Date of Receipt
Mailing Address 9707 Welwyn Lane		12 01 2015
City	State Zip Code	Transaction ID : SA11AI.13957
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.76
Name of Employer	Occupation	Payroll Deduction \$20.76 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Stephen Dennis Jones		Date of Receipt
Mailing Address 125 Lake Mist Drive		10 01 2015
City	State Zip Code	Transaction ID : SA11AI.13714
Belmont	NC 28012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary X General	gg. ogato Toal to Date ¥	
Other (specify) ▼	208.40	
SUBTOTAL of Receipts This Page (optional)		62.44
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	ICARE SYSTEM EMPLOYEES FED PAC					
Full Name (Last, First, Middle Initial) A. Stephen Dennis Jones		Date of Receipt					
Mailing Address 125 Lake Mist Drive		10 30 2015					
City Belmont	State Zip Code NC 28012	Transaction ID : SA11AI.13800					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.84					
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$20.84 monthly					
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 229.24						
Full Name (Last, First, Middle Initial) Stephen Dennis Jones Mailing Address 125 Lake Mist Drive	Date of Receipt						
City	y State Zip Code						
Belmont	NC 28012	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.76					
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$20.76 monthly					
Receipt For: 2015 ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial) C. Mr. Robert M Keener		Date of Receipt					
Mailing Address 625 Club Drive		09 01 2015					
City Stanley	State Zip Code NC 28164	Transaction ID : SA11AI.13682 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$25 monthly					
Receipt For: 2015 Primary Other (specify) Other (specify) ✓	Aggregate Year-to-Date ▼ 225.00						
SUBTOTAL of Receipts This Page (optional)	<u> </u>	66.60					
TOTAL This Period (last page this line numb	er only)						

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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) Mr. Robert M Keener Date of Receipt Mailing Address 625 Club Drive 01 2015 10 City Zip Code State Transaction ID: SA11AI.13767 NC Stanley 28164 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Robert M Keener Date of Receipt Mailing Address 625 Club Drive 10 30 2015 City State Zip Code Transaction ID: SA11AI.13853 NC Stanley 28164 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 275.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Robert M Keener Date of Receipt Mailing Address 625 Club Drive M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13939 NC Stanley 28164 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 300.00 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X 11a 11b 11c 12	2								
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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) Scott Kerr Date of Receipt Mailing Address 721 Governor Morrison St #448 01 2015 City Zip Code State Transaction ID: SA11AI.13515 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Payroll Deduction \$40 monthly Name of Employer Occupation Administrator Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Scott Kerr Date of Receipt Mailing Address 721 Governor Morrison St #448 07 31 2015 City State Zip Code Transaction ID: SA11AI.14034 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Payroll Deduction \$40 monthly Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Scott Kerr Date of Receipt Mailing Address 721 Governor Morrison St #448 M = M 09 01 2015 City State Zip Code Transaction ID: SA11AI.13689 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Payroll Deduction \$40 monthly Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 360.00 120.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page	X 11a		11b		11c		12		
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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.

Οľ	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 HOSPIT	AL AUTHORITY/CAROLINAS HEALTHC	CARE SYSTEM EMPLOYEES FED PAC
١.	Full Name (Last, First, Middle Initial) Scott Kerr Mailing Address 721 Governor Morrison St #448		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28211 C Occupation Administrator Aggregate Year-to-Date ▼	Transaction ID : SA11AI.13774 Amount of Each Receipt this Period 40.00 Payroll Deduction \$40 monthly
3.	Full Name (Last, First, Middle Initial) Scott Kerr Mailing Address 721 Governor Morrison St #448 City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary Other (specify) General Other (specify)	State Zip Code NC 28211 C Occupation Administrator Aggregate Year-to-Date ▼	Date of Receipt 10 30 2015 Transaction ID: SA11Al.13860 Amount of Each Receipt this Period 40.00 Payroll Deduction \$40 monthly
D.	Full Name (Last, First, Middle Initial) Scott Kerr Mailing Address 721 Governor Morrison St #448 City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28211 C Occupation Administrator Aggregate Year-to-Date 480.00	Date of Receipt 12 01 2015 Transaction ID : SA11AI.13946 Amount of Each Receipt this Period 40.00 Payroll Deduction \$40 monthly
s	UBTOTAL of Receipts This Page (optional)	_	120.00
Т	OTAL This Period (last page this line number o	nly)	

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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) John C Kiser Date of Receipt Mailing Address 811 Sellerstown Road 30 2015 11 City Zip Code State Transaction ID: SA11AI.14159 NC Cherryville 28021 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✓ General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joyce Korzen Date of Receipt Mailing Address 204 Northside PI 10 01 2015 City State Zip Code Transaction ID: SA11AI.13732 NC Fayetteville 28303 Amount of Each Receipt this Period FEC ID number of contributing 21.00 federal political committee. Payroll Deduction \$21 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 210.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Joyce Korzen Date of Receipt Mailing Address 204 Northside PI M M / 30 10 2015 City State Zip Code Transaction ID: SA11AI.13818 NC Fayetteville 28303 Amount of Each Receipt this Period FEC ID number of contributing 21.00 С federal political committee. Payroll Deduction \$21 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 231.00 292.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Joyce Korzen Mailing Address 204 Northeids Plants		Date of Receipt
Mailing Address 204 Northside PI		12 01 2015
City	State Zip Code	Transaction ID: SA11AI.13904
Fayetteville	NC 28303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21.00
Name of Employer	Occupation	Payroll Deduction \$21 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) Collin H Lane		Date of Receipt
Mailing Address 2040 Hastings Drive		07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.13473
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2015 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	
Full Name (Last, First, Middle Initial) C. Collin H Lane	·	Date of Receipt
Mailing Address 2040 Hastings Drive		07 31 2015
City	State Zip Code	Transaction ID : SA11AI.13992
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	333.36	
SUBTOTAL of Receipts This Page (optional).		104.34
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Collin H Lane		Date of Receipt
Mailing Address 2040 Hastings Drive		09 01 2015
City	State Zip Code	Transaction ID : SA11AI.13647
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary General	Aggregate Year-to-Date ▼	
Other (specify)	375.03	
Full Name (Last, First, Middle Initial) 3. Collin H Lane		Date of Receipt
Mailing Address 2040 Hastings Drive	10 01 2015	
City	State Zip Code	Transaction ID : SA11AI.13733
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 416.70	
Full Name (Last, First, Middle Initial) C. Collin H Lane		Date of Receipt
Mailing Address 2040 Hastings Drive		10 30 2015
City	State Zip Code	Transaction ID : SA11AI.13819
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary General	Aggregate Year-to-Date ▼	
Primary ∑ General Other (specify) ▼	458.37	
SUBTOTAL of Receipts This Page (optional)	•	125.01
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Collin H Lane		Date of Receipt
Mailing Address 2040 Hastings Drive		12 01 2015
City	State Zip Code	Transaction ID : SA11AI.13905
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.63
Name of Employer	Occupation	Payroll Deduction \$41.63 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. F Scott Leighty		Date of Receipt
Mailing Address 721 Governor Morrison St		M = M / D = D / Y = Y = Y
Apt 214 City	State Zip Code	11 09 2015
Charlotte	NC 28211	Transaction ID : SA11AI.14155 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20211	1500.00
Name of Employer Carolinas HealthCare System	Occupation	
Receipt For: 2016	ADMIN	
Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) C. Mr. Frank S Letherby		Date of Receipt
Mailing Address 9438 White Hemlock Lane		07 01 2015
City Charlotte	State Zip Code NC 28270	Transaction ID : SA11AI.13524 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	583.38	
SUBTOTAL of Receipts This Page (optional)		1624.97
TOTAL This Period (last page this line number	<u>*</u>	

