Image# 12940788460 PAGE 1 / 33

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Use Only	
NAME OF TOO COMMITTEE (in full)	YPE OR PRINT \		mple: If typi r the lines.	ng, type	12FE4M5		
CHARLOTTE-MECKLENBUF	RG HOSPITAL A	AUTHORITY/CA	ROLINAS F	IEALTHCAF	RE SYSTEM	EMPLOYEES	FED PAC
ADDRESS (number and street)	ATTENTION: MA	ARY ANN ROUSE					
V	1000 BLYTHE BO	DULEVARD		1 1 1 1	1 1 1 1 1		
Check if different than previously reported. (ACC)	CHARLOTTE				NC	28203-2861	
2. FEC IDENTIFICATION NUM	MBER ▼	CITY		;	STATE A	ZIP C	ODE 🛦
C C00423871		3. IS THIS REPORT	\ \ \	NEW (N) OR	AN (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On.	Mar 20 (M3)		Jun 20 (M6)		20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	,	Apr 20 (M4)	Ш	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
Quarterly Report (Q1 July 15 Quarterly Report (Q2	(c) 12-Day PRE-E	lection	Primary (12F		General		Runoff (12R)
October 15 Quarterly Report (Q3		for the:	Convention	(12C)	Special (12S)	
January 31 Year-End Report (YE		Election on	M M /	D D /	Y	in the	
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-	Election X	General (30	G)	Runoff (3	30R)	Special (30S)
Termination Report (TER)	Порон	Election on	11 /	06	2012	in the State	
5. Covering Period 10	18	2012	through	11	/ D D / 26	2012	
I certify that I have examined this	Report and to the	ne best of my kno	wledge and	belief it is tru	e, correct and	d complete.	
Type or Print Name of Treasurer	Mary Ann Rouse						
Signature of Treasurer Mary A	Ann Rouse		[Electronicall	y Filed]	ate 12	04	2012
NOTE: Submission of false, erroned	ous, or incomplete	information may su	ubject the per	son signing th	nis Report to th	ne penalties of 2	U.S.C. §437g.
Office Use Only						FEC FO	

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

2012 Report Covering the Period: 10 18 2012 26 From: To: 11 **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 233584.13 January 1. 2012 (b) Cash on Hand at 184704.04 Beginning of Reporting Period..... 62173.36 11053.45 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 195757.49 295757.49 6(a) and 6(c) for Column B)..... 18500.00 118500.00 Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 177257.49 177257.49 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	10725.55	53222.36
(i) Itemized (use Schedule A)	10720.00	30222.00
(ii) Unitemized	310.02	8798.08
(iii) TOTAL (add	, 010.02	
Lines 11(a)(i) and (ii)▶	11035.57	62020.44
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	200
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	11035.57	62020.44
Totals to Line 33, page 5) 2. Transfers From Affiliated/Other	11000.01	
Party Committees	0.00	0.00
Tarty Committees	0.00	
B. All Loans Received	0.00	0.00
1. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	47.00	452.02
(Dividends, Interest, etc.)	17.88	152.92
(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
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	11053.45	62173.36
) Total Cadaval Descripts		
). Total Federal Receipts (subtract Line 18(c) from Line 19)	11052 45	62472 24
(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
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calolidai Tour-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) New Federal Obers	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees	F000 00	07500.00
and Other Political Committees	5000.00	37500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures	7	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(100 00100110 1)		
Loan Repayments Made	0.00	0.00
Ē		
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))▶	7	0.00
Other Disbursements	13500.00	81000.00
Other Dispursements	13300.00	7 7
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) III as in II Ob and	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	7 7
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	7	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18500.00	118500.00
Total Fadaral Dishuraan		, , , , , , , , , , , , , , , , , , , ,
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	18500.00	118500.00
Ellio 01/	7,0000.00	

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	11035.57	62020.44
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11035.57	62020.44
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOR LINE	R: F	AGE	6	OF	33	
(check only	y one)					
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	ICARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) John W. Baker		Date of Receipt
Mailing Address 16224 Leeward Lane		1,1 01 2012
City	State Zip Code	Transaction ID : SA11AI.9696
Huntersville	NC 28078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
Carolinas HealthCare System	Healthcare Administrator	
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 458.37	
Full Name (Last, First, Middle Initial) 3. Judy L Booth		Date of Receipt
Mailing Address 11448 Terrill Ridge Dr		11 14 2012
City	State Zip Code	Transaction ID : SA11AI.9668
Davidson	NC 28036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Carolinas HealthCare System	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	7
Primary	250.00	
Full Name (Last, First, Middle Initial) C. Teresa M Bowleg		Date of Receipt
Mailing Address 484 Mulkey Drive		11 01 2012
City	State Zip Code	Transaction ID : SA11AI.9713
Murphy	NC 28906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84 Payroll Deduction \$20.84 monthly
Name of Employer	Occupation	T dyron beddonon \$20.04 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	1
Primary ☐ General Other (specify) ▼	229.24	
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	312.51
TOTAL This Period (last page this line numb	er only)	

