FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

ADDRESS (number and street) ▼

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

☐ Check if different than previously reported. (ACC)

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

2. **FEC IDENTIFICATION NUMBER ▼** C C00423871

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☒ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

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

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

Election on M M / D D / Y Y Y Y in the State of

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer *Mary Ann Rouse* ***[Electronically Filed]*** Date 07 / 02 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

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

Report Covering the Period: From: 04 / 01 / 2014 To: 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		274486.06
(b) Cash on Hand at Beginning of Reporting Period	295135.74	
(c) Total Receipts (from Line 19)	18486.12	39159.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	313621.86	313645.93
7. Total Disbursements (from Line 31)	125500.00	125524.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	188121.86	188121.86
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: 04 / 01 / 2014 To: 06 / 30 / 2014

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)	15305.21	29163.65
(ii) Unitemized	3130.81	9744.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	18436.02	38907.94
(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) ▶	18436.02	38907.94
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	137.72
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	50.10	114.21
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)) ▶	18486.12	39159.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	18486.12	39159.87

DETAILED SUMMARY PAGE
of Disbursements

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

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	24.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.00	24.07
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	20000.00	20000.00
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	105500.00	105500.00
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))	125500.00	125524.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	125500.00	125524.07

DETAILED SUMMARY PAGE
of Disbursements

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

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18436.02	38907.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18436.02	38907.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	24.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	137.72
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0.00	-113.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Pamela M Beckwith
Mailing Address: 1709 Rosebank Lane
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 666.68
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11829
Amount of Each Receipt this Period: 166.67
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Pamela M Beckwith
Mailing Address: 1709 Rosebank Lane
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 833.35
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11986
Amount of Each Receipt this Period: 166.67
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial): Pamela M Beckwith
Mailing Address: 1709 Rosebank Lane
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1000.02
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12066
Amount of Each Receipt this Period: 166.67
Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 500.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Benjamin Rix Brooks
Mailing Address: 2024 New Hope Road
City: Charlotte State: NC Zip Code: 28203-6064
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: PHYS
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 208.35
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11992
Amount of Each Receipt this Period: 41.67
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Benjamin Rix Brooks
Mailing Address: 2024 New Hope Road
City: Charlotte State: NC Zip Code: 28203-6064
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: PHYS
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.02
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12074
Amount of Each Receipt this Period: 41.67
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. Stephen C Burr
Mailing Address: 203 Eslynn Road
City: Mount Holly State: NC Zip Code: 28120
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11837
Amount of Each Receipt this Period: 62.50
Payroll Deduction $62.5 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 145.84

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

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

A. Full Name (Last, First, Middle Initial): Mr. Stephen C Burr
Mailing Address: 203 Eslynn Road
City: Mount Holly State: NC Zip Code: 28120
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 312.50

Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11994
Amount of Each Receipt this Period: 62.50
Payroll Deduction $62.5 monthly

B. Full Name (Last, First, Middle Initial): Nancy C. Butler
Mailing Address: 3821 Kitley Place
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 208.35

Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12007
Amount of Each Receipt this Period: 41.67
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Nancy C. Butler
Mailing Address: 3821 Kitley Place
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.02

Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12096
Amount of Each Receipt this Period: 41.67
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 145.84

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Mr. Jack F Chamblee
Mailing Address: 798 Hidden Forest Lane
City: Hayesville State: NC Zip Code: 28904
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 208.35
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12030
Amount of Each Receipt this Period: 41.67
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. Paul G Colavita
Mailing Address: 2401 Inverness Road
City: Charlotte State: NC Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 208.35
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12000
Amount of Each Receipt this Period: 41.67
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Dr. Marsha D Ford
Mailing Address: 6836 Alexander Road
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: PHYS
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11867
Amount of Each Receipt this Period: 100.00
Payroll Deduction $100 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 183.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Dr. Marsha D Ford
Mailing Address: 6836 Alexander Road
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: PHYS
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12023
Amount of Each Receipt this Period: 100.00
Payroll Deduction $100 monthly