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for each category of the 12 Detailed Summary Page 13 14 15 16 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) Mr. Frank S Letherby Date of Receipt Mailing Address 9438 White Hemlock Lane 2015 31 City Zip Code State Transaction ID: SA11AI.14043 NC Charlotte 28270 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Frank S Letherby Date of Receipt Mailing Address 9438 White Hemlock Lane 09 01 2015 City State Zip Code Transaction ID: SA11AI.13698 NC Charlotte 28270 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 750.06 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Frank S Letherby Date of Receipt Mailing Address 9438 White Hemlock Lane M M / 10 01 2015 City State Zip Code Transaction ID: SA11AI.13783 NC Charlotte 28270 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 833.40 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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\rangle	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
١.	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby		Date of Receipt
	Mailing Address 9438 White Hemlock Lane		10 30 2015
	City Charlotte	State Zip Code NC 28270	Transaction ID : SA11AI.13869
			Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.34
	Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
	Carolinas HealthCare System	ADMIN	
	Receipt For: 2015 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	
3.	Full Name (Last, First, Middle Initial) Mr. Frank S Letherby		Date of Receipt
	Mailing Address 9438 White Hemlock Lane		12 01 _2015 _
	City	State Zip Code	Transaction ID : SA11AI.13955
	Charlotte	NC 28270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	83.26
	Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$83.26 monthly
	Receipt For: 2015	Aggregate Year-to-Date ▼	
	Primary	1000.00	
).	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly		Date of Receipt
	Mailing Address 9306 Copans Glen Lane		07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Huntersville	State Zip Code NC 28078	Transaction ID : SA11AI.13522 Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	166.67
	Name of Employer	Occupation	Payroll Deduction \$166.67 monthly
	Carolinas HealthCare System Receipt For: 2015	ADMIN	
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	1166.69	
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or for commercial purposes, other than using the	he hame and address of any political committee to	Solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly Mailing Address 9306 Copans Glen Lane		Date of Receipt
City	State Zip Code NC 28078	07 31 2015 Transaction ID : SA11AI.14041
Huntersville FEC ID number of contributing federal political committee.	NC 28078	Amount of Each Receipt this Period 166.67
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 1333.36	
Full Name (Last, First, Middle Initial) B. Mr. W. Spencer Lilly		Date of Receipt
Mailing Address 9306 Copans Glen Lane City	State Zip Code	09 01 2015 Transaction ID : SA11AI.13696
Huntersville	NC 28078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03	
Full Name (Last, First, Middle Initial) C. Mr. W. Spencer Lilly		Date of Receipt
Mailing Address 9306 Copans Glen Lane		10 01 2015
City Huntersville	State Zip Code NC 28078	Transaction ID : SA11AI.13781 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67 Payroll Deduction \$166.67 monthly
Name of Employer Carolinas HealthCare System	Occupation ADMIN	1 ayron Deduction \$100.07 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 1666.70	
SUBTOTAL of Receipts This Page (optional)		500.01
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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) Mr. W. Spencer Lilly Date of Receipt Mailing Address 9306 Copans Glen Lane 30 2015 10 City Zip Code State Transaction ID: SA11AI.13867 NC Huntersville 28078 Amount of Each Receipt this Period FEC ID number of contributing C 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 1833.37 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. W. Spencer Lilly Date of Receipt Mailing Address 9306 Copans Glen Lane 12 01 2015 City State Zip Code Transaction ID: SA11AI.13953 Huntersville NC 28078 Amount of Each Receipt this Period FEC ID number of contributing 166.63 federal political committee. Payroll Deduction \$166.63 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carol A Lovin Date of Receipt Mailing Address 7023 Conservatory Lane M = M 07 01 2015 City Zip Code State Transaction ID: SA11AI.13511 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1750.00 583.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 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) Carol A Lovin Date of Receipt Mailing Address 7023 Conservatory Lane 2015 31 City Zip Code State Transaction ID: SA11AI.14030 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carol A Lovin Date of Receipt Mailing Address 7023 Conservatory Lane 09 01 2015 City State Zip Code Transaction ID: SA11AI.13685 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 2250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carol A Lovin Date of Receipt Mailing Address 7023 Conservatory Lane M M / 10 01 2015 City Zip Code State Transaction ID: SA11AI.13770 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 2500.00 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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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) Carol A Lovin Date of Receipt Mailing Address 7023 Conservatory Lane 30 2015 10 City Zip Code State Transaction ID: SA11AI.13856 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 2750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carol A Lovin Date of Receipt Mailing Address 7023 Conservatory Lane 12 01 2015 City State Zip Code Transaction ID: SA11AI.13942 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 3000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Toni G Lovingood Date of Receipt Mailing Address 406 Long Branch Road M M / 10 01 2015 City State Zip Code Transaction ID: SA11AI.13748 NC Marble 28905 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼

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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 HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Toni G Lovingood		Date of Receipt
Mailing Address 406 Long Branch Road		10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.13834
Marble	NC 28905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary Keneral	riggregate roal to Date V	
Other (specify) ▼	229.24	
Full Name (Last, First, Middle Initial) Toni G Lovingood		Date of Receipt
Mailing Address 406 Long Branch Road		12 01 2015
City	State Zip Code	Transaction ID : SA11AI.13920
Marble	NC 28905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.76
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.76 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Frieda M Lowder		Date of Receipt
Mailing Address PO Box 5685		07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.13529
Concord	NC 28027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
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Other (specify) ▼	583.38	
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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) Frieda M Lowder Date of Receipt Mailing Address PO Box 5685 2015 31 City Zip Code State Transaction ID: SA11AI.14048 NC Concord 28027 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. Frieda M Lowder Date of Receipt Mailing Address PO Box 5685 09 01 2015 City State Zip Code Transaction ID: SA11AI.13703 NC Concord 28027 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 750.06 Other (specify) Full Name (Last, First, Middle Initial) c. Frieda M Lowder Date of Receipt Mailing Address PO Box 5685 M = M 10 01 2015 Zip Code City State Transaction ID: SA11AI.13788 NC Concord 28027 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 833.40 250.02 SUBTOTAL of Receipts This Page (optional).....

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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) Frieda M Lowder Date of Receipt Mailing Address PO Box 5685 30 2015 10 City Zip Code State Transaction ID: SA11AI.13874 NC Concord 28027 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 916.74 Other (specify) Full Name (Last, First, Middle Initial) B. Frieda M Lowder Date of Receipt Mailing Address PO Box 5685 12 01 2015 City State Zip Code Transaction ID: SA11AI.13960 NC Concord 28027 Amount of Each Receipt this Period FEC ID number of contributing 83.26 federal political committee. Payroll Deduction \$83.26 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Thomas Magraw Date of Receipt Mailing Address 3238 Tatting Road M M / 11 19 2015 City State Zip Code Transaction ID: SA11AI.14142 NC Matthews 28105 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Carolinas Healthcare System Vice President, MMG Receipt For: 2016 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.00 416.60 SUBTOTAL of Receipts This Page (optional).....

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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) Zahide Marenic Date of Receipt Mailing Address 5811 Old Well House 01 2015 City State Zip Code Transaction ID: SA11AI.13675 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation Administrator Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Zahide Marenic Date of Receipt Mailing Address 5811 Old Well House 10 01 2015 City State Zip Code Transaction ID: SA11AI.13760 Charlotte NC 28226 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 250.00 Other (specify) Full Name (Last First Middle Initial)

Zahide Marenic		Date of Receipt
Mailing Address 5811 Old Well House		10 30 2015
City	State Zip Code	Transaction ID : SA11AI.13846
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	Payroll Deduction \$25 monthly
Carolinas HealthCare System	Administrator	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	275.00	