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

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Fred T Brown		Date of Receipt
Mailing Address 7427 Saint Clair Drive		11 19 2012
City	State Zip Code	Transaction ID: SA11AI.9684
Charlotte	NC 28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013 Primary X General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Robert F. Carta		Date of Receipt
Mailing Address 4319 Wordsworth Lane		11 08 2012
City	State Zip Code NC 28211	Transaction ID : SA11AI.9676
Charlotte EEC ID number of contributing	2021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Carolinas HealthCare System Receipt For: 2012	ADMIN	
Receipt For: 2013 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Vincent P Casingal		Date of Receipt
Mailing Address 7112 Graybeard Court		11 01 2012
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.9726
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer	Occupation	Payroll Deduction \$25 monthly
CarolinasHealthCareSystem	PHYS	
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary X General Other (specify) ▼	275.00	
SUBTOTAL of Receipts This Page (optional)		775.00
TOTAL This Period (last page this line numbe	<u> </u>	

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

FOR L	PAGE		8	OF	33			
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Peter M Cassidy		Date of Receipt
Mailing Address 9905 Grassy Crops Road		11 01 2012
City	State Zip Code	Transaction ID : SA11AI.9738
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary	229.24	
Full Name (Last, First, Middle Initial) Mr. Paul G Colavita		Date of Receipt
Mailing Address 2501 Sedley Road		1.1 01 2012
City	State Zip Code	Transaction ID : SA11AI.9704
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.84
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	
Full Name (Last, First, Middle Initial) C. David L Dunlap		Date of Receipt
Mailing Address 54 Picard Way		11 21 2012
City	State Zip Code	Transaction ID : SA11AI.9677
Charleston	SC 29412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Carolinas HealthCare System	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
Primary	1000.00	
SUBTOTAL of Receipts This Page (optional)		1041.68
TOTAL This Period (last page this line number	only)	

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

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

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) David Ellerbe Date of Receipt Mailing Address 2331 Coley View Court 01 2012 City Zip Code State Transaction ID: SA11AI.9703 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 229.24 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Marsha D Ford Date of Receipt Mailing Address 6836 Alexander Road 11 01 2012 City State Zip Code Transaction ID: SA11AI.9723 Charlotte NC 28270 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Payroll Deduction \$100 monthly Name of Employer Occupation CarolinasHealthCareSystem **PHYS** Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Paul S Franz Date of Receipt Mailing Address 1320 Fillmore Avenue #413 M M / 11 01 2012 City Zip Code State Transaction ID: SA11AI.9690 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing 416.67 С federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary X General Other (specify) 4583.37 537.51 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Steven A Gilgen		Date of Receipt
Mailing Address 161 Jarrett Road		11 01 2012
City Hayesville	State Zip Code NC 28904	Transaction ID : SA11AI.9695
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
Receipt For: 2012 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar Mailing Address 4625 Cotton Creek Drive	•	Date of Receipt 11 01 2012
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.9712 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4583.37	
Full Name (Last, First, Middle Initial) Mr. Clark E Goodwin		Date of Receipt
Mailing Address 6028 Alexa Road		11 01 2012
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.9721 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer CarolinasHealthCareSystem Receipt For: 2012 Primary X General	Occupation ADMIN Aggregate Year-to-Date ▼	Payroll Deduction \$20.84 monthly
Other (specify) ▼	229.24	
SUBTOTAL of Receipts This Page (optional)	>	458.35
TOTAL This Period (last page this line number	er only)	

	FOR LINE NUMBER:	PAGE	11 OF	33
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	PITAL AUTHORITY/CAROLINAS HEALTH	
Full Name (Last, First, Middle Initial) A. Kathleen Grew		Date of Receipt
Mailing Address 8603 Excalibur Way		11 01 2012
City	State Zip Code	Transaction ID : SA11AI.9732
Huntersville	NC 28078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly
Carolinas HealthCare System	VP	1
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	
Full Name (Last, First, Middle Initial) Ms. Janet D Handy Mailing Address 8044 Silver Jade Lane		Date of Receipt
		11 01 2012
City	State Zip Code	Transaction ID : SA11AI.9728
Denver	NC 28037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 458.37	
Full Name (Last, First, Middle Initial) Matthew L. Hanley		Date of Receipt
Mailing Address 721 Gov Morrison Dr #458		11 20 2012
City Charlotte	State Zip Code NC 28211	Transaction ID : SA11AI.9682 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Carolinas HealthCare System	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	312.51
TOTAL This Period (last page this line number	<u>·</u>	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Henry C Hawthorne		Date of Receipt
Mailing Address 1310 James B White Hwy N	N	M - M / D - D / Y - Y - Y - Y - Y - 11 01 2012
City Whiteville	State Zip Code NC 28472	Transaction ID : SA11AI.9689 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 916.74	
Full Name (Last, First, Middle Initial) Mr. Christopher R Hummer		Date of Receipt
Mailing Address 215 Hillside Avenue	State 7in Code	11 01 / 2012
City Charlotte	State Zip Code NC 28209	Transaction ID : SA11AI.9700 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$25 monthly
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) James C Hunter		Date of Receipt
Mailing Address 1506 Providence Drive		11 01 2012
City Charlotte	State Zip Code NC 28211	Transaction ID : SA11AI.9693 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 1833.37	
SUBTOTAL of Receipts This Page (optional).		275.01
TOTAL This Period (last page this line number	er only)	

