

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="233584.13"/>	<input type="text" value="233584.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="184704.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11053.45"/>	<input type="text" value="62173.36"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="195757.49"/>	<input type="text" value="295757.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18500.00"/>	<input type="text" value="118500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="177257.49"/>	<input type="text" value="177257.49"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 18 / 2012 To: M M / D D / Y Y Y Y 11 / 26 / 2012

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).....	10725.55	53222.36
(ii) Unitemized	310.02	8798.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11035.57	62020.44
(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)	11035.57	62020.44
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	17.88	152.92
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))..... ▶	11053.45	62173.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11053.45	62173.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	37500.00
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	13500.00	81000.00
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)) ..	18500.00	118500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18500.00	118500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11035.57	62020.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11035.57	62020.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. John W. Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address 16224 Leeward Lane
 City State Zip Code
 Huntersville NC 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System Healthcare Administrator
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9696
 Amount of Each Receipt this Period
 41.67
 Payroll Deduction \$41.67 monthly

B. Judy L Booth
 Full Name (Last, First, Middle Initial)
 Mailing Address 11448 Terrill Ridge Dr
 City State Zip Code
 Davidson NC 28036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2012
Transaction ID : SA11AI.9668
 Amount of Each Receipt this Period
 250.00

C. Teresa M Bowleg
 Full Name (Last, First, Middle Initial)
 Mailing Address 484 Mulkey Drive
 City State Zip Code
 Murphy NC 28906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9713
 Amount of Each Receipt this Period
 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	312.51
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Fred T Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 7427 Saint Clair Drive
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.9684
 Amount of Each Receipt this Period
 500.00

B. Robert F. Carta
 Full Name (Last, First, Middle Initial)
 Mailing Address 4319 Wordsworth Lane
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 08 / 2012
Transaction ID : SA11AI.9676
 Amount of Each Receipt this Period
 250.00

C. Dr. Vincent P Casingal
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9726
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional).....▶	775.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Peter M Cassidy
 Full Name (Last, First, Middle Initial)
 Mailing Address 9905 Grassy Crops Road
 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: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9738
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Mr. Paul G Colavita
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Sedley Road
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9704
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

c. David L Dunlap
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 Picard Way
 City Charleston State SC Zip Code 29412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2012
Transaction ID : SA11AI.9677
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1041.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David Ellerbe
 Full Name (Last, First, Middle Initial)
 Mailing Address 2331 Coley View Court
 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: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9703
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Dr. Marsha D Ford
 Full Name (Last, First, Middle Initial)
 Mailing Address 6836 Alexander Road
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9723
 Amount of Each Receipt this Period 100.00
 Payroll Deduction \$100 monthly

C. Mr. Paul S Franz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Fillmore Avenue #413
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.37

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9690
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	537.51
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Steven A Gilgen
 Full Name (Last, First, Middle Initial)
 Mailing Address 161 Jarrett Road
 City Hayesville State NC Zip Code 28904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9695
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Mr. Greg A Gombar
 Full Name (Last, First, Middle Initial)
 Mailing Address 4625 Cotton Creek Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9712
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

C. Mr. Clark E Goodwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 6028 Alexa Road
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9721
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	458.35
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Kathleen Grew
 Full Name (Last, First, Middle Initial)
 Mailing Address 8603 Excalibur Way
 City State Zip Code
 Huntersville NC 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System VP
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9732
 Amount of Each Receipt this Period
 20.84
 Payroll Deduction \$20.84 monthly

B. Ms. Janet D Handy
 Full Name (Last, First, Middle Initial)
 Mailing Address 8044 Silver Jade Lane
 City State Zip Code
 Denver NC 28037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9728
 Amount of Each Receipt this Period
 41.67
 Payroll Deduction \$41.67 monthly

C. Matthew L. Hanley
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 Gov Morrison Dr #458
 City State Zip Code
 Charlotte NC 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : SA11AI.9682
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	312.51
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City State Zip Code
 Whiteville NC 28472

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 916.74

Date of Receipt
 11 / 01 / 2012
Transaction ID : SA11AI.9689

Amount of Each Receipt this Period
 83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)
B. Mr. Christopher R Hummer

Mailing Address 215 Hillside Avenue

City State Zip Code
 Charlotte NC 28209

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 11 / 01 / 2012
Transaction ID : SA11AI.9700

Amount of Each Receipt this Period
 25.00

Payroll Deduction \$25 monthly

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

Mailing Address 1506 Providence Drive

City State Zip Code
 Charlotte NC 28211

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1833.37

Date of Receipt
 11 / 01 / 2012
Transaction ID : SA11AI.9693

Amount of Each Receipt this Period
 166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.01