75.00

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Zahide Marenic		Date of Receipt
Mailing Address 5811 Old Well House		12 01 2015
City	State Zip Code	Transaction ID : SA11AI.13932
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	Payroll Deduction \$25 monthly
Carolinas HealthCare System	Administrator	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	300.00	
Full Name (Last, First, Middle Initial) 3. Steven Boyd Martin		Date of Receipt
Mailing Address 1904 DeArmon Drive		09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Charlotte	State Zip Code	Transaction ID : SA11AI.13641
Charlotte	NC 28205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	Payroll Deduction \$25 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Steven Boyd Martin		Date of Receipt
Mailing Address 1904 DeArmon Drive		10 01 2015
City	State Zip Code	Transaction ID : SA11AI.13727
Charlotte	NC 28205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	Payroll Deduction \$25 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	250.00	
SUBTOTAL of Receipts This Page (optional)		75.00
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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Steven Boyd Martin Mailing Address 1904 DeArmon Drive		Date of Receipt
City	Otata 7's Octo	10 30 2015
Charlette	State Zip Code NC 28205	Transaction ID : SA11AI.13813
Charlotte	140 20200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	Payroll Deduction \$25 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) 3. Steven Boyd Martin		Date of Receipt
Mailing Address 1904 DeArmon Drive		12 01 2015
City	State Zip Code	Transaction ID : SA11AI.13899
Charlotte	NC 28205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$25 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Darlyne Menscer	1	Date of Receipt
Mailing Address 6909 Brandenburg Court		11 11 2015
City	State Zip Code	Transaction ID : SA11AI.14154
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Carolinas HealthCare System	Physician	
Receipt For: 2016	Aggregate Year-to-Date ▼	
Primary	1000.00	
SUBTOTAL of Receipts This Page (optional)	>	1050.00
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for each category of the Detailed Summary Page 13 14 15 16 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) Marcia G. Messer Date of Receipt Mailing Address PO BOX 470152 01 2015 10 City Zip Code State Transaction ID: SA11AI.13787 NC Charlotte 28247 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 208.40 Other (specify) Full Name (Last, First, Middle Initial) B. Marcia G. Messer Date of Receipt Mailing Address PO BOX 470152 10 30 2015 City State Zip Code Transaction ID: SA11AI.13873 NC Charlotte 28247 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 229.24 Other (specify) Full Name (Last, First, Middle Initial) c. Marcia G. Messer Date of Receipt Mailing Address PO BOX 470152 M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13959 NC Charlotte 28247 Amount of Each Receipt this Period FEC ID number of contributing 20.76 С federal political committee. Payroll Deduction \$20.76 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.00 62.44 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

Detailed Summary Page 13 14 15 16 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) Michael Mullowney Date of Receipt Mailing Address 709 Galway Court 01 2015 10 City Zip Code State Transaction ID: SA11AI.13771 NC Matthews 28104 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation Administrator Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 208.40 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Mullowney Date of Receipt Mailing Address 709 Galway Court 10 30 2015 City State Zip Code Transaction ID: SA11AI.13857 Matthews NC 28104 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 229.24 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Mullowney Date of Receipt Mailing Address 709 Galway Court M = M 12 01 2015 City Zip Code State Transaction ID: SA11AI.13943 NC Matthews 28104 Amount of Each Receipt this Period FEC ID number of contributing 20.76 С federal political committee. Payroll Deduction \$20.76 monthly Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.00 62.44 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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for each category of the Detailed Summary Page 13 14 15 16 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) Mr. F Del Murphy Date of Receipt Mailing Address 5205 Belcher Lane 01 2015 City Zip Code State Transaction ID: SA11AI.13498 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 291.69 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. F Del Murphy Date of Receipt Mailing Address 5205 Belcher Lane 07 31 2015 City State Zip Code Transaction ID: SA11AI.14017 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. F Del Murphy Date of Receipt Mailing Address 5205 Belcher Lane M M / 09 01 2015 City State Zip Code Transaction ID: SA11AI.13672 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 375.03 125.01 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 13 14 15 16 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) Mr. F Del Murphy Date of Receipt Mailing Address 5205 Belcher Lane 01 2015 10 City Zip Code State Transaction ID: SA11AI.13757 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. F Del Murphy Date of Receipt Mailing Address 5205 Belcher Lane 10 30 2015 City State Zip Code Transaction ID: SA11AI.13843 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 458.37 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. F Del Murphy Date of Receipt Mailing Address 5205 Belcher Lane M M / 12 01 2015 City State Zip Code Transaction ID: SA11AI.13929 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 41.63 С federal political committee. Payroll Deduction \$41.63 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 500.00 124.97 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page 13 14 15 16 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) Dianne H Novak Date of Receipt Mailing Address 2001 Fairchelsea Way Lane 01 2015 10 City Zip Code State Transaction ID: SA11AI.13728 NC Matthews 28105 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 208.40 Other (specify) Full Name (Last, First, Middle Initial) B. Dianne H Novak Date of Receipt Mailing Address 2001 Fairchelsea Way Lane 10 30 2015 City State Zip Code Transaction ID: SA11AI.13814 Matthews NC 28105 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 229.24 Other (specify) Full Name (Last, First, Middle Initial) c. Dianne H Novak Date of Receipt Mailing Address 2001 Fairchelsea Way Lane M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13900 NC Matthews 28105 Amount of Each Receipt this Period FEC ID number of contributing 20.76 С federal political committee. Payroll Deduction \$20.76 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.00 62.44 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 13 14 15 16 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) Mr. James C Olsen Date of Receipt Mailing Address 5900 Summerston Place 01 2015 City Zip Code State Transaction ID: SA11AI.13503 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Payroll Deduction \$200 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. James C Olsen Date of Receipt Mailing Address 5900 Summerston Place 07 31 2015 City State Zip Code Transaction ID: SA11AI.14022 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Payroll Deduction \$200 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 1600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. James C Olsen Date of Receipt Mailing Address 5900 Summerston Place M M / 09 01 2015 City Zip Code State Transaction ID: SA11AI.13677 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Payroll Deduction \$200 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1800.00 600.00 SUBTOTAL of Receipts This Page (optional).....

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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) Mr. James C Olsen Date of Receipt Mailing Address 5900 Summerston Place 01 2015 10 City Zip Code State Transaction ID: SA11AI.13762 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Payroll Deduction \$200 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. James C Olsen Date of Receipt Mailing Address 5900 Summerston Place 10 30 2015 City State Zip Code Transaction ID: SA11AI.13848 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Payroll Deduction \$200 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 2200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. James C Olsen Date of Receipt Mailing Address 5900 Summerston Place M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13934 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Payroll Deduction \$200 monthly Name of Employer Occupation Carolinas HealthCare System **ADMIN** Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 2400.00 600.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Dennis Phillips Mailing Address 1252 Dilworth Cres Row	Date of Receipt	
City	State Zip Code	07 01 2015 Transaction ID : SA11AI.13456
Charlotte FEC ID number of contributing federal political committee.	NC 28203	Amount of Each Receipt this Period 83.34
Name of Employer Carolinas HealthCare System Receipt For: 2015	Occupation Administrator Aggregate Year-to-Date ▼	Payroll Deduction \$83.34 monthly
Primary	583.38	
Full Name (Last, First, Middle Initial) Mr. Dennis Phillips Mailing Address 1252 Dilworth Cres Row		Date of Receipt 07 31 2015
City Charlotte	State Zip Code NC 28203	Transaction ID : SA11AI.13975 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	83.34 Payroll Deduction \$83.34 monthly
Carolinas HealthCare System Receipt For: 2015	Administrator Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Teal-to-Date • 666.72	
Full Name (Last, First, Middle Initial) Mr. Dennis Phillips		Date of Receipt
Mailing Address 1252 Dilworth Cres Row	Chata Tip Code	09 01 2015
City Charlotte	State Zip Code NC 28203	Transaction ID : SA11AI.13630 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34 Payroll Deduction \$83.34 monthly
Name of Employer Carolinas HealthCare System Receipt For: 2015	Occupation Administrator	r ayron Deduction 405.34 Monthly
Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	
SUBTOTAL of Receipts This Page (optional)	>	250.02
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Detailed Summary Page 13 14 15 16 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) Mr. Dennis Phillips Date of Receipt Mailing Address 1252 Dilworth Cres Row 01 2015 10 City Zip Code State Transaction ID: SA11AI.13716 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 833.40 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Dennis Phillips Date of Receipt Mailing Address 1252 Dilworth Cres Row 10 30 2015 City State Zip Code Transaction ID: SA11AI.13802 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 916.74 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Dennis Phillips Date of Receipt Mailing Address 1252 Dilworth Cres Row M = M 12 01 2015 City State Zip Code Transaction ID: SA11AI.13888 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing 83.26 С federal political committee. Payroll Deduction \$83.26 monthly Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1000.00 249.94 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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\rangle	CHARLOTTE-MECKLENBURG HOSPI	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC	
۹.	Full Name (Last, First, Middle Initial) Debra Plousha Moore Mailing Address 6935 Conservatory Lane		Date of Receipt M M M / D D / Y D Y D Y D D D D D D D D D D D	
	City Charlotte FEC ID number of contributing federal political committee.	umber of contributing		
	Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 2333.38	Payroll Deduction \$333.34 monthly	
3.	Full Name (Last, First, Middle Initial) Debra Plousha Moore Mailing Address 6935 Conservatory Lane City	State Zip Code	Date of Receipt O7 31 2015 Transaction ID: SA11AI.14029	
	Charlotte FEC ID number of contributing federal political committee. Name of Employer	NC 28210	Amount of Each Receipt this Period 333.34 Payroll Deduction \$333.34 monthly	
	Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	ADMIN Aggregate Year-to-Date ▼ 2666.72		
С.	Full Name (Last, First, Middle Initial) Debra Plousha Moore Mailing Address 6935 Conservatory Lane		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28210 C Occupation ADMIN Aggregate Year-to-Date ▼ 3000.06	Transaction ID : SA11AI.13684 Amount of Each Receipt this Period 333.34 Payroll Deduction \$333.34 monthly	
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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) Debra Plousha Moore Date of Receipt Mailing Address 6935 Conservatory Lane 01 2015 10 City Zip Code State Transaction ID: SA11AI.13769 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing C 333.34 federal political committee. Payroll Deduction \$333.34 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 3333.40 Other (specify) Full Name (Last, First, Middle Initial) B. Debra Plousha Moore Date of Receipt Mailing Address 6935 Conservatory Lane 10 30 2015 City State Zip Code Transaction ID: SA11AI.13855 Charlotte NC 28210 Amount of Each Receipt this Period FEC ID number of contributing 333.34 federal political committee. Payroll Deduction \$333.34 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 3666.74 Other (specify) Full Name (Last, First, Middle Initial) c. Debra Plousha Moore Date of Receipt Mailing Address 6935 Conservatory Lane M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13941 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing 333.26 С federal political committee. Payroll Deduction \$333.26 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 4000.00 999.94 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI	TAL AUTHORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Daniel D. Raischel Mailing Address 5057 Crofton Drive City Fort Mill FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary Other (specify)	State Zip Code SC 29715 C Occupation ADMIN Aggregate Year-to-Date ▼ 208.40	Date of Receipt 10 01 2015 Transaction ID: SA11AI.13755 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
Full Name (Last, First, Middle Initial) Daniel D. Raischel Mailing Address 5057 Crofton Drive City Fort Mill FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary Other (specify)	State Zip Code SC 29715 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt 10 30 2015 Transaction ID : SA11AI.13841 Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
Full Name (Last, First, Middle Initial) Daniel D. Raischel Mailing Address 5057 Crofton Drive City Fort Mill FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify) Other (specify)	State Zip Code SC 29715 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt 12 01 2015 Transaction ID: SA11AI.13927 Amount of Each Receipt this Period 20.76 Payroll Deduction \$20.76 monthly
SUBTOTAL of Receipts This Page (optional)		62.44
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Detailed Summary Page 13 14 15 16 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) Mr. James A Ramsey Date of Receipt Mailing Address 8028 Water View Drive 01 2015 10 City Zip Code State Transaction ID: SA11AI.13777 NC Belmont 28012 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 208.40 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. James A Ramsey Date of Receipt Mailing Address 8028 Water View Drive 10 30 2015 City State Zip Code Transaction ID: SA11AI.13863 NC **Belmont** 28012 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 229.24 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. James A Ramsey Date of Receipt Mailing Address 8028 Water View Drive M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13949 NC Belmont 28012 Amount of Each Receipt this Period FEC ID number of contributing 20.76 С federal political committee. Payroll Deduction \$20.76 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.00 62.44 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

