

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

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

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	45286.22	75843.32
(ii) Unitemized	3111.50	14309.92
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	48397.72	90153.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	48397.72	90153.24
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	70.46	121.43
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	48468.18	90274.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	-5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	-5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	-5000.00

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
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48397.72	90153.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 133
(check only one)
 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)
A. Peter Acker

Mailing Address 4105 Crepe Ridge Drive

City State Zip Code
 Denver NC 28037

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

Name of Employer Occupation
 Carolinas HealthCare System Administrator

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11AI.14145

Amount of Each Receipt this Period
 350.00

Full Name (Last, First, Middle Initial)
B. Dr. Susan R Andersen

Mailing Address 1118 Setter Lane

City State Zip Code
 Concord NC 28025

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

Name of Employer Occupation
 CarolinasHealthCareSystem PHYS

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13450

Amount of Each Receipt this Period
 41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)
C. Dr. Susan R Andersen

Mailing Address 1118 Setter Lane

City State Zip Code
 Concord NC 28025

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

Name of Employer Occupation
 CarolinasHealthCareSystem PHYS

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.13969

Amount of Each Receipt this Period
 41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Susan R Andersen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1118 Setter Lane
 City Concord State NC Zip Code 28025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **375.03**

Date of Receipt **09 / 01 / 2015**
Transaction ID : SA11AI.13624
 Amount of Each Receipt this Period **41.67**
 Payroll Deduction \$41.67 monthly

B. Dr. Susan R Andersen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1118 Setter Lane
 City Concord State NC Zip Code 28025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **10 / 01 / 2015**
Transaction ID : SA11AI.13710
 Amount of Each Receipt this Period **41.67**
 Payroll Deduction \$41.67 monthly

C. Dr. Susan R Andersen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1118 Setter Lane
 City Concord State NC Zip Code 28025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **458.37**

Date of Receipt **10 / 30 / 2015**
Transaction ID : SA11AI.13796
 Amount of Each Receipt this Period **41.67**
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... **125.01**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Susan R Andersen		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>01</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	01	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
12	/	01	/	2015								
Mailing Address 1118 Setter Lane		Transaction ID : SA11AI.13882										
City Concord	State NC	Zip Code 28025										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.63										
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$41.63 monthly										
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) B. Robert Battista		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>01</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	01	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	01	/	2015								
Mailing Address 1008 Sultana Lane		Transaction ID : SA11AI.13705										
City Matthews	State NC	Zip Code 28104										
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40											

Full Name (Last, First, Middle Initial) C. Robert Battista		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	30	/	2015								
Mailing Address 1008 Sultana Lane		Transaction ID : SA11AI.13791										
City Matthews	State NC	Zip Code 28104										
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24											

SUBTOTAL of Receipts This Page (optional).....▶	83.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert Battista		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>01</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	01	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
12	/	01	/	2015								
Mailing Address 1008 Sultana Lane		Transaction ID : SA11AI.13877										
City Matthews	State NC	Zip Code 28104										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.76										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.76 monthly										
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name (Last, First, Middle Initial) B. Pamela M Beckwith		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>01</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	01	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	01	/	2015								
Mailing Address 1709 Rosebank Lane		Transaction ID : SA11AI.13462										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.67										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly										
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.69											

Full Name (Last, First, Middle Initial) C. Pamela M Beckwith		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>31</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	31	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	31	/	2015								
Mailing Address 1709 Rosebank Lane		Transaction ID : SA11AI.13981										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.67										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly										
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36											

SUBTOTAL of Receipts This Page (optional).....▶	354.10
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Pamela M Beckwith		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>01</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	01	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	01	/	2015								
Mailing Address 1709 Rosebank Lane		Transaction ID : SA11AI.13636										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly										
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03											

Full Name (Last, First, Middle Initial) B. Pamela M Beckwith		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>01</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	01	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	01	/	2015								
Mailing Address 1709 Rosebank Lane		Transaction ID : SA11AI.13722										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly										
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70											

Full Name (Last, First, Middle Initial) C. Pamela M Beckwith		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	30	/	2015								
Mailing Address 1709 Rosebank Lane		Transaction ID : SA11AI.13808										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly										
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37											

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Pamela M Beckwith
 Full Name (Last, First, Middle Initial)
 Mailing Address 1709 Rosebank Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13894
 Amount of Each Receipt this Period 166.63
 Payroll Deduction \$166.63 monthly

B. Alicia Bowers
 Full Name (Last, First, Middle Initial)
 Mailing Address 518 Hermitage Court
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Attorney
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13756
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Alicia Bowers
 Full Name (Last, First, Middle Initial)
 Mailing Address 518 Hermitage Court
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Attorney
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13842
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	208.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Alicia Bowers		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td> <td>0</td><td>1</td><td>/</td> <td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	1	/	2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	1	/	2	0	1	5													
Mailing Address 518 Hermitage Court		Transaction ID : SA11AI.13928																				
City Charlotte	State NC	Zip Code 28207																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.76																				
Name of Employer Carolinas HealthCare System	Occupation Attorney	Payroll Deduction \$20.76 monthly																				
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00																					

Full Name (Last, First, Middle Initial) B. Teresa M Bowleg		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td> <td>3</td><td>0</td><td>/</td> <td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	0	/	2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	3	0	/	2	0	1	5													
Mailing Address 484 Mulkey Drive		Transaction ID : SA11AI.13839																				
City Murphy	State NC	Zip Code 28906																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00																				
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20 monthly																				
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00																					

Full Name (Last, First, Middle Initial) C. Teresa M Bowleg		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td> <td>0</td><td>1</td><td>/</td> <td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	1	/	2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	1	/	2	0	1	5													
Mailing Address 484 Mulkey Drive		Transaction ID : SA11AI.13925																				
City Murphy	State NC	Zip Code 28906																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00																				
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20 monthly																				
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00																					

SUBTOTAL of Receipts This Page (optional).....▶	60.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. David A. Boyce
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Lavender Bloom Loop
 City Mooresville State NC Zip Code 28115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13724
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. David A. Boyce
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Lavender Bloom Loop
 City Mooresville State NC Zip Code 28115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13810
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. David A. Boyce
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Lavender Bloom Loop
 City Mooresville State NC Zip Code 28115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13896
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional).....▶	62.44
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

A. Mr. Jerry L Bryson
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 Cabell Way
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13719
 Amount of Each Receipt this Period 21.00
 Payroll Deduction \$21 monthly

B. Mr. Jerry L Bryson
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 Cabell Way
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13805
 Amount of Each Receipt this Period 21.00
 Payroll Deduction \$21 monthly

C. Mr. Jerry L Bryson
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 Cabell Way
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13891
 Amount of Each Receipt this Period 21.00
 Payroll Deduction \$21 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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

A. Mr. Stephen C Burr
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Eslynn Road
 City Mount Holly State NC Zip Code 28120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **583.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2015
Transaction ID : SA11AI.13470
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

B. Mr. Stephen C Burr
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Eslynn Road
 City Mount Holly State NC Zip Code 28120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **666.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015
Transaction ID : SA11AI.13989
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

c. Mr. Stephen C Burr
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Eslynn Road
 City Mount Holly State NC Zip Code 28120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015
Transaction ID : SA11AI.13644
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

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

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

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

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

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

A. Mr. Stephen C Burr
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Eslynn Road
 City Mount Holly State NC Zip Code 28120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **833.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13730
 Amount of Each Receipt this Period **83.34**
 Payroll Deduction \$83.34 monthly

B. Mr. Stephen C Burr
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Eslynn Road
 City Mount Holly State NC Zip Code 28120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **916.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13816
 Amount of Each Receipt this Period **83.34**
 Payroll Deduction \$83.34 monthly

c. Mr. Stephen C Burr
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Eslynn Road
 City Mount Holly State NC Zip Code 28120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13902
 Amount of Each Receipt this Period **83.26**
 Payroll Deduction \$83.26 monthly

SUBTOTAL of Receipts This Page (optional)..... **249.94**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Nancy C. Butler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3821 Kitley Place
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13747
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Nancy C. Butler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3821 Kitley Place
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13833
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

c. Nancy C. Butler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3821 Kitley Place
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13919
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional).....▶	62.44
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 133
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)
A. Robert F. Carta

Mailing Address 4319 Wordsworth Lane

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

Name of Employer Carolinas HealthCare System	Occupation Administrator
---	-----------------------------

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11Al.13749

Amount of Each Receipt this Period
20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)
B. Robert F. Carta

Mailing Address 4319 Wordsworth Lane

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

Name of Employer Carolinas HealthCare System	Occupation Administrator
---	-----------------------------

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11Al.13835

Amount of Each Receipt this Period
20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)
c. Robert F. Carta

Mailing Address 4319 Wordsworth Lane

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

Name of Employer Carolinas HealthCare System	Occupation Administrator
---	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
479.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2015

Transaction ID : SA11Al.14147

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	291.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Robert F. Carta
 Full Name (Last, First, Middle Initial)
 Mailing Address 4319 Wordsworth Lane
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13921
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

B. Dr. Vincent P Casingal
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13688
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

C. Dr. Vincent P Casingal
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13773
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional).....▶	70.76
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Vincent P Casingal
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13859
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

B. Dr. Vincent P Casingal
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13945
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

C. Mr. Jack F Chamblee
 Full Name (Last, First, Middle Initial)
 Mailing Address 3215 Windshire Lane #306
 City Charlotte State NC Zip Code 28273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13660
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Jack F Chamblee
 Full Name (Last, First, Middle Initial)
 Mailing Address 3215 Windshire Lane #306
 City Charlotte State NC Zip Code 28273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13746
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

B. Mr. Jack F Chamblee
 Full Name (Last, First, Middle Initial)
 Mailing Address 3215 Windshire Lane #306
 City Charlotte State NC Zip Code 28273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13832
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

C. Mr. Jack F Chamblee
 Full Name (Last, First, Middle Initial)
 Mailing Address 3215 Windshire Lane #306
 City Charlotte State NC Zip Code 28273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13918
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 22 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Eugene P. Christian
 Full Name (Last, First, Middle Initial)
 Mailing Address 8008 Wicklow Hall Drive
 City State Zip Code
 Matthews NC 28104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System Physician
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13517
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction \$30 monthly