B. Full Name (Last, First, Middle Initial): Michelle Fortune
Mailing Address: 105 Willow-Ridge Drive
City: Morganton State: NC Zip Code: 28655
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 208.35
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11973
Amount of Each Receipt this Period: 41.67
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Michelle Fortune
Mailing Address: 105 Willow-Ridge Drive
City: Morganton State: NC Zip Code: 28655
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.02
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12049
Amount of Each Receipt this Period: 41.67
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 183.34

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

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ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Mr. Paul S Franz
Mailing Address: 1320 Fillmore Avenue #413
City: Charlotte State: NC Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1666.68
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11822
Amount of Each Receipt this Period: 416.67
Payroll Deduction $416.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. Paul S Franz
Mailing Address: 1320 Fillmore Avenue #413
City: Charlotte State: NC Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 2083.35
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11979
Amount of Each Receipt this Period: 416.67
Payroll Deduction $416.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. Paul S Franz
Mailing Address: 1320 Fillmore Avenue #505
City: Charlotte State: NC Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 416.67
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12058
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

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

A. Full Name (Last, First, Middle Initial): Mr. Greg A Gombar
Mailing Address: 4625 Cotton Creek Drive
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1666.68
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11856
Amount of Each Receipt this Period: 416.67
Payroll Deduction $416.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. Greg A Gombar
Mailing Address: 4625 Cotton Creek Drive
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2083.35
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12013
Amount of Each Receipt this Period: 416.67
Payroll Deduction $416.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. Greg A Gombar
Mailing Address: 4625 Cotton Creek Drive
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 416.67
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12103
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

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

A. Full Name (Last, First, Middle Initial): Dr. Mary N Hall
Mailing Address: 1040 Queens Road
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 333.36
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11815
Amount of Each Receipt this Period: 83.34
Payroll Deduction $83.34 monthly

B. Full Name (Last, First, Middle Initial): Dr. Mary N Hall
Mailing Address: 1040 Queens Road
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 416.70
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11972
Amount of Each Receipt this Period: 83.34
Payroll Deduction $83.34 monthly

C. Full Name (Last, First, Middle Initial): Dr. Mary N Hall
Mailing Address: 1040 Queens Road
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.04
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12048
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Henry C Hawthorne
Mailing Address: 1310 James B White Hwy N
City: Whiteville State: NC Zip Code: 28472
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11821
Amount of Each Receipt this Period: 100.00
Payroll Deduction $100 monthly

B. Full Name (Last, First, Middle Initial): Henry C Hawthorne
Mailing Address: 1310 James B White Hwy N
City: Whiteville State: NC Zip Code: 28472
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11978
Amount of Each Receipt this Period: 100.00
Payroll Deduction $100 monthly

C. Full Name (Last, First, Middle Initial): Henry C Hawthorne
Mailing Address: 1310 James B White Hwy N
City: Whiteville State: NC Zip Code: 28472
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12056
Amount of Each Receipt this Period: 100.00
Payroll Deduction $100 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Sara J Herron
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: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11878
Amount of Each Receipt this Period: 125.00
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Sara J Herron
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: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 625.00

Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12034
Amount of Each Receipt this Period: 125.00
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Sara J Herron
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: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 750.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12132
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

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

A. Full Name (Last, First, Middle Initial)
Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City: Concord
State: NC
Zip Code: 28027

FEC ID number of contributing federal political committee.: C

Name of Employer: Carolinas HealthCare System
Occupation: ADMIN

Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11873

Amount of Each Receipt this Period: 250.00

Payroll Deduction $250 monthly

B. Full Name (Last, First, Middle Initial)
Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City: Concord
State: NC
Zip Code: 28027