federal political committee.

CarolinasHealthCareSystem

Name of Employer

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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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) Adam G Ravin Date of Receipt Mailing Address 20220 Nighthawk Circle 03 2015 12 City State Zip Code Transaction ID: SA11AI.14140 NC 28036 Davidson Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Carolinas HealthCare System Physician Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✓ General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Roger A Ray Date of Receipt Mailing Address 11029 Lederer Ave 07 01 2015 City State Zip Code Transaction ID: SA11AI.13449 Charlotte NC 28277 Amount of Each Receipt this Period FEC ID number of contributing

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	Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
C.	Full Name (Last, First, Middle Initial) Mr. Roger A Ray Mailing Address 11029 Lederer Ave		Date of Receipt 07 31 2015
	City	State Zip Code	Transaction ID : SA11AI.13968
	Charlotte	NC 28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00 Payroll Deduction \$250 monthly
	Name of Employer	Occupation	1 ayron Deduction \$250 monthly
	CarolinasHealthCareSystem	ADMIN	
	Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 2000.00	

Occupation

ADMIN

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1000.00

250.00

Payroll Deduction \$250 monthly

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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) Mr. Roger A Ray Date of Receipt Mailing Address 11029 Lederer Ave 01 2015 City Zip Code State Transaction ID: SA11AI.13623 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 2250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Roger A Ray Date of Receipt Mailing Address 11029 Lederer Ave 10 01 2015 City State Zip Code Transaction ID: SA11AI.13709 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Roger A Ray Date of Receipt Mailing Address 11029 Lederer Ave M M / 30 10 2015 City Zip Code State Transaction ID: SA11AI.13795 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation CarolinasHealthCareSystem **ADMIN** Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 2750.00 750.00 SUBTOTAL of Receipts This Page (optional).....

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

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC					
Full Name (Last, First, Middle Initial) A. Mr. Roger A Ray		Date of Receipt					
Mailing Address 11029 Lederer Ave		12 01 2015					
City	State Zip Code	Transaction ID : SA11AI.13881					
Charlotte	NC 28277	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation	Payroll Deduction \$250 monthly					
CarolinasHealthCareSystem	ADMIN						
Receipt For: 2015	Aggregate Year-to-Date ▼						
Primary General	Aggregate real to Date V						
Other (specify) ▼	3000.00						
Full Name (Last, First, Middle Initial) 3. Lawrence W Raymond		Date of Receipt					
Mailing Address 5740 Ballinard Lane	11 12 2015						
City	State Zip Code	Transaction ID : SA11AI.14138					
Charlotte	NC 28277	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	700.00					
Name of Employer Carolinas HealthCare System	Occupation Physician						
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00						
Full Name (Last, First, Middle Initial) C. Kathy Rhyne		Date of Receipt					
Mailing Address 1001 Pier Point Drive		09 01 2015					
City	State Zip Code	Transaction ID : SA11AI.13618					
Belmont	NC 28012	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer	Occupation	Payroll Deduction \$25 monthly					
Carolinas HealthCare System							
Receipt For: 2015	Aggregate Year-to-Date ▼						
Primary General	riggiogate Teal-to-Date ₹						
Other (specify)	225.00						
SUBTOTAL of Receipts This Page (optional)		975.00					
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

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	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Α.	Full Name (Last, First, Middle Initial) Kathy Rhyne		Date of Receipt
Α.	Mailing Address 1001 Pier Point Drive		10 01 _ 2015 _
	City	State Zip Code	Transaction ID : SA11AI.13704
	Belmont	NC 28012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00 Payroll Deduction \$25 monthly
	Name of Employer	Occupation	Fayron Deduction \$25 monthly
	Carolinas HealthCare System	ADMIN	
	Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Kathy Rhyne		Date of Receipt
	Mailing Address 1001 Pier Point Drive	10 30 7 2015	
	City	State Zip Code	Transaction ID : SA11AI.13790
	Belmont	NC 28012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer	Occupation	Payroll Deduction \$25 monthly
	Carolinas HealthCare System	ADMIN	
	Receipt For: 2015 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
<u> </u>	Full Name (Last, First, Middle Initial) Kathy Rhyne		Date of Receipt
	Mailing Address 1001 Pier Point Drive		12 01 / Y Y Y Y Y Y
	City Belmont	State Zip Code NC 28012	Transaction ID : SA11AI.13876 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer	Occupation	Payroll Deduction \$25 monthly
	Carolinas HealthCare System	ADMIN	
	Receipt For: 2015	Aggregate Year-to-Date ▼	
	Primary X General	riggregate real to Bate v	
	Other (specify) ▼	300.00	
Н		r only)	75.00