B. Eugene P. Christian
 Full Name (Last, First, Middle Initial)
 Mailing Address 8008 Wicklow Hall Drive
 City State Zip Code
 Matthews NC 28104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System Physician
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14036
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction \$30 monthly

C. Eugene P. Christian
 Full Name (Last, First, Middle Initial)
 Mailing Address 8008 Wicklow Hall Drive
 City State Zip Code
 Matthews NC 28104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System Physician
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13691
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction \$30 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Eugene P. Christian
 Full Name (Last, First, Middle Initial)
 Mailing Address 8008 Wicklow Hall Drive
 City State Zip Code
 Matthews NC 28104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System Physician
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13776
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction \$30 monthly

B. Eugene P. Christian
 Full Name (Last, First, Middle Initial)
 Mailing Address 8008 Wicklow Hall Drive
 City State Zip Code
 Matthews NC 28104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System Physician
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13862
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction \$30 monthly

C. Eugene P. Christian
 Full Name (Last, First, Middle Initial)
 Mailing Address 8008 Wicklow Hall Drive
 City State Zip Code
 Matthews NC 28104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System Physician
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13948
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction \$30 monthly

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Paul G Colavita
 Full Name (Last, First, Middle Initial)
 Mailing Address 2223 Croydon Rd #401
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13476
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

B. Mr. Paul G Colavita
 Full Name (Last, First, Middle Initial)
 Mailing Address 2223 Croydon Rd #401
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.13995
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

C. Mr. Paul G Colavita
 Full Name (Last, First, Middle Initial)
 Mailing Address 2223 Croydon Rd #401
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13650
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 25 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Paul G Colavita
 Full Name (Last, First, Middle Initial)
 Mailing Address 2223 Croydon Rd #401
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13736
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

B. Mr. Paul G Colavita
 Full Name (Last, First, Middle Initial)
 Mailing Address 2223 Croydon Rd #401
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13822
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

C. Mr. Paul G Colavita
 Full Name (Last, First, Middle Initial)
 Mailing Address 2223 Croydon Rd #401
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13908
 Amount of Each Receipt this Period 41.63
 Payroll Deduction \$41.63 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.97
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ronald M Costanzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 South Caldwell ST #1501
 City Charlotte State NC Zip Code 28202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13735
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Ronald M Costanzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 South Caldwell ST #1501
 City Charlotte State NC Zip Code 28202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13821
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Ronald M Costanzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 South Caldwell ST #1501
 City Charlotte State NC Zip Code 28202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13907
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional).....▶	62.44
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Judy Doran
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Greenbriar Road
 City Troy State NC Zip Code 27371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13712
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Judy Doran
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Greenbriar Road
 City Troy State NC Zip Code 27371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13798
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Judy Doran
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Greenbriar Road
 City Troy State NC Zip Code 27371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13884
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional).....▶	62.44
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. John Doty
 Full Name (Last, First, Middle Initial)
 Mailing Address 16123 Chiltern Lane
 City State Zip Code
 Huntersville NC 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System Physician
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2015
Transaction ID : SA11AI.14137
 Amount of Each Receipt this Period
 500.00

B. Claudia Douglass
 Full Name (Last, First, Middle Initial)
 Mailing Address 2742 Harlinsdale Drive
 City State Zip Code
 Rock Hill SC 29732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13744
 Amount of Each Receipt this Period
 20.84
 Payroll Deduction \$20.84 monthly

c. Claudia Douglass
 Full Name (Last, First, Middle Initial)
 Mailing Address 2742 Harlinsdale Drive
 City State Zip Code
 Rock Hill SC 29732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13830
 Amount of Each Receipt this Period
 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	541.68
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Claudia Douglass

Mailing Address 2742 Harlinsdale Drive

City	State	Zip Code
Rock Hill	SC	29732

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

Name of Employer	Occupation
CarolinasHealthCareSystem	ADMIN

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2015

Transaction ID : SA11AI.13916

Amount of Each Receipt this Period

20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)
B. David L Dunlap

Mailing Address 54 Picard Way

City	State	Zip Code
Charleston	SC	29412

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

Name of Employer	Occupation
Carolinas HealthCare System	Administrator

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2015

Transaction ID : SA11AI.14150

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)
C. Mr. David M Ellerbe

Mailing Address 2030 Peppercorn Ln

City	State	Zip Code
Charlotte	NC	28205

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

Name of Employer	Occupation
CarolinasHealthCareSystem	ADMIN

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.40**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.13731

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	2541.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. David M Ellerbe
 Full Name (Last, First, Middle Initial)
 Mailing Address 2030 Peppercorn Ln
 City Charlotte State NC Zip Code 28205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13817
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Mr. David M Ellerbe
 Full Name (Last, First, Middle Initial)
 Mailing Address 2030 Peppercorn Ln
 City Charlotte State NC Zip Code 28205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13903
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

C. W Lee Fanning
 Full Name (Last, First, Middle Initial)
 Mailing Address 5625 Fairway View Dr
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Physician
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2015
Transaction ID : SA11AI.14151
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 291.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Paul S Franz		Date of Receipt
Mailing Address 1320 Fillmore Avenue #505		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28203
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13458
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="416.67"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	Payroll Deduction \$416.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2916.69"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Paul S Franz		Date of Receipt
Mailing Address 1320 Fillmore Avenue #505		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28203
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13977
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="416.67"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	Payroll Deduction \$416.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="3333.36"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Paul S Franz		Date of Receipt
Mailing Address 1320 Fillmore Avenue #505		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28203
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13632
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="416.67"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	Payroll Deduction \$416.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="3750.03"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Paul S Franz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Fillmore Avenue #505
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4166.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13718
 Amount of Each Receipt this Period
 416.67
 Payroll Deduction \$416.67 monthly

B. Mr. Paul S Franz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Fillmore Avenue #505
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13804
 Amount of Each Receipt this Period
 416.67
 Payroll Deduction \$416.67 monthly

C. Mr. Paul S Franz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Fillmore Avenue #505
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13890
 Amount of Each Receipt this Period
 416.63
 Payroll Deduction \$416.63 monthly

SUBTOTAL of Receipts This Page (optional).....▶	1249.97
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Steven A Gilgen		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>01</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	01	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	01	/	2015								
Mailing Address 161 Jarrett Road		Transaction ID : SA11AI.13721										
City Hayesville	State NC	Zip Code 28904										
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40											

Full Name (Last, First, Middle Initial) B. Steven A Gilgen		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	30	/	2015								
Mailing Address 161 Jarrett Road		Transaction ID : SA11AI.13807										
City Hayesville	State NC	Zip Code 28904										
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24											

Full Name (Last, First, Middle Initial) C. Steven A Gilgen		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>01</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	01	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
12	/	01	/	2015								
Mailing Address 161 Jarrett Road		Transaction ID : SA11AI.13893										
City Hayesville	State NC	Zip Code 28904										
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.76										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.76 monthly										
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

SUBTOTAL of Receipts This Page (optional).....▶	62.44
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Mr. Greg A Gombar		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>01</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		01		2015
M M	/	D D	/	Y Y Y Y								
07		01		2015								
Mailing Address 4625 Cotton Creek Drive		Transaction ID : SA11AI.13493										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.67											
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$416.67 monthly										
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.69											

Full Name (Last, First, Middle Initial) B. Mr. Greg A Gombar		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>31</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		31		2015
M M	/	D D	/	Y Y Y Y								
07		31		2015								
Mailing Address 4625 Cotton Creek Drive		Transaction ID : SA11AI.14012										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.67											
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$416.67 monthly										
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.36											

Full Name (Last, First, Middle Initial) C. Mr. Greg A Gombar		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>01</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		01		2015
M M	/	D D	/	Y Y Y Y								
09		01		2015								
Mailing Address 4625 Cotton Creek Drive		Transaction ID : SA11AI.13667										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.67											
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$416.67 monthly										
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.03											

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Greg A Gombar
 Full Name (Last, First, Middle Initial)
 Mailing Address 4625 Cotton Creek Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4166.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13752
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

B. Mr. Greg A Gombar
 Full Name (Last, First, Middle Initial)
 Mailing Address 4625 Cotton Creek Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13838
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

c. Mr. Greg A Gombar
 Full Name (Last, First, Middle Initial)
 Mailing Address 4625 Cotton Creek Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13924
 Amount of Each Receipt this Period 416.63
 Payroll Deduction \$416.63 monthly

SUBTOTAL of Receipts This Page (optional).....▶	1249.97
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 OF 133
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Mr. Clark E Goodwin

Mailing Address 6028 Alexa Road

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

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

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

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

Transaction ID : SA11AI.13680

Amount of Each Receipt this Period
25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)
B. Mr. Clark E Goodwin

Mailing Address 6028 Alexa Road

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

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

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

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.13765

Amount of Each Receipt this Period
25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)
C. Mr. Clark E Goodwin

Mailing Address 6028 Alexa Road

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

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

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

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.13851

Amount of Each Receipt this Period
25.00

Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Clark E Goodwin			Date of Receipt
Mailing Address 6028 Alexa Road			<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11AI.13937
Charlotte	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation	Payroll Deduction \$25 monthly	
CarolinasHealthCareSystem	ADMIN		
Receipt For: 2015	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Kathleen Grew			Date of Receipt
Mailing Address 8603 Excalibur Way			<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11AI.13780
Huntersville	NC	28078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.84"/>
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly	
Carolinas HealthCare System	VP		
Receipt For: 2015	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.40"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kathleen Grew			Date of Receipt
Mailing Address 8603 Excalibur Way			<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11AI.13866
Huntersville	NC	28078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.84"/>
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly	
Carolinas HealthCare System	VP		
Receipt For: 2015	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="229.24"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="66.68"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kathleen Grew
Full Name (Last, First, Middle Initial)

Mailing Address 8603 Excalibur Way

City State Zip Code
Huntersville NC 28078

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

Name of Employer Occupation
Carolinas HealthCare System VP

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 01 / 2015
Transaction ID : SA11AI.13952

Amount of Each Receipt this Period
20.76

Payroll Deduction \$20.76 monthly

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

Mailing Address 7606 Seton House Lane

City State Zip Code
Charlotte NC 28277

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

Name of Employer Occupation
Carolinas Healthcare System Administator

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 14 / 2015
Transaction ID : SA11AI.14156