FEC ID number of contributing federal political committee.: C

Name of Employer: Carolinas HealthCare System
Occupation: ADMIN

Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12029

Amount of Each Receipt this Period: 250.00

Payroll Deduction $250 monthly

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

Mailing Address 7117 Stirewalt Road

City: Concord
State: NC
Zip Code: 28027

FEC ID number of contributing federal political committee.: C

Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN

Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12126

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Mr. Christopher R Hummer
Mailing Address: 215 Hillside Avenue
City: Charlotte State: NC Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11839
Amount of Each Receipt this Period: 125.00
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Mr. Christopher R Hummer
Mailing Address: 215 Hillside Avenue
City: Charlotte State: NC Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11996
Amount of Each Receipt this Period: 125.00
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Mr. Christopher R Hummer
Mailing Address: 215 Hillside Avenue
City: Charlotte State: NC Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12080
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

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

A. Full Name (Last, First, Middle Initial): James C Hunter
Mailing Address: 2701 Rothwood Drive
City: Charlotte State: NC Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.01
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11844
Amount of Each Receipt this Period: 166.67
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): James C Hunter
Mailing Address: 2701 Rothwood Drive
City: Charlotte State: NC Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 666.68
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12001
Amount of Each Receipt this Period: 166.67
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial): James C Hunter
Mailing Address: 2701 Rothwood Drive
City: Charlotte State: NC Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 833.35
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12088
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

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

A. Full Name (Last, First, Middle Initial): Mr. W. Christopher Johnson
Mailing Address: 445 Forest Hill Circle
City: Rutherfordton State: NC Zip Code: 28139
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 208.35
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12012
Amount of Each Receipt this Period: 41.67
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. W. Christopher Johnson
Mailing Address: 445 Forest Hill Circle
City: Rutherfordton State: NC Zip Code: 28139
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.02
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12101
Amount of Each Receipt this Period: 41.67
Payroll Deduction $41.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. John J Knox
Mailing Address: 6530 Boykin Spaniel Road
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 208.35
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12022
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)
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Mr. John J Knox
Mailing Address: 6530 Boykin Spaniel Road
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.02
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12115
Amount of Each Receipt this Period: 41.67
Payroll Deduction $41.67 monthly

B. Full Name (Last, First, Middle Initial): Thomas F Laymon
Mailing Address: 2004 Garden View Lane
City: Weddington State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11834
Amount of Each Receipt this Period: 100.00
Payroll Deduction $100 monthly

C. Full Name (Last, First, Middle Initial): Thomas F Laymon
Mailing Address: 2004 Garden View Lane
City: Weddington State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11991
Amount of Each Receipt this Period: 100.00
Payroll Deduction $100 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 241.67

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Mr. Frank S Letherby
Mailing Address: 9438 White Hemlock Lane
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11879
Amount of Each Receipt this Period: 60.00
Payroll Deduction $60 monthly

B. Full Name (Last, First, Middle Initial): Mr. Frank S Letherby
Mailing Address: 9438 White Hemlock Lane
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12035
Amount of Each Receipt this Period: 60.00
Payroll Deduction $60 monthly

C. Full Name (Last, First, Middle Initial): Mr. Frank S Letherby
Mailing Address: 9438 White Hemlock Lane
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12133
Amount of Each Receipt this Period: 60.00
Payroll Deduction $60 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 180.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Mr. W. Spencer Lilly
Mailing Address: 9306 Copans Glen Lane
City: Huntersville State: NC Zip Code: 28078
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 666.68
Date of Receipt: M M 04 / D D 01 / Y Y Y Y 2014
Transaction ID : SA11AI.11877
Amount of Each Receipt this Period: 166.67
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. W. Spencer Lilly
Mailing Address: 9306 Copans Glen Lane
City: Huntersville State: NC Zip Code: 28078
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 833.35
Date of Receipt: M M 05 / D D 01 / Y Y Y Y 2014
Transaction ID : SA11AI.12033
Amount of Each Receipt this Period: 166.67
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. W. Spencer Lilly
Mailing Address: 9306 Copans Glen Lane
City: Huntersville State: NC Zip Code: 28078
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.02
Date of Receipt: M M 05 / D D 30 / Y Y Y Y 2014
Transaction ID : SA11AI.12131
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