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Οľ	for commercial purposes, other than using the	name and address of any political committee to	Solicit contributions from Such committee.
\rangle	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIT	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
٦.	Full Name (Last, First, Middle Initial) Dr. Charles B Rich Mailing Address 4100 Foxcroft Road City Charlotte	State Zip Code NC 28211	Date of Receipt 11 18 2015 Transaction ID: SA11Al.14144 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2016 Primary General Other (specify) ▼	C Occupation PHYS Aggregate Year-to-Date ▼ 250.00	250.00
3.	Full Name (Last, First, Middle Initial) Dr. Geoffrey A Rose Mailing Address 315 Hempstead Place City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary Other (specify) General	State Zip Code NC 28207 C Occupation PHYS Aggregate Year-to-Date ▼	Date of Receipt 07 01 2015 Transaction ID: SA11Al.13485 Amount of Each Receipt this Period 30.00 Payroll Deduction \$30 monthly
> .	Full Name (Last, First, Middle Initial) Dr. Geoffrey A Rose Mailing Address 315 Hempstead Place City Charlotte FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28207 C Occupation PHYS Aggregate Year-to-Date ▼	Date of Receipt M M / 31 2015 Transaction ID: SA11AI.14004 Amount of Each Receipt this Period 30.00 Payroll Deduction \$30 monthly
s	UBTOTAL of Receipts This Page (optional)	>	310.00
Т	OTAL This Period (last page this line number o	nly)	

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or for comin	ercial purposes, other than using the name and address of any political committee	to solicit contributions from such committee.
_	F COMMITTEE (In Full) OTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES FED PAC
	e (Last, First, Middle Initial)	

_			
Α.	Full Name (Last, First, Middle Initial) Dr. Geoffrey A Rose		Date of Receipt
	Mailing Address 315 Hempstead Place		09 01 2015
	City	State Zip Code	Transaction ID : SA11AI.13659
	Charlotte	NC 28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	30.00
	Name of Employer	Occupation	Payroll Deduction \$30 monthly
	Carolinas HealthCare System	PHYS	
	Receipt For: 2015		-
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	270.00	
_	Full Name (Last, First, Middle Initial)		Date of Descire
В.	Dr. Geoffrey A Rose		Date of Receipt
	Mailing Address 315 Hempstead Place		10 01 2015
	City	State Zip Code	Transaction ID : SA11AI.13745
	Charlotte	NC 28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Carolinas HealthCare System	Occupation PHYS	Payroll Deduction \$30 monthly
	Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Geoffrey A Rose		Date of Receipt
	Mailing Address 315 Hempstead Place		10 30 _ 2015 _
	City	State Zip Code	Transaction ID : SA11AI.13831
	Charlotte	NC 28207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	30.00
	Name of Employer	Occupation	Payroll Deduction \$30 monthly
	Carolinas HealthCare System	PHYS	
	Receipt For: 2015 Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	330.00	
5	SUBTOTAL of Receipts This Page (optional).	<u> </u>	90.00
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or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Dr. Geoffrey A Rose		Date of Receipt
Mailing Address 315 Hempstead Place		12 01 2015
City	State Zip Code	Transaction ID : SA11AI.13917
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Payroll Deduction \$30 monthly
Carolinas HealthCare System	PHYS	_
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	360.00	
Full Name (Last, First, Middle Initial) 3. Douglas C Roush		Date of Receipt
Mailing Address 2710 Normandy Road		07 01 2015
City	State Zip Code	Transaction ID : SA11AI.13483
Charlotte	NC 28209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	29.17
Name of Employer	Occupation	Payroll Deduction \$29.17 monthly
CarolinasHealthCareSystem	ADMIN	-
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 204.19	
Full Name (Last, First, Middle Initial) Douglas C Roush		Date of Receipt
Mailing Address 2710 Normandy Road		07 31 2015
City Charlotte	State Zip Code NC 28209	Transaction ID : SA11AI.14002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	29.17
Name of Employer	Occupation	Payroll Deduction \$29.17 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	233.36	
SUBTOTAL of Receipts This Page (optional).	>	88.34
TOTAL This Period (last page this line number	er only)	

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ny information copied from such Reports and Statements may	, , , ,				_		

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Douglas C Roush Mailing Address 2710 Normandy Road		Date of Receipt
City Charlotte	State Zip Code NC 28209	09 01 2015 Transaction ID : SA11AI.13657 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	29.17 Payroll Deduction \$29.17 monthly
CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify) ▼	ADMIN Aggregate Year-to-Date ▼ 262.53	
Full Name (Last, First, Middle Initial) Douglas C Roush Mailing Address 2710 Normandy Road City Charlotte	State Zip Code NC 28209	Date of Receipt 10 01 2015 Transaction ID : SA11AI.13743 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 □ Primary	Occupation ADMIN Aggregate Year-to-Date ▼ 291.70	Payroll Deduction \$29.17 monthly
Full Name (Last, First, Middle Initial) Douglas C Roush Mailing Address 2710 Normandy Road		Date of Receipt
City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 □ Primary	State Zip Code NC 28209 C Occupation ADMIN Aggregate Year-to-Date ▼ 320.87	Transaction ID: SA11AI.13829 Amount of Each Receipt this Period 29.17 Payroll Deduction \$29.17 monthly
SUBTOTAL of Receipts This Page (optional)	•	87.51
TOTAL This Period (last page this line numb	er only)	

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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 PACE

CHARLOTTE-MECKLENBI	JRG HOSPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Ir A. Douglas C Roush	iitial)	Date of Receipt
Mailing Address 2710 Normandy		12 01 2015
City Charlotte	State Zip Code NC 28209	Transaction ID : SA11AI.13915 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	29.13
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$29.13 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Ir Michael Ruhlen		Date of Receipt
Mailing Address 7216 Graybeard City	State Zip Code	07 01 2015
Charlotte	NC 28226	Transaction ID : SA11AI.13516 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Carolinas Healthcare System	Occupation VP/CMO CMC -Mercy & CMC - Pine	Payroll Deduction \$30 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Ir C. Michael Ruhlen	nitial)	Date of Receipt
Mailing Address 7216 Graybear		07 31 2015
Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.14035 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00 Payroll Deduction \$30 monthly
Name of Employer Carolinas Healthcare System	Occupation VP/CMO CMC -Mercy & CMC - Pine	Payron Deduction \$50 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page	e (optional)	89.13
TOTAL This Period (last page this	s line number only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Michael Ruhlen Date of Receipt Mailing Address 7216 Graybeard Court 01 2015 12 City Zip Code State Transaction ID: SA11AI.13947 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Payroll Deduction \$30 monthly Name of Employer Occupation VP/CMO CMC -Mercy & CMC - Pine Carolinas Healthcare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jason Paul Schwebach Date of Receipt Mailing Address 5011 King Arthur Drive 10 01 2015 City State Zip Code Transaction ID: SA11AI.13754 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 208.40 Other (specify) Full Name (Last, First, Middle Initial) c. Jason Paul Schwebach Date of Receipt Mailing Address 5011 King Arthur Drive M M / 30 10 2015 City Zip Code State Transaction ID: SA11AI.13840 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 229.24 71.68

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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) Jason Paul Schwebach Date of Receipt Mailing Address 5011 King Arthur Drive 01 2015 12 City Zip Code State Transaction ID: SA11AI.13926 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing C 20.76 federal political committee. Payroll Deduction \$20.76 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Virginia Ellen Sheppard Date of Receipt Mailing Address 5345 Hillingdon Road 10 01 2015 City State Zip Code Transaction ID: SA11AI.13759 Charlotte NC 28226 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 208.40 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Virginia Ellen Sheppard Date of Receipt Mailing Address 5345 Hillingdon Road M M / 30 10 2015 Zip Code City State Transaction ID: SA11AI.13845 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 229.24 62.44 SUBTOTAL of Receipts This Page (optional).....