Amount of Each Receipt this Period
250.00

C. Dr. Mary N Hall
Full Name (Last, First, Middle Initial)

Mailing Address 1040 Queens Road

City State Zip Code
Charlotte NC 28207

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

Name of Employer Occupation
CarolinasHealthCareSystem ADMIN

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1166.69

Date of Receipt
07 / 01 / 2015
Transaction ID : SA11AI.13448

Amount of Each Receipt this Period
166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 437.43

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Mary N Hall			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>31</td> <td></td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		31		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
07		31		2015									
Mailing Address 1040 Queens Road			Transaction ID : SA11AI.13967										
City Charlotte	State NC	Zip Code 28207	Amount of Each Receipt this Period <table border="1"> <tr> <td>166.67</td> </tr> </table>	166.67									
166.67													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1333.36</td> </tr> </table>		1333.36									
1333.36													
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼													

Full Name (Last, First, Middle Initial) B. Dr. Mary N Hall			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>01</td> <td></td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		01		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
09		01		2015									
Mailing Address 1040 Queens Road			Transaction ID : SA11AI.13622										
City Charlotte	State NC	Zip Code 28207	Amount of Each Receipt this Period <table border="1"> <tr> <td>166.67</td> </tr> </table>	166.67									
166.67													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1500.03</td> </tr> </table>		1500.03									
1500.03													
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼													

Full Name (Last, First, Middle Initial) C. Dr. Mary N Hall			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		01		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
10		01		2015									
Mailing Address 1040 Queens Road			Transaction ID : SA11AI.13708										
City Charlotte	State NC	Zip Code 28207	Amount of Each Receipt this Period <table border="1"> <tr> <td>166.67</td> </tr> </table>	166.67									
166.67													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1666.70</td> </tr> </table>		1666.70									
1666.70													
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼													

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Mary N Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 Queens Road
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1833.37**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015
Transaction ID : SA11AI.13794
 Amount of Each Receipt this Period
166.67
 Payroll Deduction \$166.67 monthly

B. Dr. Mary N Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 Queens Road
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2015
Transaction ID : SA11AI.13880
 Amount of Each Receipt this Period
166.63
 Payroll Deduction \$166.63 monthly

C. Matthew L. Hanley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2640 Beverwyck Road
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **208.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2015
Transaction ID : SA11AI.13740
 Amount of Each Receipt this Period
20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... **354.14**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Matthew L. Hanley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2640 Beverwyck Road
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **229.24**

Date of Receipt **10 / 30 / 2015**
Transaction ID : SA11AI.13826
 Amount of Each Receipt this Period **20.84**
 Payroll Deduction \$20.84 monthly

B. Matthew L. Hanley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2640 Beverwyck Road
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 01 / 2015**
Transaction ID : SA11AI.13912
 Amount of Each Receipt this Period **20.76**
 Payroll Deduction \$20.76 monthly

C. Modena Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4421 Bonnie Loch Drive
 City Burlington State NC Zip Code 27215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administration
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **11 / 16 / 2015**
Transaction ID : SA11AI.14149
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional).....▶	341.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 42 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sara J Herron
 Full Name (Last, First, Middle Initial)
 Mailing Address 9422 Briarwick Lane
 City Charlotte State NC Zip Code 28277-1673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **875.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2015
Transaction ID : SA11AI.13523
 Amount of Each Receipt this Period
125.00
 Payroll Deduction \$125 monthly

B. Sara J Herron
 Full Name (Last, First, Middle Initial)
 Mailing Address 9422 Briarwick Lane
 City Charlotte State NC Zip Code 28277-1673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015
Transaction ID : SA11AI.14042
 Amount of Each Receipt this Period
125.00
 Payroll Deduction \$125 monthly

C. Sara J Herron
 Full Name (Last, First, Middle Initial)
 Mailing Address 9422 Briarwick Lane
 City Charlotte State NC Zip Code 28277-1673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015
Transaction ID : SA11AI.13697
 Amount of Each Receipt this Period
125.00
 Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... **375.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 43 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sara J Herron
 Full Name (Last, First, Middle Initial)
 Mailing Address 9422 Briarwick Lane
 City Charlotte State NC Zip Code 28277-1673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13782
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

B. Sara J Herron
 Full Name (Last, First, Middle Initial)
 Mailing Address 9422 Briarwick Lane
 City Charlotte State NC Zip Code 28277-1673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13868
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

C. Sara J Herron
 Full Name (Last, First, Middle Initial)
 Mailing Address 9422 Briarwick Lane
 City Charlotte State NC Zip Code 28277-1673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13954
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Robert V Higgins
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 Fairway Vista Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13687
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

B. Dr. Robert V Higgins
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 Fairway Vista Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13772
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

C. Dr. Robert V Higgins
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 Fairway Vista Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13858
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Robert V Higgins
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 Fairway Vista Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13944
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

B. Colleen D. Hole
 Full Name (Last, First, Middle Initial)
 Mailing Address 18029 John Robbins Lane
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13725
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Colleen D. Hole
 Full Name (Last, First, Middle Initial)
 Mailing Address 18029 John Robbins Lane
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13811
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	66.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Colleen D. Hole
 Full Name (Last, First, Middle Initial)
 Mailing Address 18029 John Robbins Lane
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 479.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2015
Transaction ID : SA11AI.14139
 Amount of Each Receipt this Period
 250.00

B. Colleen D. Hole
 Full Name (Last, First, Middle Initial)
 Mailing Address 18029 John Robbins Lane
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13897
 Amount of Each Receipt this Period
 20.76
 Payroll Deduction \$20.76 monthly

C. William Hubbard
 Full Name (Last, First, Middle Initial)
 Mailing Address 2699 Jameson Drive NW
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13741
 Amount of Each Receipt this Period
 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	291.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William Hubbard		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	30	/	2015								
Mailing Address 2699 Jameson Drive NW		Transaction ID : SA11AI.13827										
City Concord	State NC	Zip Code 28027										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.84											
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$20.84 monthly										
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24											

Full Name (Last, First, Middle Initial) B. William Hubbard		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>01</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	01	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
12	/	01	/	2015								
Mailing Address 2699 Jameson Drive NW		Transaction ID : SA11AI.13913										
City Concord	State NC	Zip Code 28027										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.76											
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$20.76 monthly										
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name (Last, First, Middle Initial) C. Mr. Christopher R Hummer		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>01</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	01	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	01	/	2015								
Mailing Address 215 Hillside Avenue		Transaction ID : SA11AI.13474										
City Charlotte	State NC	Zip Code 28209										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$125 monthly										
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00											

SUBTOTAL of Receipts This Page (optional).....▶	166.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Christopher R Hummer
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Hillside Avenue

City Charlotte	State NC	Zip Code 28209
-------------------	-------------	-------------------

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

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

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.13993

Amount of Each Receipt this Period
 125.00

Payroll Deduction \$125 monthly

B. Mr. Christopher R Hummer
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Hillside Avenue

City Charlotte	State NC	Zip Code 28209
-------------------	-------------	-------------------

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

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

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13648

Amount of Each Receipt this Period
 125.00

Payroll Deduction \$125 monthly

C. Mr. Christopher R Hummer
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Hillside Avenue

City Charlotte	State NC	Zip Code 28209
-------------------	-------------	-------------------

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

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

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13734

Amount of Each Receipt this Period
 125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Christopher R Hummer
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Hillside Avenue

City Charlotte	State NC	Zip Code 28209
-------------------	-------------	-------------------

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

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

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13820

Amount of Each Receipt this Period
 125.00

Payroll Deduction \$125 monthly

B. Mr. Christopher R Hummer
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Hillside Avenue

City Charlotte	State NC	Zip Code 28209
-------------------	-------------	-------------------

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

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

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13906

Amount of Each Receipt this Period
 125.00

Payroll Deduction \$125 monthly

C. James C Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 Rothwood Drive

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

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

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1166.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13482

Amount of Each Receipt this Period
 166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	416.67
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James C Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 Rothwood Drive
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14001
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

B. James C Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 Rothwood Drive
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13656
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

C. James C Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 Rothwood Drive
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13742
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

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

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

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

FOR LINE NUMBER: PAGE 51 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James C Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 Rothwood Drive
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1833.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13828
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

B. James C Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 Rothwood Drive
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13914
 Amount of Each Receipt this Period 166.63
 Payroll Deduction \$166.63 monthly

C. Jon M Joffe
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Capington Lane
 City Marvin State NC Zip Code 28173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13520
 Amount of Each Receipt this Period 50.00
 Payroll Deduction \$50 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 383.30
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jon M Joffe
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Capington Lane
 City Marvin State NC Zip Code 28173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14039
 Amount of Each Receipt this Period 50.00
 Payroll Deduction \$50 monthly

B. Jon M Joffe
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Capington Lane
 City Marvin State NC Zip Code 28173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13694
 Amount of Each Receipt this Period 50.00
 Payroll Deduction \$50 monthly

C. Jon M Joffe
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Capington Lane
 City Marvin State NC Zip Code 28173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13779
 Amount of Each Receipt this Period 50.00
 Payroll Deduction \$50 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 53 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jon M Joffe
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Capington Lane
 City State Zip Code
 Marvin NC 28173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13865
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction \$50 monthly

B. Jon M Joffe
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Capington Lane
 City State Zip Code
 Marvin NC 28173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13951
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction \$50 monthly

C. Mr. W. Christopher Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 Forest Hill Circle
 City State Zip Code
 Rutherfordton NC 28139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13492
 Amount of Each Receipt this Period
 41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.67
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. W. Christopher Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 Forest Hill Circle
 City Rutherfordton State NC Zip Code 28139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14011
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

B. Mr. W. Christopher Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 Forest Hill Circle
 City Rutherfordton State NC Zip Code 28139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13666
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

C. Mr. W. Christopher Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 Forest Hill Circle
 City Rutherfordton State NC Zip Code 28139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13751
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.01
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 55 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. W. Christopher Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 Forest Hill Circle
 City Rutherfordton State NC Zip Code 28139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13837
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

B. Mr. W. Christopher Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 Forest Hill Circle
 City Rutherfordton State NC Zip Code 28139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13923
 Amount of Each Receipt this Period 41.63
 Payroll Deduction \$41.63 monthly