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

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

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

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

A. Mr. W. Christopher Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 Forest Hill Circle
 City Rutherfordton State NC Zip Code 28139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9711
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

B. Ms. Kathleen Ann Kaney
 Full Name (Last, First, Middle Initial)
 Mailing Address 2316 Vail 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: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9702
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

c. Ms. Catherine S Kneisl
 Full Name (Last, First, Middle Initial)
 Mailing Address 2223 Forest 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: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9701
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	83.35
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Mr. John J Knox
 Full Name (Last, First, Middle Initial)
 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: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9722
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

B. Brent R Lambert
 Full Name (Last, First, Middle Initial)
 Mailing Address 8401 Getalong Rd
 City Charlotte State NC Zip Code 28213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.74

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9731
 Amount of Each Receipt this Period 83.34
 Payroll Deduction \$83.34 monthly

C. Robert G Larrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 1008 Biggers Farm Ct
 City Indian Trail State NC Zip Code 28079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.9667
 Amount of Each Receipt this Period 250.00

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

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

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

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

A. Mr. Frank S Letherby
 Full Name (Last, First, Middle Initial)
 Mailing Address 5234 Lancelot Drive
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **458.37**

Date of Receipt **11 / 01 / 2012**
Transaction ID : SA11AI.9714
 Amount of Each Receipt this Period **41.67**
 Payroll Deduction \$41.67 monthly

B. Mr. W. Spencer Lilly
 Full Name (Last, First, Middle Initial)
 Mailing Address 9306 Copans Glen Lane
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **916.74**

Date of Receipt **11 / 01 / 2012**
Transaction ID : SA11AI.9734
 Amount of Each Receipt this Period **83.34**
 Payroll Deduction \$83.34 monthly

C. Toni G Lovingood
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 Long Branch Road
 City Marble State NC Zip Code 28905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **229.24**

Date of Receipt **11 / 01 / 2012**
Transaction ID : SA11AI.9710
 Amount of Each Receipt this Period **20.84**
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	145.85
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Frieda M Lowder
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5685
 City State Zip Code
 Concord NC 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9740
 Amount of Each Receipt this Period
 41.67
 Payroll Deduction \$41.67 monthly

B. Thomas Magraw
 Full Name (Last, First, Middle Initial)
 Mailing Address 3238 Tatting Road
 City State Zip Code
 Matthews NC 28105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas Healthcare System Vice President, MMG
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2012
Transaction ID : SA11AI.9673
 Amount of Each Receipt this Period
 250.00

C. Zahide Marenic
 Full Name (Last, First, Middle Initial)
 Mailing Address 6852 Phillips Place Ct #6852
 City State Zip Code
 Charlotte NC 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2012
Transaction ID : SA11AI.9680
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	541.67
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Mr. James T McDevitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1833.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9730
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

B. Mr. Russell W Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 8825 Camberly Rd Apt H
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9733
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Mr. F Del Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2824 Winding Oak Drive
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9707
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	208.35
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. James C Olsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5900 Summerston Place
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9718
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

B. Benjamin Banks Peeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 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: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9727
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Mr. Dennis Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 4310 4th Street Circle NW
 City Hickory State NC Zip Code 28601-9021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 18 / 2012
Transaction ID : SA11AI.9674
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1145.84
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Joseph G Piemont		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		01		2012
M M	/	D D	/	Y Y Y Y								
11		01		2012								
Mailing Address 2028 Hopedale Avenue		Transaction ID : SA11AI.9699										
City Charlotte	State NC	Zip Code 28207										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$400 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00											

Full Name (Last, First, Middle Initial) B. Debra Plousha Moore		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		01		2012
M M	/	D D	/	Y Y Y Y								
11		01		2012								
Mailing Address 6935 Conservatory Lane		Transaction ID : SA11AI.9725										
City Charlotte	State NC	Zip Code 28210										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34											
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$83.34 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74											

Full Name (Last, First, Middle Initial) C. Thomas J Pulliam		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		01		2012
M M	/	D D	/	Y Y Y Y								
11		01		2012								
Mailing Address 1105 Fawnbrook Road		Transaction ID : SA11AI.9687										
City Lewisville	State NC	Zip Code 27023										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00											
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$300 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00											

SUBTOTAL of Receipts This Page (optional).....▶	783.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Derek Raghavan
 Full Name (Last, First, Middle Initial)
 Mailing Address 9440 Heydon Hall Circle
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1833.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9735
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

B. Mr. Roger A Ray
 Full Name (Last, First, Middle Initial)
 Mailing Address 11029 Lederer Ave
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1833.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9686
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

C. Lawrence W Raymond
 Full Name (Last, First, Middle Initial)
 Mailing Address 5740 Ballinard Lane
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation PHYS
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9716
 Amount of Each Receipt this Period 70.00
 Payroll Deduction \$70 monthly