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14 13 15 16 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) Ms. Virginia Ellen Sheppard Date of Receipt Mailing Address 5345 Hillingdon Road 01 2015 12 City Zip Code State Transaction ID: SA11AI.13931 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 20.76 federal political committee. Payroll Deduction \$20.76 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth A Shull Date of Receipt Mailing Address 60 Greenstoke Loop 07 01 2015 City State Zip Code Transaction ID: SA11AI.13504 NC Tryon 28782 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 291.69 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth A Shull Date of Receipt Mailing Address 60 Greenstoke Loop M = M 07 31 2015 City Zip Code State Transaction ID: SA11AI.14023 NC Tryon 28782 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 333.36 104.10 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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for each category of the Detailed Summary Page 14 13 15 16 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) Kenneth A Shull Date of Receipt Mailing Address 60 Greenstoke Loop 01 2015 City Zip Code State Transaction ID: SA11AI.13678 NC Tryon 28782 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 375.03 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth A Shull Date of Receipt Mailing Address 60 Greenstoke Loop 10 01 2015 City State Zip Code Transaction ID: SA11AI.13763 NC Tryon 28782 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth A Shull Date of Receipt Mailing Address 60 Greenstoke Loop M M / 30 10 2015 City State Zip Code Transaction ID: SA11AI.13849 NC Tryon 28782 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 458.37 125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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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) Kenneth A Shull Date of Receipt Mailing Address 60 Greenstoke Loop 01 2015 12 City Zip Code State Transaction ID: SA11AI.13935 NC Tryon 28782 Amount of Each Receipt this Period FEC ID number of contributing C 41.63 federal political committee. Payroll Deduction \$41.63 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carnetha M Simmons Date of Receipt Mailing Address 2225 Hawkins Street #235 09 01 2015 City State Zip Code Transaction ID: SA11AI.13651 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation CarolinasHealthCareSystem **PHYS** Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carnetha M Simmons Date of Receipt Mailing Address 2225 Hawkins Street #235 M = M 10 01 2015 City Zip Code State Transaction ID: SA11AI.13737 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation PHYS CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.00 91.63 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Carnetha M Simmons Mailing Address 2225 Hawkins Street #235		Date of Receipt
City	State Zip Code	10 30 2015
Charlotte	NC 28203	Transaction ID : SA11AI.13823
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify) ▼	Occupation PHYS Aggregate Year-to-Date ▼ 275.00	Payroll Deduction \$25 monthly
Full Name (Last, First, Middle Initial) Carnetha M Simmons Mailing Address 2225 Hawkins Street #235		Date of Receipt
		12 01 2015
City	State Zip Code	Transaction ID : SA11AI.13909
Charlotte	NC 28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$25 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Craig Martin Slater		Date of Receipt
Mailing Address 2007 Hollyhedge Lane		10 01 2015
City	State Zip Code	Transaction ID : SA11AI.13729
Indian Trail	NC 28079	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 208.40	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	70.84

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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 HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Craig Martin Slater		Date of Receipt
Mailing Address 2007 Hollyhedge Lane	7.0	10 30 / Y Y Y Y Y Y
City Indian Trail	State Zip Code NC 28079	Transaction ID : SA11AI.13815
	25676	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	
Full Name (Last, First, Middle Initial) B. Craig Martin Slater		Date of Receipt
Mailing Address 2007 Hollyhedge Lane		12 01 2015
City	State Zip Code NC 28079	Transaction ID : SA11AI.13901
Indian Trail	NC 28079	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.76
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.76 monthly
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	250.00	
Full Name (Last, First, Middle Initial) C. Mr. Ronald M Smidt		Date of Receipt
Mailing Address P O Box 901		07 01 2015
City Troutman	State Zip Code NC 28166	Transaction ID : SA11AI.13527
	NC 28100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Payroll Deduction \$30 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2015 Primary X General	Aggregate Year-to-Date ▼	
Other (specify)	210.00	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	71.60
TOTAL This Period (last page this line numb	er only)	

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for each category of the Detailed Summary Page 13 14 15 16 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) Mr. Ronald M Smidt Date of Receipt Mailing Address P O Box 901 2015 31 City Zip Code State Transaction ID: SA11AI.14046 NC Troutman 28166 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Payroll Deduction \$30 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Ronald M Smidt Date of Receipt Mailing Address P O Box 901 09 01 2015 City State Zip Code Transaction ID: SA11AI.13701 NC Troutman 28166 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Payroll Deduction \$30 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Ronald M Smidt Date of Receipt Mailing Address P O Box 901 M M / 10 01 2015 City Zip Code State Transaction ID: SA11AI.13786 NC Troutman 28166 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Payroll Deduction \$30 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 300.00 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC		
Full Name (Last, First, Middle Initial) A. Mr. Ronald M Smidt	Date of Receipt 10 30 2015			
Mailing Address P O Box 901				
City Troutman	State Zip Code NC 28166	Transaction ID : SA11AI.13872 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer	Occupation	Payroll Deduction \$30 monthly		
Carolinas HealthCare System Receipt For: 2015 Primary ☐ General Other (specify) ▼	ADMIN Aggregate Year-to-Date ▼ 330.00			
Full Name (Last, First, Middle Initial) B. Mr. Ronald M Smidt		Date of Receipt		
Mailing Address P O Box 901		12 01 2015		
City Troutman	State Zip Code NC 28166	Transaction ID : SA11AI.13958 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$30 monthly		
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00			
Full Name (Last, First, Middle Initial) C. Keith A Smith		Date of Receipt		
Mailing Address 2122 Dilworth Road West		12 01 2015		
City Charlotte	State Zip Code NC 28203	Transaction ID : SA11AI.14141 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1500.00		
Name of Employer Carolinas HealthCare System	Occupation Attorney			
Receipt For: 2016 Primary	Aggregate Year-to-Date ▼ 1500.00			
SUBTOTAL of Receipts This Page (optional)		1560.00		
TOTAL This Period (last page this line number	r only)			

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) GRACE SOTOMAYOR Mailing Address 6506 Donnegal Farm Road City CHARLOTTE FEC ID number of contributing federal political committee. Name of Employer CAROLINAS HEALTHCARE SYSTEM Receipt For: 2016 Primary General Other (specify)	State Zip Code NC 28270 C Occupation ADMINISTRATION Aggregate Year-to-Date ▼	Date of Receipt 11 12 2015 Transaction ID: SA11AI.14153 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) B. James Michael Stevenson Mailing Address 1711 Mission Road City Murphy FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify)	State Zip Code NC 28906 C Occupation ADMIN Aggregate Year-to-Date ▼ 583.38	Date of Receipt 07 01 2015 Transaction ID : SA11AI.13463 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
Full Name (Last, First, Middle Initial) C. James Michael Stevenson Mailing Address 1711 Mission Road City Murphy FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary Other (specify)	State Zip Code NC 28906 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt 07 31 2015 Transaction ID: SA11AI.13982 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	416.68

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NAME OF COMMITTEE (In Full)	
$^{ m o}$ CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED P.	A٥

CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) 1. James Michael Stevenson		Date of Receipt
Mailing Address 1711 Mission Road		09 01 2015
City	State Zip Code	Transaction ID : SA11AI.13637
Murphy	NC 28906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary X General	Aggregate real-to-Date V	
Other (specify) ▼	750.06	
Full Name (Last, First, Middle Initial) 3. James Michael Stevenson		Date of Receipt
Mailing Address 1711 Mission Road		10 01 2015
City	State Zip Code	Transaction ID : SA11AI.13723
Murphy	NC 28906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-Date ¥	
Other (specify)	833.40	
Full Name (Last, First, Middle Initial) 2. James Michael Stevenson		Date of Receipt
Mailing Address 1711 Mission Road		M M / D D / Y Y Y Y
5 Tri Milosoff Road		10 30 2015
City	State Zip Code	Transaction ID : SA11AI.13809
Murphy	NC 28906	Amount of Each Receipt this Period
FEC ID number of contributing		02.24
federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
	ADMIN	
CarolinasHealthCareSystem Receipt For: 2015		
Primary Seneral	Aggregate Year-to-Date ▼	
Other (specify)	916.74	
, r = 7/ ¥		
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SUBTOTAL of Receipts This Page (optional)	>	250.02
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) James Michael Stevenson		Date of Receipt
Mailing Address 1711 Mission Road		12 01 2015
City Murphy	State Zip Code NC 28906	Transaction ID : SA11AI.13895 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.26
Name of Employer	Occupation	Payroll Deduction \$83.26 monthly
CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify) ▼	ADMIN Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater		Date of Receipt
Mailing Address 2301 Queens Road East		07 01 2015
City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.13479 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 2916.69	
Full Name (Last, First, Middle Initial) . Mr. Michael C Tarwater		Date of Receipt
Mailing Address 2301 Queens Road East		07 31 2015
City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.13998 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
CarolinasHealthCareSystem Receipt For: 2015 Primary General Other (specify) Other	ADMIN Aggregate Year-to-Date ▼ 3333.36	
SUBTOTAL of Receipts This Page (optional)		916.60
TOTAL This Period (last page this line number	<u> </u>	

Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Date of Receipt Mailing Address 2301 Queens Road East 01 2015 City Zip Code State Transaction ID: SA11AI.13653 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 3750.03 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael C Tarwater Date of Receipt Mailing Address 2301 Queens Road East 10 01 2015 City State Zip Code Transaction ID: SA11AI.13739 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing 416.67 federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General

Full Name (Last, First, Middle Initial) c. Mr. Michael C Tarwater Date of Receipt Mailing Address 2301 Queens Road East M M / 30 10 2015 City State Zip Code Transaction ID: SA11AI.13825 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing 416.67 С federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation CarolinasHealthCareSystem **ADMIN** Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 4583.37

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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) Mr. Michael C Tarwater Date of Receipt Mailing Address 2301 Queens Road East 01 2015 12 City Zip Code State Transaction ID: SA11AI.13911 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 416.63 federal political committee. Payroll Deduction \$416.63 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Alfred P Taylor Date of Receipt Mailing Address 125 Lakeland Circle 10 01 2015 City State Zip Code Transaction ID: SA11AI.13715 NC Mt. Gilead 27306 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 208.40 Other (specify) Full Name (Last, First, Middle Initial) c. Alfred P Taylor Date of Receipt Mailing Address 125 Lakeland Circle M M / 30 10 2015 City Zip Code State Transaction ID: SA11AI.13801 NC Mt. Gilead 27306 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 229.24 458.31 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Alfred P Taylor		Date of Receipt
Mailing Address 125 Lakeland Circle		12 01 2015
City	State Zip Code NC 27306	Transaction ID : SA11AI.13887
Mt. Gilead	NC 27306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.76
Name of Employer	Occupation	Payroll Deduction \$20.76 monthly
Carolinas HealthCare System	ADMIN	_
Receipt For: 2015 Primary Seneral	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. James Taylor		Date of Receipt
Mailing Address 6209 Pembury Lane		07 01 2015
City	State Zip Code	Transaction ID : SA11AI.13507
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 291.69	
Full Name (Last, First, Middle Initial) 2. James Taylor		Date of Receipt
Mailing Address 6209 Pembury Lane		07 31 2015
City	State Zip Code	Transaction ID : SA11AI.14026
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary General	Aggregate Year-to-Date ▼	
Primary X General Other (specify) ▼	333.36	
SUBTOTAL of Receipts This Page (optional)		104.10
TOTAL This Period (last page this line numb	per only)	

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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full)	PITAL AUTHORITY/CAROLINAS HEALTH	
Full Name (Last, First, Middle Initial) James Taylor		Date of Receipt
Mailing Address 6209 Pembury Lane		09 01 2015
City	State Zip Code	Transaction ID : SA11AI.13681
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	375.03	
Full Name (Last, First, Middle Initial) James Taylor		Date of Receipt
Mailing Address 6209 Pembury Lane		10 01 2015
City	State Zip Code	Transaction ID : SA11AI.13766
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	
Full Name (Last, First, Middle Initial) C. James Taylor		Date of Receipt
Mailing Address 6209 Pembury Lane		10 30 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.13852
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to bate ▼	
Other (specify) ▼	458.37	
SUBTOTAL of Receipts This Page (optional)	•	125.01
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UI	tor commercial purposes, other than using the	name and address of any political committee to	SOIIGH COMMIDULIONS HOM SUCH COMMINUTE.
\rangle	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIT	ΓΑL AUTHORITY/CAROLINAS HEALTHC	CARE SYSTEM EMPLOYEES FED PAC
۸.	Full Name (Last, First, Middle Initial) James Taylor Mailing Address 6209 Pembury Lane City	State Zip Code	Date of Receipt 12 01 2015 Transaction ID: SA11Al.13938
	Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2015 Primary ☐ General Other (specify) ▼	NC 28210 C Occupation ADMIN Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 41.63 Payroll Deduction \$41.63 monthly
3.	Full Name (Last, First, Middle Initial) Mr. David Thomas Mailing Address 1609 Penderlea Lane City Matthews FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify) Other (specify)	State Zip Code NC 28105 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
D.	Full Name (Last, First, Middle Initial) Mr. David Thomas Mailing Address 1609 Penderlea Lane City Matthews FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary Other (specify) Other (specify)	State Zip Code NC 28105 C Occupation ADMIN Aggregate Year-to-Date ▼	Date of Receipt M M / 01 2015 Transaction ID: SA11AI.13720 Amount of Each Receipt this Period 25.00 Payroll Deduction \$25 monthly
s	UBTOTAL of Receipts This Page (optional)	>	91.63
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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) Mr. David Thomas Date of Receipt Mailing Address 1609 Penderlea Lane 30 2015 10 City Zip Code State Transaction ID: SA11AI.13806 NC Matthews 28105 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary **X** General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. David Thomas Date of Receipt Mailing Address 1609 Penderlea Lane 12 01 2015 City State Zip Code Transaction ID: SA11AI.13892 Matthews NC 28105 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Payroll Deduction \$25 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Joan Thomas Date of Receipt Mailing Address 230 Summermore Drive M = M 07 01 2015 City State Zip Code Transaction ID: SA11AI.13478 NC Charlotte 28270 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 875.00

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175.00

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

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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 HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Joan Thomas Mailing Address 230 Summermore Drive		Date of Receipt
City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28270	07 31 2015 Transaction ID : SA11AI.13997 Amount of Each Receipt this Period 125.00
Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	Occupation Administrator Aggregate Year-to-Date ▼ 1000.00	Payroll Deduction \$125 monthly
Full Name (Last, First, Middle Initial) B. Joan Thomas Mailing Address 230 Summermore Drive		Date of Receipt
City Charlotte	State Zip Code NC 28270	09 01 2015 Transaction ID : SA11AI.13652 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	Occupation Administrator Aggregate Year-to-Date ▼ 1125.00	125.00 Payroll Deduction \$125 monthly
Full Name (Last, First, Middle Initial) C. Joan Thomas Mailing Address 230 Summermore Drive		Date of Receipt 10 01 2015
City Charlotte FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NC 28270 C Occupation	Transaction ID : SA11AI.13738 Amount of Each Receipt this Period 125.00 Payroll Deduction \$125 monthly
Carolinas HealthCare System Receipt For: 2015 Primary General Other (specify)	Administrator Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)	>	375.00
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee t	o solicit contributions from such committee.
/	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Joan Thomas		Date of Receipt
Mailing Address 230 Summermore Drive		10 30 2015
City	State Zip Code	Transaction ID : SA11AI.13824
Charlotte	NC 28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
Carolinas HealthCare System	Administrator	
Receipt For: 2015 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	
Full Name (Last, First, Middle Initial) Joan Thomas	'	Date of Receipt
Mailing Address 230 Summermore Drive		12 01 2015
City	State Zip Code	Transaction ID : SA11AI.13910
Charlotte	NC 28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
Carolinas HealthCare System	Administrator	
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Charles Tomlinson	<u>'</u>	Date of Receipt
Mailing Address 328 Cross Creek Dr.		11 11 2015 _
City Cherryville	State Zip Code NC 28021	Transaction ID : SA11AI.14143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Carolinas HealthCare System	Administrator	
Receipt For: 2016 Primary X General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 120 OF 133 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 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) Ms. Martha J Whitecotton Date of Receipt Mailing Address 9526 Greyson Ridge Drive 01 2015 City Zip Code State Transaction ID: SA11AI.13525 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing C 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 1166.69 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Martha J Whitecotton Date of Receipt Mailing Address 9526 Greyson Ridge Drive 07 31 2015 City State Zip Code Transaction ID: SA11AI.14044 Charlotte NC 28277 Amount of Each Receipt this Period FEC ID number of contributing 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 1333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Martha J Whitecotton Date of Receipt Mailing Address 9526 Greyson Ridge Drive M = M 09 01 2015 City Zip Code State Transaction ID: SA11AI.13699 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 166.67 С federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1500.03 500.01 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton		Date of Receipt
Mailing Address 9526 Greyson Ridge Drive		10 01 2015
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.13784 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 1666.70	
Full Name (Last, First, Middle Initial) 3. Ms. Martha J Whitecotton		Date of Receipt
Mailing Address 9526 Greyson Ridge Drive City	State Zip Code	10 30 2015 Transaction ID : SA11AI.13870
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37	
Full Name (Last, First, Middle Initial) Ms. Martha J Whitecotton		Date of Receipt
Mailing Address 9526 Greyson Ridge Drive		12 01 2015
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.13956 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.63
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$166.63 monthly
Receipt For: 2015 Primary	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional).		499.97
TOTAL This Period (last page this line number	er only)	