C. Scott Robertson Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 9707 Welwyn Lane
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13785
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶ 104.14
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Scott Robertson Jones		Date of Receipt
Mailing Address 9707 Welwyn Lane		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13871
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.84"/>
Name of Employer		Payroll Deduction \$20.84 monthly
CarolinashHealthCareSystem	Occupation	
	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="229.24"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Scott Robertson Jones		Date of Receipt
Mailing Address 9707 Welwyn Lane		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13957
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.76"/>
Name of Employer		Payroll Deduction \$20.76 monthly
CarolinashHealthCareSystem	Occupation	
	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stephen Dennis Jones		Date of Receipt
Mailing Address 125 Lake Mist Drive		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Belmont	NC	28012
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13714
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.84"/>
Name of Employer		Payroll Deduction \$20.84 monthly
Carolinash HealthCare System	Occupation	
	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.40"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.44"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stephen Dennis Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Lake Mist Drive
 City Belmont State NC Zip Code 28012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13800
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Stephen Dennis Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Lake Mist Drive
 City Belmont State NC Zip Code 28012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13886
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

C. Mr. Robert M Keener
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 Club Drive
 City Stanley State NC Zip Code 28164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13682
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional).....▶	66.60
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Robert M Keener

Mailing Address 625 Club Drive

City State Zip Code
 Stanley NC 28164

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

Name of Employer Occupation
 Carolinas HealthCare System ADMIN

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : SA11AI.13767

Amount of Each Receipt this Period
 25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)
B. Mr. Robert M Keener

Mailing Address 625 Club Drive

City State Zip Code
 Stanley NC 28164

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

Name of Employer Occupation
 Carolinas HealthCare System ADMIN

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.13853

Amount of Each Receipt this Period
 25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)
C. Mr. Robert M Keener

Mailing Address 625 Club Drive

City State Zip Code
 Stanley NC 28164

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

Name of Employer Occupation
 Carolinas HealthCare System ADMIN

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015

Transaction ID : SA11AI.13939

Amount of Each Receipt this Period
 25.00

Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Scott Kerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 Governor Morrison St #448
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13515
 Amount of Each Receipt this Period 40.00
 Payroll Deduction \$40 monthly

B. Scott Kerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 Governor Morrison St #448
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14034
 Amount of Each Receipt this Period 40.00
 Payroll Deduction \$40 monthly

C. Scott Kerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 Governor Morrison St #448
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13689
 Amount of Each Receipt this Period 40.00
 Payroll Deduction \$40 monthly

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 OF 133
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Scott Kerr
Full Name (Last, First, Middle Initial)

Mailing Address 721 Governor Morrison St #448

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

Name of Employer Carolinas HealthCare System	Occupation Administrator
---	-----------------------------

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.13774

Amount of Each Receipt this Period
40.00

Payroll Deduction \$40 monthly

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

Mailing Address 721 Governor Morrison St #448

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

Name of Employer Carolinas HealthCare System	Occupation Administrator
---	-----------------------------

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.13860

Amount of Each Receipt this Period
40.00

Payroll Deduction \$40 monthly

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

Mailing Address 721 Governor Morrison St #448

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

Name of Employer Carolinas HealthCare System	Occupation Administrator
---	-----------------------------

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2015

Transaction ID : SA11AI.13946

Amount of Each Receipt this Period
40.00

Payroll Deduction \$40 monthly

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 133
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John C Kiser
 Full Name (Last, First, Middle Initial)
 Mailing Address 811 Sellerstown Road
 City State Zip Code
 Cherryville NC 28021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : SA11AI.14159
 Amount of Each Receipt this Period
 250.00

B. Joyce Korzen
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 Northside PI
 City State Zip Code
 Fayetteville NC 28303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13732
 Amount of Each Receipt this Period
 21.00
 Payroll Deduction \$21 monthly

C. Joyce Korzen
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 Northside PI
 City State Zip Code
 Fayetteville NC 28303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13818
 Amount of Each Receipt this Period
 21.00
 Payroll Deduction \$21 monthly

SUBTOTAL of Receipts This Page (optional).....▶	292.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joyce Korzen		Date of Receipt
Mailing Address 204 Northside Pl		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Fayetteville	NC	28303
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.13904
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="252.00"/>	<input type="text" value="21.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$21 monthly

Full Name (Last, First, Middle Initial) B. Collin H Lane		Date of Receipt
Mailing Address 2040 Hastings Drive		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.13473
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="291.69"/>	<input type="text" value="41.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial) C. Collin H Lane		Date of Receipt
Mailing Address 2040 Hastings Drive		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.13992
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="333.36"/>	<input type="text" value="41.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="104.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 63 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Collin H Lane
 Full Name (Last, First, Middle Initial)
 Mailing Address 2040 Hastings Drive
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **375.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015
Transaction ID : SA11AI.13647
 Amount of Each Receipt this Period
41.67
 Payroll Deduction \$41.67 monthly

B. Collin H Lane
 Full Name (Last, First, Middle Initial)
 Mailing Address 2040 Hastings Drive
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2015
Transaction ID : SA11AI.13733
 Amount of Each Receipt this Period
41.67
 Payroll Deduction \$41.67 monthly

C. Collin H Lane
 Full Name (Last, First, Middle Initial)
 Mailing Address 2040 Hastings Drive
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **458.37**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015
Transaction ID : SA11AI.13819
 Amount of Each Receipt this Period
41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ **125.01**
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Collin H Lane
 Full Name (Last, First, Middle Initial)
 Mailing Address 2040 Hastings Drive
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13905
 Amount of Each Receipt this Period 41.63
 Payroll Deduction \$41.63 monthly

B. F Scott Leighty
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 Governor Morrison St Apt 214
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : SA11AI.14155
 Amount of Each Receipt this Period 1500.00

C. Mr. Frank S Letherby
 Full Name (Last, First, Middle Initial)
 Mailing Address 9438 White Hemlock Lane
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13524
 Amount of Each Receipt this Period 83.34
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional).....▶	1624.97
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Frank S Letherby
 Full Name (Last, First, Middle Initial)
 Mailing Address 9438 White Hemlock Lane
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **666.72**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.14043
 Amount of Each Receipt this Period **83.34**
 Payroll Deduction \$83.34 monthly

B. Mr. Frank S Letherby
 Full Name (Last, First, Middle Initial)
 Mailing Address 9438 White Hemlock Lane
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.06**

Date of Receipt **09 / 01 / 2015**
Transaction ID : SA11AI.13698
 Amount of Each Receipt this Period **83.34**
 Payroll Deduction \$83.34 monthly

C. Mr. Frank S Letherby
 Full Name (Last, First, Middle Initial)
 Mailing Address 9438 White Hemlock Lane
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **833.40**

Date of Receipt **10 / 01 / 2015**
Transaction ID : SA11AI.13783
 Amount of Each Receipt this Period **83.34**
 Payroll Deduction \$83.34 monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mr. Frank S Letherby
 Full Name (Last, First, Middle Initial)
 Mailing Address 9438 White Hemlock Lane
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **916.74**

Date of Receipt **10 / 30 / 2015**
Transaction ID : SA11AI.13869
 Amount of Each Receipt this Period **83.34**
 Payroll Deduction \$83.34 monthly

B. Mr. Frank S Letherby
 Full Name (Last, First, Middle Initial)
 Mailing Address 9438 White Hemlock Lane
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **12 / 01 / 2015**
Transaction ID : SA11AI.13955
 Amount of Each Receipt this Period **83.26**
 Payroll Deduction \$83.26 monthly

C. Mr. W. Spencer Lilly
 Full Name (Last, First, Middle Initial)
 Mailing Address 9306 Copans Glen Lane
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1166.69**

Date of Receipt **07 / 01 / 2015**
Transaction ID : SA11AI.13522
 Amount of Each Receipt this Period **166.67**
 Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	333.27
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. W. Spencer Lilly		Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.14041
Mailing Address 9306 Copans Glen Lane		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. C		
Name of Employer Carolinas HealthCare System	Occupation ADMIN	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36	

Full Name (Last, First, Middle Initial) B. Mr. W. Spencer Lilly		Date of Receipt MM / DD / YYYY 09 / 01 / 2015 Transaction ID : SA11AI.13696
Mailing Address 9306 Copans Glen Lane		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. C		
Name of Employer Carolinas HealthCare System	Occupation ADMIN	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03	

Full Name (Last, First, Middle Initial) C. Mr. W. Spencer Lilly		Date of Receipt MM / DD / YYYY 10 / 01 / 2015 Transaction ID : SA11AI.13781
Mailing Address 9306 Copans Glen Lane		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. C		
Name of Employer Carolinas HealthCare System	Occupation ADMIN	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70	

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

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

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

FOR LINE NUMBER: PAGE 68 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. W. Spencer Lilly
 Full Name (Last, First, Middle Initial)
 Mailing Address 9306 Copans Glen Lane
 City State Zip Code
 Huntersville NC 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1833.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13867
 Amount of Each Receipt this Period
 166.67
 Payroll Deduction \$166.67 monthly

B. Mr. W. Spencer Lilly
 Full Name (Last, First, Middle Initial)
 Mailing Address 9306 Copans Glen Lane
 City State Zip Code
 Huntersville NC 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13953
 Amount of Each Receipt this Period
 166.63
 Payroll Deduction \$166.63 monthly

C. Carol A Lovin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7023 Conservatory Lane
 City State Zip Code
 Charlotte NC 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13511
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Carol A Lovin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7023 Conservatory Lane
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14030
 Amount of Each Receipt this Period 250.00
 Payroll Deduction \$250 monthly

B. Carol A Lovin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7023 Conservatory Lane
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13685
 Amount of Each Receipt this Period 250.00
 Payroll Deduction \$250 monthly

C. Carol A Lovin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7023 Conservatory Lane
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13770
 Amount of Each Receipt this Period 250.00
 Payroll Deduction \$250 monthly

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Carol A Lovin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7023 Conservatory Lane
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13856
 Amount of Each Receipt this Period 250.00
 Payroll Deduction \$250 monthly

B. Carol A Lovin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7023 Conservatory Lane
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13942
 Amount of Each Receipt this Period 250.00
 Payroll Deduction \$250 monthly

C. Toni G Lovingood
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 Long Branch Road
 City Marble State NC Zip Code 28905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13748
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	520.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Toni G Lovingood
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 Long Branch Road
 City Marble State NC Zip Code 28905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13834
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Toni G Lovingood
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 Long Branch Road
 City Marble State NC Zip Code 28905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13920
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