SUBTOTAL of Receipts This Page (optional).....	403.34
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Michael L Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 6901 Foxglove Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1066.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9724
 Amount of Each Receipt this Period
 133.34
 Payroll Deduction \$133.34 monthly

B. Douglas C Roush
 Full Name (Last, First, Middle Initial)
 Mailing Address 2710 Normandy Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9705
 Amount of Each Receipt this Period
 20.84
 Payroll Deduction \$20.84 monthly

C. Pamela M Rowell
 Full Name (Last, First, Middle Initial)
 Mailing Address 9702 Heritage Lane
 City Indian Trail State NC Zip Code 28079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9737
 Amount of Each Receipt this Period
 41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	195.85
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael Ruhlen
 Full Name (Last, First, Middle Initial)
 Mailing Address 7216 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Healthcare System Occupation VP/CMO CMC -Mercy & CMC - Pine
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012
Transaction ID : SA11AI.9683
 Amount of Each Receipt this Period
 250.00

B. Kenneth A Shull
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Greenstoke Loop
 City Tryon State NC Zip Code 28782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9719
 Amount of Each Receipt this Period
 41.67
 Payroll Deduction \$41.67 monthly

c. Mr. Ronald M Smidt
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 901
 City Troutman State NC Zip Code 28166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.9739
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction \$30 monthly

SUBTOTAL of Receipts This Page (optional).....▶	321.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Keith A Smith		Date of Receipt
Mailing Address 2122 Dilworth Road West		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Charlotte	NC	28203
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.9671
Name of Employer Carolinas HealthCare System		Amount of Each Receipt this Period
Occupation Attorney		<input type="text" value="1200.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James Michael Stevenson		Date of Receipt
Mailing Address 1711 Mission Road		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Murphy	NC	28906
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.9697
Name of Employer CarolinasHealthCareSystem		Amount of Each Receipt this Period
Occupation ADMIN		<input type="text" value="83.34"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Payroll Deduction \$83.34 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="916.74"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Jody Jay Stock		Date of Receipt
Mailing Address 3466 Blue Jay Pass		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Fort Mill	SC	29708
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.9709
Name of Employer CarolinasHealthCareSystem		Amount of Each Receipt this Period
Occupation ADMIN		<input type="text" value="20.84"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Payroll Deduction \$20.84 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="229.24"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1304.18"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Daniel W Sweat
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Twin Lake Drive
 City Shelby State NC Zip Code 28152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9691
 Amount of Each Receipt this Period 100.00
 Payroll Deduction \$100 monthly

B. Mr. Michael C Tarwater
 Full Name (Last, First, Middle Initial)
 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: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.37

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9692
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

C. Mr. David Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Penderlea Lane
 City Matthews State NC Zip Code 28105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9694
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	537.51
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Mr. Dennie R Underwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 18324 Turnberry Court
 City Davidson State NC Zip Code 28036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9698
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

B. Ms. Martha J Whitcotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9526 Greyson Ridge Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9736
 Amount of Each Receipt this Period 42.00
 Payroll Deduction \$42 monthly

C. Mary Ann Wilcox
 Full Name (Last, First, Middle Initial)
 Mailing Address 2719 Phillips Gate Drive
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 888.96

Date of Receipt 11 / 01 / 2012
Transaction ID : SA11AI.9706
 Amount of Each Receipt this Period 111.12
 Payroll Deduction \$111.12 monthly

SUBTOTAL of Receipts This Page (optional).....▶	194.79
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Stephen Wilhoit		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>05</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		05		2012
M M	/	D D	/	Y Y Y Y								
11		05		2012								
Mailing Address 5933 Deveron Drive		Transaction ID : SA11AI.9678										
City Charlotte	State NC	Zip Code 28211										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00											
Name of Employer Carolinas HealthCare System	Occupation Healthcare Executive											
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) B. Ms. Phyllis Anne Wingate		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		01		2012
M M	/	D D	/	Y Y Y Y								
11		01		2012								
Mailing Address 6005 Willowood Road		Transaction ID : SA11AI.9720										
City Kannapolis	State NC	Zip Code 28081										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 222.23											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$222.23 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1777.84											

Full Name (Last, First, Middle Initial) C. Mr. John E Young		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		01		2012
M M	/	D D	/	Y Y Y Y								
11		01		2012								
Mailing Address 809 E. King Street		Transaction ID : SA11AI.9729										
City Kings Mountain	State NC	Zip Code 28086										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$50 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00											

SUBTOTAL of Receipts This Page (optional).....▶	772.23
TOTAL This Period (last page this line number only).....▶	10725.55

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Hudson for Congress

Mailing Address P.O. Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Richard L Hudson Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SB23.9746