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

A. Full Name (Last, First, Middle Initial): Frieda M Lowder
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: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 333.36
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11884
Amount of Each Receipt this Period: 83.34
Payroll Deduction $83.34 monthly

B. Full Name (Last, First, Middle Initial): Frieda M Lowder
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: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 416.70
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12040
Amount of Each Receipt this Period: 83.34
Payroll Deduction $83.34 monthly

C. Full Name (Last, First, Middle Initial): Frieda M Lowder
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: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.04
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12138
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Michael J Lutes
Mailing Address: 4025 Camrose Crossing
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 333.36
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11851
Amount of Each Receipt this Period: 83.34
Payroll Deduction $83.34 monthly

B. Full Name (Last, First, Middle Initial): Michael J Lutes
Mailing Address: 4025 Camrose Crossing
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 416.70
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12008
Amount of Each Receipt this Period: 83.34
Payroll Deduction $83.34 monthly

C. Full Name (Last, First, Middle Initial): Michael J Lutes
Mailing Address: 4025 Camrose Crossing
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.04
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12097
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Mr. James C Olsen
Mailing Address: 5900 Summerston Place
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 833.36
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11862
Amount of Each Receipt this Period: 208.34
Payroll Deduction $208.34 monthly

B. Full Name (Last, First, Middle Initial): Mr. James C Olsen
Mailing Address: 5900 Summerston Place
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1041.70
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12018
Amount of Each Receipt this Period: 208.34
Payroll Deduction $208.34 monthly

C. Full Name (Last, First, Middle Initial): Mr. James C Olsen
Mailing Address: 5900 Summerston Place
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 208.34
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12110
Amount of Each Receipt this Period: 208.34
Payroll Deduction $208.34 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 625.02

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Mr. Joseph G Piemont
Mailing Address: 2028 Hopedale Avenue
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: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1600.00
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11836
Amount of Each Receipt this Period: 400.00
Payroll Deduction $400 monthly

B. Full Name (Last, First, Middle Initial): Mr. Joseph G Piemont
Mailing Address: 2028 Hopedale Avenue
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: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11993
Amount of Each Receipt this Period: 400.00
Payroll Deduction $400 monthly

C. Full Name (Last, First, Middle Initial): Mr. Joseph G Piemont
Mailing Address: 2028 Hopedale Avenue
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12076
Amount of Each Receipt this Period: 400.00
Payroll Deduction $400 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 1200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Debra Plousha Moore
Mailing Address: 6935 Conservatory Lane
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 666.68
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11868
Amount of Each Receipt this Period: 166.67
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Debra Plousha Moore
Mailing Address: 6935 Conservatory Lane
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 833.35
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12024
Amount of Each Receipt this Period: 166.67
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. Roger A Ray
Mailing Address: 11029 Lederer Ave
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11817
Amount of Each Receipt this Period: 250.00
Payroll Deduction $250 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

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

A. Full Name (Last, First, Middle Initial): Mr. Roger A Ray
Mailing Address: 11029 Lederer Ave
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11974
Amount of Each Receipt this Period: 250.00
Payroll Deduction $250 monthly

B. Full Name (Last, First, Middle Initial): Mr. Roger A Ray
Mailing Address: 11029 Lederer Ave
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12050
Amount of Each Receipt this Period: 250.00
Payroll Deduction $250 monthly

C. Full Name (Last, First, Middle Initial): John Michael Santopietro
Mailing Address: 320 Charndon Village Ct
City: Charlotte State: NC Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 208.35

Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12003
Amount of Each Receipt this Period: 41.67
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 541.67

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): James Michael Stevenson
Mailing Address: 1711 Mission Road
City: Murphy State: NC Zip Code: 28906
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 333.36
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11830
Amount of Each Receipt this Period: 83.34
Payroll Deduction $83.34 monthly

B. Full Name (Last, First, Middle Initial): James Michael Stevenson
Mailing Address: 1711 Mission Road
City: Murphy State: NC Zip Code: 28906
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 416.70
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11987
Amount of Each Receipt this Period: 83.34
Payroll Deduction $83.34 monthly