C. Frieda M Lowder
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5685
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13529
 Amount of Each Receipt this Period 83.34
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional).....▶	124.94
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 72 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Frieda M Lowder			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table> Transaction ID : SA11AI.14048			M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	7		3	1		2	0	1	5																
Mailing Address PO Box 5685			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>8</td><td>3</td><td>.</td><td>3</td><td>4</td> </tr> </table> Payroll Deduction \$83.34 monthly			8	3	.	3	4															
8	3	.	3	4																					
City Concord	State NC	Zip Code 28027																							
FEC ID number of contributing federal political committee. C																									
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN																							
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>6</td><td>6</td><td>6</td><td>.</td><td>7</td><td>2</td> </tr> </table>				6	6	6	.	7	2														
6	6	6	.	7	2																				

Full Name (Last, First, Middle Initial) B. Frieda M Lowder			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table> Transaction ID : SA11AI.13703			M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	9		0	1		2	0	1	5																
Mailing Address PO Box 5685			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>8</td><td>3</td><td>.</td><td>3</td><td>4</td> </tr> </table> Payroll Deduction \$83.34 monthly			8	3	.	3	4															
8	3	.	3	4																					
City Concord	State NC	Zip Code 28027																							
FEC ID number of contributing federal political committee. C																									
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN																							
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>7</td><td>5</td><td>0</td><td>.</td><td>6</td> </tr> </table>				7	5	0	.	6															
7	5	0	.	6																					

Full Name (Last, First, Middle Initial) C. Frieda M Lowder			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table> Transaction ID : SA11AI.13788			M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y																
1	0		0	1		2	0	1	5																
Mailing Address PO Box 5685			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>8</td><td>3</td><td>.</td><td>3</td><td>4</td> </tr> </table> Payroll Deduction \$83.34 monthly			8	3	.	3	4															
8	3	.	3	4																					
City Concord	State NC	Zip Code 28027																							
FEC ID number of contributing federal political committee. C																									
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN																							
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>8</td><td>3</td><td>3</td><td>.</td><td>4</td><td>0</td> </tr> </table>				8	3	3	.	4	0														
8	3	3	.	4	0																				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Frieda M Lowder
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5685

City Concord	State NC	Zip Code 28027
-----------------	-------------	-------------------

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

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

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **916.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.13874

Amount of Each Receipt this Period
83.34

Payroll Deduction \$83.34 monthly

B. Frieda M Lowder
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5685

City Concord	State NC	Zip Code 28027
-----------------	-------------	-------------------

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

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

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2015

Transaction ID : SA11AI.13960

Amount of Each Receipt this Period
83.26

Payroll Deduction \$83.26 monthly

C. Thomas Magraw
 Full Name (Last, First, Middle Initial)
 Mailing Address 3238 Tatting Road

City Matthews	State NC	Zip Code 28105
------------------	-------------	-------------------

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

Name of Employer Carolinas Healthcare System	Occupation Vice President, MMG
---	-----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2015

Transaction ID : SA11AI.14142

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	416.60
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Zahide Marenic
 Full Name (Last, First, Middle Initial)
 Mailing Address 5811 Old Well House

City Charlotte	State NC	Zip Code 28226
-------------------	-------------	-------------------

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

Name of Employer Carolinas HealthCare System	Occupation Administrator
---	-----------------------------

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 09 / 01 / 2015
Transaction ID : SA11AI.13675

Amount of Each Receipt this Period
 25.00

Payroll Deduction \$25 monthly

B. Zahide Marenic
 Full Name (Last, First, Middle Initial)
 Mailing Address 5811 Old Well House

City Charlotte	State NC	Zip Code 28226
-------------------	-------------	-------------------

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

Name of Employer Carolinas HealthCare System	Occupation Administrator
---	-----------------------------

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 10 / 01 / 2015
Transaction ID : SA11AI.13760

Amount of Each Receipt this Period
 25.00

Payroll Deduction \$25 monthly

C. Zahide Marenic
 Full Name (Last, First, Middle Initial)
 Mailing Address 5811 Old Well House

City Charlotte	State NC	Zip Code 28226
-------------------	-------------	-------------------

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

Name of Employer Carolinas HealthCare System	Occupation Administrator
---	-----------------------------

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 10 / 30 / 2015
Transaction ID : SA11AI.13846

Amount of Each Receipt this Period
 25.00

Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Zahide Marenic
 Full Name (Last, First, Middle Initial)
 Mailing Address 5811 Old Well House
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13932
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

B. Steven Boyd Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1904 DeArmon Drive
 City Charlotte State NC Zip Code 28205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13641
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

C. Steven Boyd Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1904 DeArmon Drive
 City Charlotte State NC Zip Code 28205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13727
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Steven Boyd Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1904 DeArmon Drive
 City Charlotte State NC Zip Code 28205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13813
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

B. Steven Boyd Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1904 DeArmon Drive
 City Charlotte State NC Zip Code 28205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13899
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

C. Darlyne Menscer
 Full Name (Last, First, Middle Initial)
 Mailing Address 6909 Brandenburg Court
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Physician
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2015
Transaction ID : SA11AI.14154
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 77 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Marcia G. Messer
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 470152
 City Charlotte State NC Zip Code 28247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **208.40**
 Date of Receipt **10 / 01 / 2015**
Transaction ID : SA11AI.13787
 Amount of Each Receipt this Period **20.84**
 Payroll Deduction \$20.84 monthly

B. Marcia G. Messer
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 470152
 City Charlotte State NC Zip Code 28247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **229.24**
 Date of Receipt **10 / 30 / 2015**
Transaction ID : SA11AI.13873
 Amount of Each Receipt this Period **20.84**
 Payroll Deduction \$20.84 monthly

C. Marcia G. Messer
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 470152
 City Charlotte State NC Zip Code 28247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **250.00**
 Date of Receipt **12 / 01 / 2015**
Transaction ID : SA11AI.13959
 Amount of Each Receipt this Period **20.76**
 Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional)..... **62.44**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 OF 133
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial) A. Michael Mullowney		Date of Receipt MM / DD / YYYY 10 / 01 / 2015 Transaction ID : SA11AI.13771
Mailing Address 709 Galway Court		Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
City Matthews	State NC	Zip Code 28104
FEC ID number of contributing federal political committee. C	Name of Employer Carolinas HealthCare System	Occupation Administrator
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

Full Name (Last, First, Middle Initial) B. Michael Mullowney		Date of Receipt MM / DD / YYYY 10 / 30 / 2015 Transaction ID : SA11AI.13857
Mailing Address 709 Galway Court		Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
City Matthews	State NC	Zip Code 28104
FEC ID number of contributing federal political committee. C	Name of Employer Carolinas HealthCare System	Occupation Administrator
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

Full Name (Last, First, Middle Initial) C. Michael Mullowney		Date of Receipt MM / DD / YYYY 12 / 01 / 2015 Transaction ID : SA11AI.13943
Mailing Address 709 Galway Court		Amount of Each Receipt this Period 20.76 Payroll Deduction \$20.76 monthly
City Matthews	State NC	Zip Code 28104
FEC ID number of contributing federal political committee. C	Name of Employer Carolinas HealthCare System	Occupation Administrator
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	62.44
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 79 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. F Del Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 5205 Belcher Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13498
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

B. Mr. F Del Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 5205 Belcher Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14017
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

C. Mr. F Del Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 5205 Belcher Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13672
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.01
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. F Del Murphy		Date of Receipt
Mailing Address 5205 Belcher Lane		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13757
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="41.67"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	Payroll Deduction \$41.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="416.70"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. F Del Murphy		Date of Receipt
Mailing Address 5205 Belcher Lane		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13843
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="41.67"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	Payroll Deduction \$41.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="458.37"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. F Del Murphy		Date of Receipt
Mailing Address 5205 Belcher Lane		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13929
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="41.63"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	Payroll Deduction \$41.63 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="124.97"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 81 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dianne H Novak			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>01</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.13728			M	M	/	D	D	/	Y	Y	Y	Y	10			01			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
10			01			2015																			
Mailing Address 2001 Fairchelsea Way Lane			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="6"></td> <td>20.84</td> </tr> </table> Payroll Deduction \$20.84 monthly									20.84													
						20.84																			
City Matthews	State NC	Zip Code 28105																							
FEC ID number of contributing federal political committee. C																									
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN																							
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="6"></td> <td>208.40</td> </tr> </table>							208.40																
						208.40																			

Full Name (Last, First, Middle Initial) B. Dianne H Novak			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>30</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.13814			M	M	/	D	D	/	Y	Y	Y	Y	10			30			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
10			30			2015																			
Mailing Address 2001 Fairchelsea Way Lane			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="6"></td> <td>20.84</td> </tr> </table> Payroll Deduction \$20.84 monthly									20.84													
						20.84																			
City Matthews	State NC	Zip Code 28105																							
FEC ID number of contributing federal political committee. C																									
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN																							
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="6"></td> <td>229.24</td> </tr> </table>							229.24																
						229.24																			

Full Name (Last, First, Middle Initial) C. Dianne H Novak			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>12</td><td></td><td></td><td>01</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.13900			M	M	/	D	D	/	Y	Y	Y	Y	12			01			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
12			01			2015																			
Mailing Address 2001 Fairchelsea Way Lane			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="6"></td> <td>20.76</td> </tr> </table> Payroll Deduction \$20.76 monthly									20.76													
						20.76																			
City Matthews	State NC	Zip Code 28105																							
FEC ID number of contributing federal political committee. C																									
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN																							
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="6"></td> <td>250.00</td> </tr> </table>							250.00																
						250.00																			

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td colspan="6"></td> <td>62.44</td> </tr> </table>							62.44
						62.44		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td colspan="6"></td> <td></td> </tr> </table>							

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. James C Olsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5900 Summerston Place
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13503
 Amount of Each Receipt this Period 200.00
 Payroll Deduction \$200 monthly

B. Mr. James C Olsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5900 Summerston Place
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14022
 Amount of Each Receipt this Period 200.00
 Payroll Deduction \$200 monthly

C. Mr. James C Olsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5900 Summerston Place
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13677
 Amount of Each Receipt this Period 200.00
 Payroll Deduction \$200 monthly

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. James C Olsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5900 Summerston Place
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13762
 Amount of Each Receipt this Period 200.00
 Payroll Deduction \$200 monthly

B. Mr. James C Olsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5900 Summerston Place
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13848
 Amount of Each Receipt this Period 200.00
 Payroll Deduction \$200 monthly