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00

5000.00

**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)

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

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

Full Name (Last, First, Middle Initial) A. Bumgardner for NC House		Date of Disbursement MM / DD / YYYY 11 / 15 / 2012
Mailing Address P.O. Box 55072		Transaction ID : SB29.9761
City Gastonia	State NC	
Purpose of Disbursement Non-Federal Campaign Contribution		Amount of Each Disbursement this Period 500.00
Candidate Name		Category/ Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Chris Whitmire for NC House		Date of Disbursement MM / DD / YYYY 11 / 15 / 2012
Mailing Address 136 Whitmire Farms Drive		Transaction ID : SB29.9763
City Brevard	State NC	
Purpose of Disbursement Non-Federal Campaign Contribution		Amount of Each Disbursement this Period 500.00
Candidate Name		Category/ Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Committee to Elect Don East for NC Senate		Date of Disbursement MM / DD / YYYY 11 / 15 / 2012
Mailing Address 971 Longhill Road		Transaction ID : SB29.9780
City Pilot Mountain	State NC	
Purpose of Disbursement Non-Federal Campaign Contribution		Amount of Each Disbursement this Period 500.00
Candidate Name		Category/ Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
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)

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

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

Full Name (Last, First, Middle Initial) A. Committee to Elect Mary Brody		Date of Disbursement MM / DD / YYYY 11 / 15 / 2012
Mailing Address P.O. Box 723		Transaction ID : SB29.9775
City Mineral Springs	State NC	
Zip Code 28108	Purpose of Disbursement Non-Federal Campaign Contribution	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Committee to Elect Michele Presnell		Date of Disbursement MM / DD / YYYY 11 / 15 / 2012
Mailing Address 316 Woodstock Drive		Transaction ID : SB29.9770
City Burnsville	State NC	
Zip Code 28714	Purpose of Disbursement Non-Federal Campaign Contribution	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. David Curtis Campaign		Date of Disbursement MM / DD / YYYY 11 / 15 / 2012
Mailing Address P.O. Box 278		Transaction ID : SB29.9785
City Denver	State NC	
Zip Code 28037	Purpose of Disbursement Non-Federal Campaign Contribution	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
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)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Joe Sam Queen

Mailing Address 71 Pigeon Street

City Waynesville State NC Zip Code 28786

Purpose of Disbursement
Non-Federal Campaign Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2012

Transaction ID : SB29.9779

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Rob Bryan

Mailing Address 3517 Broadfield Road

City Charlotte State NC Zip Code 28226

Purpose of Disbursement
Non-Federal Campaign Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2012

Transaction ID : SB29.9768

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gene McLaurin for NC Senate

Mailing Address 905 Fayetteville Road

City Rockingham State NC Zip Code 28379

Purpose of Disbursement
Non-Federal Campaign Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2012

Transaction ID : SB29.9792

Amount of Each Disbursement this Period

500.00

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

1500.00

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)

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

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

Full Name (Last, First, Middle Initial)

A. Ken Waddell for North Carolina House

Mailing Address 9247 Silver Spoon Road

City Clarkton State NC Zip Code 28433

Purpose of Disbursement
Non-Federal Campaign Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2012

Transaction ID : SB29.9777

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Meadows for Congress

Mailing Address P.O. Box 811

City Highlands State NC Zip Code 28741

Purpose of Disbursement
Non-Federal Campaign Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2012

Transaction ID : SB29.9772

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Michael P. Walters for NC Senate

Mailing Address 1887 Oakton Church Road

City Fairmont State NC Zip Code 28340

Purpose of Disbursement
Non-Federal Campaign Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2012

Transaction ID : SB29.9788

Amount of Each Disbursement this Period

500.00

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

3500.00

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)

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

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

Full Name (Last, First, Middle Initial)

A. Pittenger for Congress

Mailing Address 1515 Mockingbird Lane
Suite 405

City Charlotte State NC Zip Code 28209

Purpose of Disbursement
Non-Federal Campaign Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2012

Transaction ID : SB29.9765

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ralph Hise for NC Senate

Mailing Address P.O. Box 86

City Spruce Pine State NC Zip Code 28777

Purpose of Disbursement
Non-Federal Campaign Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2012

Transaction ID : SB29.9786

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. The Goodwin Committee

Mailing Address P.O. Box 27611

City Raleigh State NC Zip Code 27611

Purpose of Disbursement
Non-Federal Campaign Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2012

Transaction ID : SB29.9794

Amount of Each Disbursement this Period

2000.00

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

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

5000.00

**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)

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

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

Full Name (Last, First, Middle Initial)

A. The Joel Ford Committee

Mailing Address P.O. Box 36391

City Charlotte State NC Zip Code 28236

Purpose of Disbursement
Non-Federal Campaign Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SB29.9790

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00

13500.00