C. Full Name (Last, First, Middle Initial): James Michael Stevenson
Mailing Address: 1711 Mission Road
City: Murphy State: NC Zip Code: 28906
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.04
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12067
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)
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Mr. Michael C Tarwater
Mailing Address: 1414 Biltmore 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: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1666.68
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11824
Amount of Each Receipt this Period: 416.67
Payroll Deduction $416.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. Michael C Tarwater
Mailing Address: 1414 Biltmore 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: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2083.35
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11981
Amount of Each Receipt this Period: 416.67
Payroll Deduction $416.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. Michael C Tarwater
Mailing Address: 1414 Biltmore 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: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.02
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12060
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)
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Dr. Chris M Teigland
Mailing Address: 700 Hungerford Place
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: PHYS
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11869
Amount of Each Receipt this Period: 200.00
Payroll Deduction $200 monthly

B. Full Name (Last, First, Middle Initial): Dr. Chris M Teigland
Mailing Address: 700 Hungerford Place
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: PHYS
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12025
Amount of Each Receipt this Period: 200.00
Payroll Deduction $200 monthly

C. Full Name (Last, First, Middle Initial): Dr. Chris M Teigland
Mailing Address: 700 Hungerford Place
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: PHYS
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12120
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) ▶

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

A. Full Name (Last, First, Middle Initial): Joan Thomas
Mailing Address: 230 Summermore Drive
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11841
Amount of Each Receipt this Period: 125.00
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Joan Thomas
Mailing Address: 230 Summermore Drive
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 625.00
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11998
Amount of Each Receipt this Period: 125.00
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Ms. Martha J Whitecotton
Mailing Address: 9526 Greyson Ridge Drive
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11880
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)
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial)
Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

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

FEC ID number of contributing federal political committee. C

Name of Employer: Carolinas HealthCare System
Occupation: ADMIN

Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12036

Amount of Each Receipt this Period: 125.00

Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial)
Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

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

FEC ID number of contributing federal political committee. C

Name of Employer: Carolinas HealthCare System
Occupation: ADMIN

Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12134

Amount of Each Receipt this Period: 125.00

Payroll Deduction $125 monthly

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

Mailing Address 5314 Wingedfoot Road

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

FEC ID number of contributing federal political committee. C

Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN

Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11860

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

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

A. Full Name (Last, First, Middle Initial): Mary Ann Wilcox
Mailing Address: 5314 Wingedfoot Road
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 625.00
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12016
Amount of Each Receipt this Period: 125.00
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Mary Ann Wilcox
Mailing Address: 5314 Wingedfoot Road
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12106
Amount of Each Receipt this Period: 125.00
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Ms. Phyllis Anne Wingate
Mailing Address: 6005 Willowood Road
City: Kannapolis State: NC Zip Code: 28081
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11863
Amount of Each Receipt this Period: 250.00
Payroll Deduction $250 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Ms. Phyllis Anne Wingate
Mailing Address: 6005 Willowood Road
City: Kannapolis State: NC Zip Code: 28081
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.12019
Amount of Each Receipt this Period: 250.00
Payroll Deduction $250 monthly

B. Full Name (Last, First, Middle Initial): Ms. Phyllis Anne Wingate
Mailing Address: 6005 Willowood Road
City: Kannapolis State: NC Zip Code: 28081
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12111
Amount of Each Receipt this Period: 250.00
Payroll Deduction $250 monthly

C. Full Name (Last, First, Middle Initial): Zachary Zapack
Mailing Address: 1015 Charlotte Ave #351
City: Rock Hill State: SC Zip Code: 29732
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 01 / 2014
Transaction ID : SA11AI.11813
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) ▶

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

A.
Full Name (Last, First, Middle Initial): Zachary Zapack
Mailing Address: 1015 Charlotte Ave #351
City: Rock Hill
State: SC
Zip Code: 29732
FEC ID number of contributing federal political committee.: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1250.00
Date of Receipt: 05 / 01 / 2014
Transaction ID : SA11AI.11970
Amount of Each Receipt this Period: 250.00
Payroll Deduction $250 monthly