C. Mr. James C Olsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5900 Summerston Place
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13934
 Amount of Each Receipt this Period 200.00
 Payroll Deduction \$200 monthly

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Dennis Phillips		Date of Receipt
Mailing Address 1252 Dilworth Cres Row		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City State Zip Code Charlotte NC 28203		Transaction ID : SA11AI.13456
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.34"/>
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$83.34 monthly
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="583.38"/>	

Full Name (Last, First, Middle Initial) B. Mr. Dennis Phillips		Date of Receipt
Mailing Address 1252 Dilworth Cres Row		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code Charlotte NC 28203		Transaction ID : SA11AI.13975
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.34"/>
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$83.34 monthly
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="666.72"/>	

Full Name (Last, First, Middle Initial) C. Mr. Dennis Phillips		Date of Receipt
Mailing Address 1252 Dilworth Cres Row		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City State Zip Code Charlotte NC 28203		Transaction ID : SA11AI.13630
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.34"/>
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$83.34 monthly
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.06"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.02"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Dennis Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 1252 Dilworth Cres Row
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **833.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13716
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

B. Mr. Dennis Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 1252 Dilworth Cres Row
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **916.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13802
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

C. Mr. Dennis Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 1252 Dilworth Cres Row
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13888
 Amount of Each Receipt this Period
83.26
 Payroll Deduction \$83.26 monthly

SUBTOTAL of Receipts This Page (optional).....▶	249.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Debra Plousha Moore		Date of Receipt MM / DD / YYYY 07 / 01 / 2015 Transaction ID : SA11AI.13510
Mailing Address 6935 Conservatory Lane		Amount of Each Receipt this Period 333.34
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C	Payroll Deduction \$333.34 monthly	
Name of Employer Carolinas HealthCare System	Occupation ADMIN	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2333.38	

Full Name (Last, First, Middle Initial) B. Debra Plousha Moore		Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.14029
Mailing Address 6935 Conservatory Lane		Amount of Each Receipt this Period 333.34
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C	Payroll Deduction \$333.34 monthly	
Name of Employer Carolinas HealthCare System	Occupation ADMIN	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2666.72	

Full Name (Last, First, Middle Initial) C. Debra Plousha Moore		Date of Receipt MM / DD / YYYY 09 / 01 / 2015 Transaction ID : SA11AI.13684
Mailing Address 6935 Conservatory Lane		Amount of Each Receipt this Period 333.34
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C	Payroll Deduction \$333.34 monthly	
Name of Employer Carolinas HealthCare System	Occupation ADMIN	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.06	

SUBTOTAL of Receipts This Page (optional).....▶	1000.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Debra Plousha Moore		Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.13769	
Mailing Address 6935 Conservatory Lane		Amount of Each Receipt this Period 333.34 Payroll Deduction \$333.34 monthly	
City Charlotte State NC Zip Code 28210	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 3333.40	
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Debra Plousha Moore		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.13855	
Mailing Address 6935 Conservatory Lane		Amount of Each Receipt this Period 333.34 Payroll Deduction \$333.34 monthly	
City Charlotte State NC Zip Code 28210	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 3666.74	
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Debra Plousha Moore		Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2015 Transaction ID : SA11AI.13941	
Mailing Address 6935 Conservatory Lane		Amount of Each Receipt this Period 333.26 Payroll Deduction \$333.26 monthly	
City Charlotte State NC Zip Code 28210	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 4000.00	
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional).....	999.94
TOTAL This Period (last page this line number only).....	[]

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Daniel D. Raischel
 Full Name (Last, First, Middle Initial)
 Mailing Address 5057 Crofton Drive
 City Fort Mill State SC Zip Code 29715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13755
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Daniel D. Raischel
 Full Name (Last, First, Middle Initial)
 Mailing Address 5057 Crofton Drive
 City Fort Mill State SC Zip Code 29715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13841
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Daniel D. Raischel
 Full Name (Last, First, Middle Initial)
 Mailing Address 5057 Crofton Drive
 City Fort Mill State SC Zip Code 29715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 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
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. James A Ramsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 8028 Water View Drive
 City Belmont State NC Zip Code 28012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13777
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Mr. James A Ramsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 8028 Water View Drive
 City Belmont State NC Zip Code 28012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13863
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Mr. James A Ramsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 8028 Water View Drive
 City Belmont State NC Zip Code 28012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13949
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional).....▶	62.44
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Adam G Ravin
 Full Name (Last, First, Middle Initial)
 Mailing Address 20220 Nighthawk Circle
 City Davidson State NC Zip Code 28036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Physician
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.14140
 Amount of Each Receipt this Period
 500.00

B. Mr. Roger A Ray
 Full Name (Last, First, Middle Initial)
 Mailing Address 11029 Lederer Ave
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13449
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction \$250 monthly

C. Mr. Roger A Ray
 Full Name (Last, First, Middle Initial)
 Mailing Address 11029 Lederer Ave
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.13968
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Roger A Ray			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>01</td> <td></td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		01		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
09		01		2015									
Mailing Address 11029 Lederer Ave			Transaction ID : SA11AI.13623										
City Charlotte	State NC	Zip Code 28277	Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00									
250.00													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$250 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN												
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2250.00</td> </tr> </table>	2250.00											
2250.00													

Full Name (Last, First, Middle Initial) B. Mr. Roger A Ray			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		01		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
10		01		2015									
Mailing Address 11029 Lederer Ave			Transaction ID : SA11AI.13709										
City Charlotte	State NC	Zip Code 28277	Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00									
250.00													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$250 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN												
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00											
2500.00													

Full Name (Last, First, Middle Initial) C. Mr. Roger A Ray			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		30		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
10		30		2015									
Mailing Address 11029 Lederer Ave			Transaction ID : SA11AI.13795										
City Charlotte	State NC	Zip Code 28277	Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00									
250.00													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$250 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN												
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2750.00</td> </tr> </table>	2750.00											
2750.00													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>750.00</td> </tr> </table>	750.00
750.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Roger A Ray		Date of Receipt
Mailing Address 11029 Lederer Ave		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28277
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13881
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="250.00"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	Payroll Deduction \$250 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lawrence W Raymond		Date of Receipt
Mailing Address 5740 Ballinard Lane		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28277
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14138
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	Physician	<input type="text" value="700.00"/>
Receipt For: 2016	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kathy Rhyne		Date of Receipt
Mailing Address 1001 Pier Point Drive		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Belmont	NC	28012
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13618
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	ADMIN	<input type="text" value="25.00"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	Payroll Deduction \$25 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="975.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 93 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kathy Rhyne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Pier Point Drive
 City Belmont State NC Zip Code 28012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13704
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

B. Kathy Rhyne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Pier Point Drive
 City Belmont State NC Zip Code 28012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13790
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

C. Kathy Rhyne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Pier Point Drive
 City Belmont State NC Zip Code 28012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13876
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Charles B Rich
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Foxcroft Road
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2015
Transaction ID : SA11AI.14144
 Amount of Each Receipt this Period
 250.00

B. Dr. Geoffrey A Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 Hempstead Place
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13485
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction \$30 monthly

C. Dr. Geoffrey A Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 Hempstead Place
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14004
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction \$30 monthly

SUBTOTAL of Receipts This Page (optional).....▶	310.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 OF 133
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Geoffrey A Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 Hempstead Place
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13659
 Amount of Each Receipt this Period 30.00
 Payroll Deduction \$30 monthly

B. Dr. Geoffrey A Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 Hempstead Place
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13745
 Amount of Each Receipt this Period 30.00
 Payroll Deduction \$30 monthly

C. Dr. Geoffrey A Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 Hempstead Place
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13831
 Amount of Each Receipt this Period 30.00
 Payroll Deduction \$30 monthly

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Geoffrey A Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 Hempstead Place
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13917
 Amount of Each Receipt this Period 30.00
 Payroll Deduction \$30 monthly

B. Douglas C Roush
 Full Name (Last, First, Middle Initial)
 Mailing Address 2710 Normandy Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13483
 Amount of Each Receipt this Period 29.17
 Payroll Deduction \$29.17 monthly

C. Douglas C Roush
 Full Name (Last, First, Middle Initial)
 Mailing Address 2710 Normandy Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14002
 Amount of Each Receipt this Period 29.17
 Payroll Deduction \$29.17 monthly

SUBTOTAL of Receipts This Page (optional).....▶	88.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Douglas C Roush
 Full Name (Last, First, Middle Initial)
 Mailing Address 2710 Normandy Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13657
 Amount of Each Receipt this Period 29.17
 Payroll Deduction \$29.17 monthly

B. Douglas C Roush
 Full Name (Last, First, Middle Initial)
 Mailing Address 2710 Normandy Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13743
 Amount of Each Receipt this Period 29.17
 Payroll Deduction \$29.17 monthly

C. Douglas C Roush
 Full Name (Last, First, Middle Initial)
 Mailing Address 2710 Normandy Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
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 number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Douglas C Roush
 Full Name (Last, First, Middle Initial)
 Mailing Address 2710 Normandy Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **12 / 01 / 2015**
Transaction ID : SA11AI.13915
 Amount of Each Receipt this Period **29.13**
 Payroll Deduction \$29.13 monthly

B. Michael Ruhlen
 Full Name (Last, First, Middle Initial)
 Mailing Address 7216 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Healthcare System Occupation VP/CMO CMC -Mercy & CMC - Pine
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 01 / 2015**
Transaction ID : SA11AI.13516
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction \$30 monthly

C. Michael Ruhlen
 Full Name (Last, First, Middle Initial)
 Mailing Address 7216 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Healthcare System Occupation VP/CMO CMC -Mercy & CMC - Pine
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.14035
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction \$30 monthly

SUBTOTAL of Receipts This Page (optional).....▶	89.13
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael Ruhlen
 Full Name (Last, First, Middle Initial)
 Mailing Address 7216 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Healthcare System Occupation VP/CMO CMC -Mercy & CMC - Pine
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13690
 Amount of Each Receipt this Period 30.00
 Payroll Deduction \$30 monthly

B. Michael Ruhlen
 Full Name (Last, First, Middle Initial)
 Mailing Address 7216 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Healthcare System Occupation VP/CMO CMC -Mercy & CMC - Pine
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13775
 Amount of Each Receipt this Period 30.00
 Payroll Deduction \$30 monthly