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13 14 15 16 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) Mr. Robert H Wiggins Date of Receipt Mailing Address 6417 Seton House Lane 01 2015 City Zip Code State Transaction ID: SA11AI.13509 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Robert H Wiggins Date of Receipt Mailing Address 6417 Seton House Lane 07 31 2015 City State Zip Code Transaction ID: SA11AI.14028 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Robert H Wiggins Date of Receipt Mailing Address 6417 Seton House Lane M = M 09 01 2015 City Zip Code State Transaction ID: SA11AI.13683 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 750.06 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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13 14 15 16 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) Mr. Robert H Wiggins Date of Receipt Mailing Address 6417 Seton House Lane 01 2015 10 City Zip Code State Transaction ID: SA11AI.13768 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 833.40 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Robert H Wiggins Date of Receipt Mailing Address 6417 Seton House Lane 10 30 2015 City State Zip Code Transaction ID: SA11AI.13854 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 916.74 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Robert H Wiggins Date of Receipt Mailing Address 6417 Seton House Lane M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13940 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 83.26 С federal political committee. Payroll Deduction \$83.26 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1000.00 249.94 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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or for commercial purposes, other than using the	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSP	ITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mary Ann Wilcox Mailing Address 5314 Wingedfoot Road		Date of Receipt
		07 01 2015
City	State Zip Code	Transaction ID : SA11AI.13499
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) Mary Ann Wilcox		Date of Receipt
Mailing Address 5314 Wingedfoot Road		07 31 2015
City	State Zip Code	07 31 2015 Transaction ID : SA11AI.14018
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary	1000.00	
Full Name (Last, First, Middle Initial) Mary Ann Wilcox		Date of Receipt
Mailing Address 5314 Wingedfoot Road		09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.13673 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1125.00	
SUBTOTAL of Receipts This Page (optional)	>	375.00

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Detailed Summary Page 14 13 15 16 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) Mary Ann Wilcox Date of Receipt Mailing Address 5314 Wingedfoot Road 01 2015 10 City Zip Code State Transaction ID: SA11AI.13758 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Ann Wilcox Date of Receipt Mailing Address 5314 Wingedfoot Road 10 30 2015 City State Zip Code Transaction ID: SA11AI.13844 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 1375.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mary Ann Wilcox Date of Receipt Mailing Address 5314 Wingedfoot Road M M / 12 01 2015 City Zip Code State Transaction ID: SA11AI.13930 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Payroll Deduction \$125 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1500.00 375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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for each category of the Detailed Summary Page 14 13 15 16 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) Stephen Wilhoit Date of Receipt Mailing Address 5933 Deveron Drive 2015 City Zip Code State Transaction ID: SA11AI.14152 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Healthcare Executive Carolinas HealthCare System Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **X** General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Phyllis Anne Wingate Date of Receipt Mailing Address 6005 Willowood Road 07 01 2015 City State Zip Code Transaction ID: SA11AI.13505 NC Kannapolis 28081 Amount of Each Receipt this Period FEC ID number of contributing 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 1166.69 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Phyllis Anne Wingate Date of Receipt Mailing Address 6005 Willowood Road M M / 07 31 2015 City Zip Code State Transaction ID: SA11AI.14024 NC Kannapolis 28081 Amount of Each Receipt this Period FEC ID number of contributing 166.67 С federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1333.36 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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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 HO	SPITAL AUTHORITY/CAROLINAS HEALTH	ICARE SYSTEM EMPLOYEES FED PAC							
Full Name (Last, First, Middle Initial) Ms. Phyllis Anne Wingate		Date of Receipt							
Mailing Address 6005 Willowood Road	09 01 2015								
City	State Zip Code	Transaction ID : SA11AI.13679							
Kannapolis	NC 28081	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	166.67							
Name of Employer	Occupation	Payroll Deduction \$166.67 monthly							
CarolinasHealthCareSystem	ADMIN								
Receipt For: 2015		1							
Primary X General	Aggregate Year-to-Date ▼								
Other (specify) ▼	1500.03								
Full Name (Last, First, Middle Initial) 3. Ms. Phyllis Anne Wingate									
Mailing Address 6005 Willowood Road									
City	State Zip Code	Transaction ID : SA11AI.13764							
Kannapolis	NC 28081	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	166.67							
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly							
Receipt For: 2015 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70								
Full Name (Last, First, Middle Initial) Ms. Phyllis Anne Wingate		Date of Receipt							
Mailing Address 6005 Willowood Road									
City	State Zip Code	Transaction ID : SA11AI.13850							
Kannapolis	NC 28081	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	166.67							
Name of Employer	Payroll Deduction \$166.67 monthly								
CarolinasHealthCareSystem	ADMIN								
Receipt For: 2015	Aggregate Year-to-Date ▼	1							
Primary General	1.33.33.45 103.15 24.6 7								
Other (specify) ▼	1833.37								
SUBTOTAL of Receipts This Page (optional)	500.01							

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for each category of the Detailed Summary Page 13 14 15 16 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) Ms. Phyllis Anne Wingate Date of Receipt Mailing Address 6005 Willowood Road 01 2015 12 City Zip Code State Transaction ID: SA11AI.13936 NC Kannapolis 28081 Amount of Each Receipt this Period FEC ID number of contributing C 166.63 federal political committee. Payroll Deduction \$166.63 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory Wood Date of Receipt Mailing Address 12641 Woodwinds Circle 10 01 2015 City State Zip Code Transaction ID: SA11AI.13717 NC Laurinburg 28352 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation Carolinas Healthcare System President/SMH Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 208.40 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory Wood Date of Receipt Mailing Address 12641 Woodwinds Circle M M / 30 10 2015 City Zip Code State Transaction ID: SA11AI.13803 NC Laurinburg 28352 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation President/SMH Carolinas Healthcare System Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 229.24 208.31 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Other (specify)

В.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Full Name (Last, First, Middle Initial) Gregory Wood		Date of Receipt
Mailing Address 12641 Woodwinds Circle	12 01 2015	
City	State Zip Code	Transaction ID : SA11AI.13889
Laurinburg	NC 28352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.76
Name of Employer Carolinas Healthcare System	Occupation President/SMH	Payroll Deduction \$20.76 monthly
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last First Middle Initial)	_	

429.24

Mr. John E Young Date of Receipt Mailing Address 809 E. King Street 01 07 2015 City State Zip Code Transaction ID: SA11AI.13519 NC Kings Mountain 28086 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify)

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TOTAL This Period (last page this line number only)				- 1		Ξ	7		_	_	

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for each category of the 12 Detailed Summary Page 13 14 15 16 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) Mr. John E Young Date of Receipt Mailing Address 809 E. King Street 2015 31 City Zip Code State Transaction ID: SA11AI.14038 NC Kings Mountain 28086 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John E Young Date of Receipt Mailing Address 809 E. King Street 09 01 2015 City State Zip Code Transaction ID: SA11AI.13693 NC Kings Mountain 28086 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 750.06 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. John E Young Date of Receipt Mailing Address 809 E. King Street M M / 10 01 2015 City Zip Code State Transaction ID: SA11AI.13778 NC Kings Mountain 28086 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 833.40 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 13 14 15 16 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) Mr. John E Young Date of Receipt Mailing Address 809 E. King Street 30 2015 10 City Zip Code State Transaction ID: SA11AI.13864 NC Kings Mountain 28086 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2015 Aggregate Year-to-Date ▼ Primary General 916.74 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John E Young Date of Receipt Mailing Address 809 E. King Street 12 01 2015 City State Zip Code Transaction ID: SA11AI.13950 NC Kings Mountain 28086 Amount of Each Receipt this Period FEC ID number of contributing 83.26 federal political committee. Payroll Deduction \$83.26 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2015 Aggregate Year-to-Date ▼ Primary ✓ General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Zachary Zapack Date of Receipt Mailing Address 1015 Charlotte Ave #351 M = M 07 01 2015 City Zip Code State Transaction ID: SA11AI.13446 SC Rock Hill 29732 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Payroll Deduction \$250 monthly Name of Employer Occupation Carolinas HealthCare System Administrator Receipt For: 2015 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1750.00 416.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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