B.
Full Name (Last, First, Middle Initial): Mr. Zachary J Zapack
Mailing Address: 1015 Charlotte Ave #351
City: Rock Hill
State: SC
Zip Code: 29732
FEC ID number of contributing federal political committee.: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2014
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : SA11AI.12046
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 / D D / 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) ▶ 15305.21

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): HAGAN FOR US SENATE INC
Mailing Address: PO BOX 29103
City: GREENSBORO State: NC Zip Code: 27429
Purpose of Disbursement: campaign contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: NC District: 00
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB23.11894
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): HUDSON FOR CONGRESS
Mailing Address: PO BOX 5053
City: CONCORD State: NC Zip Code: 28027
Purpose of Disbursement: campaign contribution
Candidate Name: RICHARD L. JR. HUDSON
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 08
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB23.11901
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): McHenry for Congress
Mailing Address: PO BOX 1406
City: HICKORY State: NC Zip Code: 28601
Purpose of Disbursement: campaign contribution
Candidate Name:
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 10
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB23.11902
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): MEADOWS FOR CONGRESS
Mailing Address: PO BOX 811
City: HENDERSONVILLE State: NC Zip Code: 28793
Purpose of Disbursement: campaign contribution
Candidate Name:
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 11
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB23.11903
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Pittenger for Congress
Mailing Address: PO Box 11207
City: Charlotte State: NC Zip Code: 28220
Purpose of Disbursement: campaign contribution
Candidate Name:
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 09
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB23.11904
Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial): THOM TILLIS COMMITTEE
Mailing Address: PO BOX 2489
City: CORNELIUS State: NC Zip Code: 28031
Purpose of Disbursement: campaign contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: NC District: 00
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB23.11905
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

TOTAL This Period (last page this line number only) ▶ 20000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Beverly Earle Campaign Committee
Mailing Address: 312 S. Clarkson Street
City: Charlotte State: NC Zip Code: 28202
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11924
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Bill Brawley for North Carolina house of Reps
Mailing Address: 13602 O'Toole Drive
City: Matthews State: NC Zip Code: 28105
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11944
Amount of Each Disbursement this Period: 3000.00

C. Full Name (Last, First, Middle Initial): Bumgardner for NC House
Mailing Address: P.O. Box 55072
City: Gastonia State: NC Zip Code: 28055
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11913
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Campaign to Elect Mike Hagar
Mailing Address: 342 Walking Horse Trail
City: Rutherfordton State: NC Zip Code: 28139
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 04 / D D 09 / Y Y Y Y 2014
Transaction ID : SB29.11949
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Carla Cunningham Campaign Committee
Mailing Address: 6129 Sunbridge Court
City: Charlotte State: NC Zip Code: 28269
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 04 / D D 09 / Y Y Y Y 2014
Transaction ID : SB29.11920
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): Charles Jeter Committee
Mailing Address: 15806 Brookway Drive; Suite 600
City: Huntersville State: NC Zip Code: 28078
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 04 / D D 09 / Y Y Y Y 2014
Transaction ID : SB29.11957
Amount of Each Disbursement this Period: 3000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Chris Whitmire for NC House
Mailing Address: 136 Whitmire Farms Drive
City: Brevard State: NC Zip Code: 28712
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11941
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Citizens to Elect Kathy Harrington
Mailing Address: 3324 Lincoln Lane
City: Gastonia State: NC Zip Code: 28056
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11926
Amount of Each Disbursement this Period: 3000.00

C. Full Name (Last, First, Middle Initial): Committee to Elect Jacqueline Schaffer
Mailing Address: 12113 Shoal Creek Court
City: Charlotte State: NC Zip Code: 28277
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11937
Amount of Each Disbursement this Period: 3000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 8000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Committee to Elect Jeff Tarte
Mailing Address: 19825 B North Cove Road-Box 114
City: Cornelius State: NC Zip Code: 28031
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11966
Amount of Each Disbursement this Period: 3000.00