C. Michael Ruhlen
 Full Name (Last, First, Middle Initial)
 Mailing Address 7216 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Healthcare System Occupation VP/CMO CMC -Mercy & CMC - Pine
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13861
 Amount of Each Receipt this Period 30.00
 Payroll Deduction \$30 monthly

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 100 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Michael Ruhlen
 Full Name (Last, First, Middle Initial)
 Mailing Address 7216 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Healthcare System Occupation VP/CMO CMC -Mercy & CMC - Pine
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13947
 Amount of Each Receipt this Period 30.00
 Payroll Deduction \$30 monthly

B. Jason Paul Schwebach
 Full Name (Last, First, Middle Initial)
 Mailing Address 5011 King Arthur Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13754
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Jason Paul Schwebach
 Full Name (Last, First, Middle Initial)
 Mailing Address 5011 King Arthur Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13840
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jason Paul Schwebach
 Full Name (Last, First, Middle Initial)
 Mailing Address 5011 King Arthur Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13926
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

B. Ms. Virginia Ellen Sheppard
 Full Name (Last, First, Middle Initial)
 Mailing Address 5345 Hillingdon Road
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13759
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

c. Ms. Virginia Ellen Sheppard
 Full Name (Last, First, Middle Initial)
 Mailing Address 5345 Hillingdon Road
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13845
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	62.44
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Ms. Virginia Ellen Sheppard
 Full Name (Last, First, Middle Initial)
 Mailing Address 5345 Hillingdon Road
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13931
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

B. Kenneth A Shull
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Greenstoke Loop
 City Tryon State NC Zip Code 28782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13504
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

C. Kenneth A Shull
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Greenstoke Loop
 City Tryon State NC Zip Code 28782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14023
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	104.10
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 103 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kenneth A Shull
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Greenstoke Loop
 City Tryon State NC Zip Code 28782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **375.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015
Transaction ID : SA11AI.13678
 Amount of Each Receipt this Period
41.67
 Payroll Deduction \$41.67 monthly

B. Kenneth A Shull
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Greenstoke Loop
 City Tryon State NC Zip Code 28782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2015
Transaction ID : SA11AI.13763
 Amount of Each Receipt this Period
41.67
 Payroll Deduction \$41.67 monthly

C. Kenneth A Shull
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Greenstoke Loop
 City Tryon State NC Zip Code 28782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **458.37**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015
Transaction ID : SA11AI.13849
 Amount of Each Receipt this Period
41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ► **125.01**
TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kenneth A Shull
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Greenstoke Loop
 City Tryon State NC Zip Code 28782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13935
 Amount of Each Receipt this Period 41.63
 Payroll Deduction \$41.63 monthly

B. Carnetha M Simmons
 Full Name (Last, First, Middle Initial)
 Mailing Address 2225 Hawkins Street #235
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13651
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

C. Carnetha M Simmons
 Full Name (Last, First, Middle Initial)
 Mailing Address 2225 Hawkins Street #235
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13737
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional).....▶	91.63
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Carnetha M Simmons
 Full Name (Last, First, Middle Initial)
 Mailing Address 2225 Hawkins Street #235
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13823
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

B. Carnetha M Simmons
 Full Name (Last, First, Middle Initial)
 Mailing Address 2225 Hawkins Street #235
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13909
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

C. Craig Martin Slater
 Full Name (Last, First, Middle Initial)
 Mailing Address 2007 Hollyhedge Lane
 City Indian Trail State NC Zip Code 28079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13729
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	70.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Craig Martin Slater
 Full Name (Last, First, Middle Initial)
 Mailing Address 2007 Hollyhedge Lane
 City Indian Trail State NC Zip Code 28079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13815
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Craig Martin Slater
 Full Name (Last, First, Middle Initial)
 Mailing Address 2007 Hollyhedge Lane
 City Indian Trail State NC Zip Code 28079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13901
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

C. Mr. Ronald M Smidt
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 901
 City Troutman State NC Zip Code 28166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13527
 Amount of Each Receipt this Period 30.00
 Payroll Deduction \$30 monthly

SUBTOTAL of Receipts This Page (optional).....▶	71.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Ronald M Smidt		Date of Receipt
Mailing Address P O Box 901		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code Troutman NC 28166		Transaction ID : SA11AI.14046
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$30 monthly
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Ronald M Smidt		Date of Receipt
Mailing Address P O Box 901		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City State Zip Code Troutman NC 28166		Transaction ID : SA11AI.13701
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$30 monthly
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Ronald M Smidt		Date of Receipt
Mailing Address P O Box 901		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City State Zip Code Troutman NC 28166		Transaction ID : SA11AI.13786
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$30 monthly
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Ronald M Smidt		Date of Receipt
Mailing Address P O Box 901		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City State Zip Code Troutman NC 28166		Transaction ID : SA11AI.13872
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$30 monthly
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Ronald M Smidt		Date of Receipt
Mailing Address P O Box 901		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City State Zip Code Troutman NC 28166		Transaction ID : SA11AI.13958
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$30 monthly
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) C. Keith A Smith		Date of Receipt
Mailing Address 2122 Dilworth Road West		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City State Zip Code Charlotte NC 28203		Transaction ID : SA11AI.14141
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1500.00"/>
Name of Employer Carolinas HealthCare System	Occupation Attorney	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1560.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 109 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. GRACE SOTOMAYOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 6506 Donnegal Farm Road
 City CHARLOTTE State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAROLINAS HEALTHCARE SYSTEM Occupation ADMINISTRATION
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2015
Transaction ID : SA11AI.14153
 Amount of Each Receipt this Period
 250.00

B. James Michael Stevenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1711 Mission Road
 City Murphy State NC Zip Code 28906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13463
 Amount of Each Receipt this Period
 83.34
 Payroll Deduction \$83.34 monthly

C. James Michael Stevenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1711 Mission Road
 City Murphy State NC Zip Code 28906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 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)..... ▶ 416.68
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 110 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James Michael Stevenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1711 Mission Road
 City State Zip Code
 Murphy NC 28906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13637
 Amount of Each Receipt this Period
 83.34
 Payroll Deduction \$83.34 monthly

B. James Michael Stevenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1711 Mission Road
 City State Zip Code
 Murphy NC 28906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13723
 Amount of Each Receipt this Period
 83.34
 Payroll Deduction \$83.34 monthly

C. James Michael Stevenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1711 Mission Road
 City State Zip Code
 Murphy NC 28906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 916.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13809
 Amount of Each Receipt this Period
 83.34
 Payroll Deduction \$83.34 monthly

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

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

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

FOR LINE NUMBER: PAGE 111 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James Michael Stevenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1711 Mission Road
 City State Zip Code
 Murphy NC 28906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13895
 Amount of Each Receipt this Period
 83.26
 Payroll Deduction \$83.26 monthly

B. Mr. Michael C Tarwater
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Queens Road East
 City State Zip Code
 Charlotte NC 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2916.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13479
 Amount of Each Receipt this Period
 416.67
 Payroll Deduction \$416.67 monthly

C. Mr. Michael C Tarwater
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Queens Road East
 City State Zip Code
 Charlotte NC 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.13998
 Amount of Each Receipt this Period
 416.67
 Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 916.60
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Michael C Tarwater

Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Queens Road East

City Charlotte State NC Zip Code 28207

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.03**

Date of Receipt **09 / 01 / 2015**

Transaction ID : SA11AI.13653

Amount of Each Receipt this Period **416.67**

Payroll Deduction \$416.67 monthly

B. Mr. Michael C Tarwater

Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Queens Road East

City Charlotte State NC Zip Code 28207

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4166.70**

Date of Receipt **10 / 01 / 2015**

Transaction ID : SA11AI.13739

Amount of Each Receipt this Period **416.67**

Payroll Deduction \$416.67 monthly

C. Mr. Michael C Tarwater

Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Queens Road East

City Charlotte State NC Zip Code 28207

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4583.37**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.13825

Amount of Each Receipt this Period **416.67**

Payroll Deduction \$416.67 monthly

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Michael C Tarwater
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Queens Road East
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13911
 Amount of Each Receipt this Period 416.63
 Payroll Deduction \$416.63 monthly

B. Alfred P Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Lakeland Circle
 City Mt. Gilead State NC Zip Code 27306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13715
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

c. Alfred P Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Lakeland Circle
 City Mt. Gilead State NC Zip Code 27306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13801
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	458.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Alfred P Taylor		Date of Receipt
Mailing Address 125 Lakeland Circle		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Mt. Gilead	NC	27306
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.13887
Carolinas HealthCare System	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="20.76"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial) B. James Taylor		Date of Receipt
Mailing Address 6209 Pembury Lane		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.13507
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="291.69"/>	<input type="text" value="41.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial) C. James Taylor		Date of Receipt
Mailing Address 6209 Pembury Lane		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.14026
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="333.36"/>	<input type="text" value="41.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="104.10"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 115 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. James Taylor

Mailing Address 6209 Pembury Lane

City Charlotte State NC Zip Code 28210

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt
09 / 01 / 2015

Transaction ID : SA11AI.13681

Amount of Each Receipt this Period
41.67

Payroll Deduction \$41.67 monthly

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

Mailing Address 6209 Pembury Lane

City Charlotte State NC Zip Code 28210

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
10 / 01 / 2015

Transaction ID : SA11AI.13766

Amount of Each Receipt this Period
41.67

Payroll Deduction \$41.67 monthly

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

Mailing Address 6209 Pembury Lane

City Charlotte State NC Zip Code 28210

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2015
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **458.37**

Date of Receipt
10 / 30 / 2015

Transaction ID : SA11AI.13852

Amount of Each Receipt this Period
41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ► **125.01**

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

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

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FOR LINE NUMBER: PAGE 116 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 6209 Pembury Lane
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13938
 Amount of Each Receipt this Period 41.63
 Payroll Deduction \$41.63 monthly

B. Mr. David Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Penderlea Lane
 City Matthews State NC Zip Code 28105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13634
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

C. Mr. David Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Penderlea Lane
 City Matthews State NC Zip Code 28105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13720
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.63
TOTAL This Period (last page this line number only)..... ▶

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

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. David Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Penderlea Lane
 City State Zip Code
 Matthews NC 28105
 Date of Receipt: 10 / 30 / 2015
Transaction ID : SA11AI.13806
 Amount of Each Receipt this Period: 25.00
 Payroll Deduction \$25 monthly
 FEC ID number of contributing federal political committee: C
 Name of Employer: Carolinas HealthCare System Occupation: ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼: 275.00

