

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

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

FOR LINE NUMBER: PAGE 41 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. 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).....