B. Full Name (Last, First, Middle Initial): Committee to Elect Kelly Alexander
Mailing Address: PO BOX 16896
City: Charlotte State: NC Zip Code: 28297-6896
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11909
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): Committee to Elect Larry Pittman
Mailing Address: PO Box 6311
City: Concord State: NC Zip Code: 28027
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11960
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 23 24 25 26
27 28a 28b 28c [X] 29 30b

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

A. Full Name (Last, First, Middle Initial): Committee to Elect Linda P. Johnson
Mailing Address: 1205 Berkshire Drive
City: Kannapolis State: NC Zip Code: 28081
Purpose of Disbursement: nonfederal committee
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11959
Amount of Each Disbursement this Period: 3000.00

B. Full Name (Last, First, Middle Initial): Committee to Elect Mark Brody
Mailing Address: PO BOX 723
City: Mineral Springs State: NC Zip Code: 28108
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11914
Amount of Each Disbursement this Period: 3000.00

C. Full Name (Last, First, Middle Initial): Committee to Elect Michele Presnell
Mailing Address: 316 Woodstock Drive
City: Burnsville State: NC Zip Code: 28714
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11933
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 8000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 23 24 25 26
27 28a 28b 28c [X] 29 30b

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

A. Full Name (Last, First, Middle Initial)
Committee to Elect Rodney W. Moore

Mailing Address P.O. Box 44107

City: Charlotte State: NC Zip Code: 28215

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type: 011

Office Sought: House / Senate / President

State: District:

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 04 / 09 / 2014

Transaction ID : SB29.11931

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Becky Carney

Mailing Address PO BOX 32873

City: Charlotte State: NC Zip Code: 28232

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type:

Office Sought: House / Senate / President

State: District:

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 04 / 09 / 2014

Transaction ID : SB29.11919

Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
David Curtis Campaign

Mailing Address P.O. Box 278

City: Denver State: NC Zip Code: 28037

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type: 011

Office Sought: House / Senate / President

State: District:

Disbursement For: 2014
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 04 / 09 / 2014

Transaction ID : SB29.11921

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 23 24 25 26
27 28a 28b 28c [X] 29 30b

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

A. Full Name (Last, First, Middle Initial): Davis for NC Senate
Mailing Address: 37 Georgia Road
City: Franklin State: NC Zip Code: 28734
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11923
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Dean Arp for NC House
Mailing Address: P.O. Box 1511
City: Monroe State: NC Zip Code: 28000
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11910
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): Friends of Joe Sam Queen
Mailing Address: 71 Pigeon Street
City: Waynesville State: NC Zip Code: 28786
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11934
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 23 24 25 26
27 28a 28b 28c [X] 29 30b

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

A. Full Name (Last, First, Middle Initial): Friends of Kelly Hastings
Mailing Address: P.O. Box 488
City: Cherryville State: NC Zip Code: 28021
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11928
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Friends of Tim Moore
Mailing Address: 1417 Merrimont Drive
City: Kings Mountain State: NC Zip Code: 28086
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11932
Amount of Each Disbursement this Period: 4000.00

C. Full Name (Last, First, Middle Initial): Friends to Elect John Torbett
Mailing Address: 232 Louise Drive
City: Stanley State: NC Zip Code: 28164
Purpose of Disbursement: nonfederal contributions
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11938
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 8000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Gene McLaurin for NC Senate
Mailing Address: 905 Fayetteville Road
City: Rockingham State: NC Zip Code: 28379
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 04 / D D 09 / Y Y Y Y 2014
Transaction ID : SB29.11930
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Hartsell - State Senator Committee
Mailing Address: PO BOX 1709
City: Concord State: NC Zip Code: 28206-1709
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 04 / D D 09 / Y Y Y Y 2014
Transaction ID : SB29.11927
Amount of Each Disbursement this Period: 4000.00