B. Mr. David Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Penderlea Lane
 City State Zip Code
 Matthews NC 28105
 Date of Receipt: 12 / 01 / 2015
Transaction ID : SA11AI.13892
 Amount of Each Receipt this Period: 25.00
 Payroll Deduction \$25 monthly
 FEC ID number of contributing federal political committee: C
 Name of Employer: Carolinas HealthCare System Occupation: ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼: 300.00

C. Joan Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Summermore Drive
 City State Zip Code
 Charlotte NC 28270
 Date of Receipt: 07 / 01 / 2015
Transaction ID : SA11AI.13478
 Amount of Each Receipt this Period: 125.00
 Payroll Deduction \$125 monthly
 FEC ID number of contributing federal political committee: C
 Name of Employer: Carolinas HealthCare System Occupation: Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼: 875.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joan Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Summermore Drive
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.13997
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

B. Joan Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Summermore Drive
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13652
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

C. Joan Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Summermore Drive
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13738
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joan Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Summermore Drive
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13824
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

B. Joan Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Summermore Drive
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13910
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

C. Charles Tomlinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 328 Cross Creek Dr.
 City Cherryville State NC Zip Code 28021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2015
Transaction ID : SA11AI.14143
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Martha J Whitecotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9526 Greyson Ridge Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1166.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13525
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

B. Ms. Martha J Whitecotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9526 Greyson Ridge Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14044
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

C. Ms. Martha J Whitecotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9526 Greyson Ridge Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.13699
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

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

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

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

FOR LINE NUMBER: PAGE 121 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ms. Martha J Whitecotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9526 Greyson Ridge Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11AI.13784
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

B. Ms. Martha J Whitecotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9526 Greyson Ridge Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1833.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13870
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

C. Ms. Martha J Whitecotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9526 Greyson Ridge Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13956
 Amount of Each Receipt this Period 166.63
 Payroll Deduction \$166.63 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 499.97
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Robert H Wiggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 Seton House Lane
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **583.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2015
Transaction ID : SA11AI.13509
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

B. Mr. Robert H Wiggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 Seton House Lane
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **666.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015
Transaction ID : SA11AI.14028
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

C. Mr. Robert H Wiggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 Seton House Lane
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015
Transaction ID : SA11AI.13683
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

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

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

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

FOR LINE NUMBER: PAGE 123 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Robert H Wiggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 Seton House Lane
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **833.40**
 Date of Receipt **10 / 01 / 2015**
Transaction ID : SA11AI.13768
 Amount of Each Receipt this Period **83.34**
 Payroll Deduction \$83.34 monthly

B. Mr. Robert H Wiggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 Seton House Lane
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **916.74**
 Date of Receipt **10 / 30 / 2015**
Transaction ID : SA11AI.13854
 Amount of Each Receipt this Period **83.34**
 Payroll Deduction \$83.34 monthly

C. Mr. Robert H Wiggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 Seton House Lane
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**
 Date of Receipt **12 / 01 / 2015**
Transaction ID : SA11AI.13940
 Amount of Each Receipt this Period **83.26**
 Payroll Deduction \$83.26 monthly

SUBTOTAL of Receipts This Page (optional)..... **249.94**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mary Ann Wilcox		Date of Receipt MM / DD / YYYY 07 / 01 / 2015 Transaction ID : SA11AI.13499
Mailing Address 5314 Wingedfoot Road		Amount of Each Receipt this Period 125.00 Payroll Deduction \$125 monthly
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name (Last, First, Middle Initial) B. Mary Ann Wilcox		Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.14018
Mailing Address 5314 Wingedfoot Road		Amount of Each Receipt this Period 125.00 Payroll Deduction \$125 monthly
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mary Ann Wilcox		Date of Receipt MM / DD / YYYY 09 / 01 / 2015 Transaction ID : SA11AI.13673
Mailing Address 5314 Wingedfoot Road		Amount of Each Receipt this Period 125.00 Payroll Deduction \$125 monthly
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 125 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mary Ann Wilcox
 Full Name (Last, First, Middle Initial)
 Mailing Address 5314 Wingedfoot Road
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00
 Date of Receipt 10 / 01 / 2015
Transaction ID : SA11AI.13758
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

B. Mary Ann Wilcox
 Full Name (Last, First, Middle Initial)
 Mailing Address 5314 Wingedfoot Road
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00
 Date of Receipt 10 / 30 / 2015
Transaction ID : SA11AI.13844
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

C. Mary Ann Wilcox
 Full Name (Last, First, Middle Initial)
 Mailing Address 5314 Wingedfoot Road
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00
 Date of Receipt 12 / 01 / 2015
Transaction ID : SA11AI.13930
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 126 OF 133
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Stephen Wilhoit
 Full Name (Last, First, Middle Initial)
 Mailing Address 5933 Deveron Drive
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Healthcare Executive
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2015
Transaction ID : SA11AI.14152
 Amount of Each Receipt this Period
 250.00

B. Ms. Phyllis Anne Wingate
 Full Name (Last, First, Middle Initial)
 Mailing Address 6005 Willowood Road
 City Kannapolis State NC Zip Code 28081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1166.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11AI.13505
 Amount of Each Receipt this Period
 166.67
 Payroll Deduction \$166.67 monthly

C. Ms. Phyllis Anne Wingate
 Full Name (Last, First, Middle Initial)
 Mailing Address 6005 Willowood Road
 City Kannapolis State NC Zip Code 28081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14024
 Amount of Each Receipt this Period
 166.67
 Payroll Deduction \$166.67 monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Phyllis Anne Wingate		Date of Receipt MM / DD / YYYY 09 / 01 / 2015 Transaction ID : SA11AI.13679
Mailing Address 6005 Willowood Road		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
City Kannapolis	State NC	Zip Code 28081
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1500.03	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Phyllis Anne Wingate		Date of Receipt MM / DD / YYYY 10 / 01 / 2015 Transaction ID : SA11AI.13764
Mailing Address 6005 Willowood Road		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
City Kannapolis	State NC	Zip Code 28081
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1666.70	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Phyllis Anne Wingate		Date of Receipt MM / DD / YYYY 10 / 30 / 2015 Transaction ID : SA11AI.13850
Mailing Address 6005 Willowood Road		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
City Kannapolis	State NC	Zip Code 28081
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1833.37	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 128 OF 133
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Phyllis Anne Wingate		Date of Receipt
Mailing Address 6005 Willowood Road		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Kannapolis	NC	28081
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13936
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="166.63"/>
Name of Employer		Payroll Deduction \$166.63 monthly
CarolinashHealthCareSystem	Occupation	
	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gregory Wood		Date of Receipt
Mailing Address 12641 Woodwinds Circle		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Laurinburg	NC	28352
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13717
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="208.4"/>
Name of Employer		Payroll Deduction \$20.84 monthly
CarolinashHealthcare System	Occupation	
	President/SMH	
Receipt For: 2015	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.40"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gregory Wood		Date of Receipt
Mailing Address 12641 Woodwinds Circle		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Laurinburg	NC	28352
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13803
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.84"/>
Name of Employer		Payroll Deduction \$20.84 monthly
CarolinashHealthcare System	Occupation	
	President/SMH	
Receipt For: 2015	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="229.24"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="208.31"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gregory Wood		Date of Receipt
Mailing Address 12641 Woodwinds Circle		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
Laurinburg	NC	28352
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14136
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas Healthcare System	President/SMH	<input type="text" value="200.00"/>
Receipt For: 2016	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="429.24"/>	
<input type="checkbox"/> Other (specify) ▼		

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

Full Name (Last, First, Middle Initial) C. Mr. John E Young		Date of Receipt
Mailing Address 809 E. King Street		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Kings Mountain	NC	28086
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13519
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="83.34"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	Payroll Deduction \$83.34 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="583.38"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="304.10"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. John E Young		Date of Receipt
Mailing Address 809 E. King Street		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Kings Mountain	NC	28086
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="666.72"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : SA11AI.14038
		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
		Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial) B. Mr. John E Young		Date of Receipt
Mailing Address 809 E. King Street		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Kings Mountain	NC	28086
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="750.06"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : SA11AI.13693
		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
		Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial) C. Mr. John E Young		Date of Receipt
Mailing Address 809 E. King Street		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Kings Mountain	NC	28086
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2015	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="833.40"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : SA11AI.13778
		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
		Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.02"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. John E Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 E. King Street
 City Kings Mountain State NC Zip Code 28086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **916.74**

Date of Receipt **10 / 30 / 2015**
Transaction ID : SA11AI.13864
 Amount of Each Receipt this Period **83.34**
 Payroll Deduction \$83.34 monthly

B. Mr. John E Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 E. King Street
 City Kings Mountain State NC Zip Code 28086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **12 / 01 / 2015**
Transaction ID : SA11AI.13950
 Amount of Each Receipt this Period **83.26**
 Payroll Deduction \$83.26 monthly

C. Zachary Zapack
 Full Name (Last, First, Middle Initial)
 Mailing Address 1015 Charlotte Ave #351
 City Rock Hill State SC Zip Code 29732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt **07 / 01 / 2015**
Transaction ID : SA11AI.13446
 Amount of Each Receipt this Period **250.00**
 Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... **416.60**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Zachary Zapack		Date of Receipt
Mailing Address 1015 Charlotte Ave #351		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rock Hill	SC	29732
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13965
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	Administrator	<input type="text" value="250.00"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	Payroll Deduction \$250 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Zachary Zapack		Date of Receipt
Mailing Address 1015 Charlotte Ave #351		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rock Hill	SC	29732
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13620
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	Administrator	<input type="text" value="250.00"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	Payroll Deduction \$250 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Zachary Zapack		Date of Receipt
Mailing Address 1015 Charlotte Ave #351		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rock Hill	SC	29732
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13706
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	Administrator	<input type="text" value="250.00"/>
Receipt For: 2015	Aggregate Year-to-Date ▼	Payroll Deduction \$250 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Zachary Zapack
 Full Name (Last, First, Middle Initial)
 Mailing Address 1015 Charlotte Ave #351
 City State Zip Code
 Rock Hill SC 29732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.13792
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction \$250 monthly

B. Zachary Zapack
 Full Name (Last, First, Middle Initial)
 Mailing Address 1015 Charlotte Ave #351
 City State Zip Code
 Rock Hill SC 29732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System Administrator
 Receipt For: 2015
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : SA11AI.13878
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction \$250 monthly

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	45286.22