C. Full Name (Last, First, Middle Initial): Horn for NC House Committee
Mailing Address: 2100 Dilworth Road East
City: Charlotte State: NC Zip Code: 28203
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 04 / D D 09 / Y Y Y Y 2014
Transaction ID : SB29.11953
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 23 24 25 26
27 28a 28b 28c [X] 29 30b

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

A. Full Name (Last, First, Middle Initial): Hugh Blackwell for NC House
Mailing Address: 321 Mountain View Ave SE
City: Valdese State: NC Zip Code: 28690
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11911
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Jason Saine Committee
Mailing Address: 7465 Bluff Point Lane
City: Denver State: NC Zip Code: 28037
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11936
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): Jeffrey Elmore for NC House
Mailing Address: PO BOX 522
City: North Wilkesboro State: NC Zip Code: 28659
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11947
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Jon Hardister for NC House
Mailing Address: PO BOX 4113
City: Greensboro State: NC Zip Code: 27404
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11951
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Justin Burr for NC House
Mailing Address: P.O. BOX 1966
City: Albermarle State: NC Zip Code: 28002
Purpose of Disbursement: nonfederal contributions
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11918
Amount of Each Disbursement this Period: 3000.00

C. Full Name (Last, First, Middle Initial): Ken Waddell for North Carolina House
Mailing Address: 9247 Silver Spoon Road
City: Clarkton State: NC Zip Code: 28433
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11940
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Phil Berger Committee
Mailing Address: P.O. Box 1309
City: Eden State: NC Zip Code: 27289
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11895
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Ralph Hise for NC Senate
Mailing Address: P.O. Box 86
City: Spruce Pine State: NC Zip Code: 28777
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11929
Amount of Each Disbursement this Period: 4000.00

C. Full Name (Last, First, Middle Initial): Randleman Senate Campaign
Mailing Address: 487 Triple Cove Drive
City: Wilkesboro State: NC Zip Code: 28697-7493
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11962
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 8000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Rob Bryan
Mailing Address: 3517 Broadfield Rd
City: Charlotte State: NC Zip Code: 28226
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 04 / D D 09 / Y Y Y Y 2014
Transaction ID : SB29.11916
Amount of Each Disbursement this Period: 3000.00

B. Full Name (Last, First, Middle Initial): Robert Rucho Committee
Mailing Address: 305 Trafalgar Place
City: Matthews State: NC Zip Code: 28105
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 04 / D D 09 / Y Y Y Y 2014
Transaction ID : SB29.11935
Amount of Each Disbursement this Period: 3000.00

C. Full Name (Last, First, Middle Initial): Roger West Campaign
Mailing Address: PO BOX 661
City: Murphy State: NC Zip Code: 28906
Purpose of Disbursement: Nonfederal Contributions
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 04 / D D 09 / Y Y Y Y 2014
Transaction ID : SB29.11899
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 8000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 23 24 25 26
27 28a 28b 28c [X] 29 30b

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

A. Full Name (Last, First, Middle Initial): Sarah Stevens for House
Mailing Address: PO Box 667
City: Mount Airy State: NC Zip Code: 27030
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11964
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): The Joel Ford Committee
Mailing Address: P.O. Box 36391
City: Charlotte State: NC Zip Code: 28236
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11925
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): Tommy Tommy Tucker for NC Senate
Mailing Address: 1206 Rosehill Drive
City: Waxhaw State: NC Zip Code: 28173
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11939
Amount of Each Disbursement this Period: 3000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Tricia Cotham Committee
Mailing Address: 107 Sardis Grove Lane
City: Matthews State: NC Zip Code: 28105
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11945
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Warren Daniel for NC Senate
Mailing Address: 309 West Union Street
City: Morganton State: NC Zip Code: 28680
Purpose of Disbursement: nonfederal contributions
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 09 / 2014
Transaction ID : SB29.11922
Amount of Each Disbursement this Period: 2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶ 105500.00