	FOR LINE NUMBER: PAGE 13 OF	
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c 12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. W. Christopher Johnson Mailing Address 445 Forest Hill Circle City Rutherfordton FEC ID number of contributing	State Zip Code NC 28139	Date of Receipt 11 01 2012 Transaction ID: SA11AI.9711 Amount of Each Receipt this Period
Receipt For: 2012 Primary Other (specify) Rederal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2012 Other (specify) Other (specify) ■	Occupation ADMIN Aggregate Year-to-Date ▼ 458.37	Payroll Deduction \$41.67 monthly
Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney Mailing Address 2316 Vail Avenue		Date of Receipt 11 01 2012
City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28207	Transaction ID : SA11AI.9702 Amount of Each Receipt this Period 20.84
Name of Employer CarolinasHealthCareSystem Receipt For: 2012	Occupation ADMIN	Payroll Deduction \$20.84 monthly
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 229.24	
Full Name (Last, First, Middle Initial) Ms. Catherine S Kneisl Mailing Address 2223 Forest Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte FEC ID number of contributing	State Zip Code NC 28211	Transaction ID : SA11AI.9701 Amount of Each Receipt this Period 20.84
federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2012 ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation ADMIN Aggregate Year-to-Date ▼ 229.24	Payroll Deduction \$20.84 monthly
SUBTOTAL of Receipts This Page (optional)	>	83.35
TOTAL This Period (last page this line number	r only)	

NAME OF COMMITTEE (In Full)

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) for each category of the Detailed Summary Page

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

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. John J Knox Date of Receipt Mailing Address 6530 Boykin Spaniel Road 01 2012 City Zip Code State Transaction ID: SA11AI.9722 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 458.37 Other (specify) Full Name (Last, First, Middle Initial) B. Brent R Lambert Date of Receipt Mailing Address 8401 Getalong Rd 11 01 2012 City State Zip Code Transaction ID: SA11AI.9731 NC Charlotte 28213 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 916.74 Other (specify) Full Name (Last, First, Middle Initial) c. Robert G Larrison Date of Receipt Mailing Address 1008 Biggers Farm Ct M M / 11 15 2012 City Zip Code State Transaction ID: SA11AI.9667 NC Indian Trail 28079 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee.

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250.00

Occupation **ADMIN**

Aggregate Year-to-Date ▼

Name of Employer

Receipt For: 2013

Primary

Carolinas HealthCare System

Other (specify)

X General

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Frank S Letherby Date of Receipt Mailing Address 5234 Lancelot Drive 01 2012 11 City Zip Code State Transaction ID: SA11AI.9714 NC Charlotte 28270 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 458.37 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. W. Spencer Lilly Date of Receipt Mailing Address 9306 Copans Glen Lane 11 01 2012 City State Zip Code Transaction ID: SA11AI.9734 NC Huntersville 28078 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 916.74 Other (specify) Full Name (Last, First, Middle Initial) **c.** Toni G Lovingood Date of Receipt Mailing Address 406 Long Branch Road M M / 11 01 2012 City State Zip Code Transaction ID: SA11AI.9710 NC Marble 28905 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary X General Other (specify) 229.24 145.85 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page	X	11a		11b		11c		12	
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Frieda M Lowder Date of Receipt Mailing Address PO Box 5685 01 2012 11 City Zip Code State Transaction ID: SA11AI.9740 NC Concord 28027 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 458.37 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Magraw Date of Receipt Mailing Address 3238 Tatting Road 11 2012 14 City State Zip Code Transaction ID: SA11AI.9673 Matthews NC 28105 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Carolinas Healthcare System Vice President, MMG Receipt For: 2013 Aggregate Year-to-Date ▼ Primary ✓ General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Zahide Marenic Date of Receipt Mailing Address 6852 Phillips Place Ct #6852 M M / 11 05 2012 City Zip Code State Transaction ID: SA11AI.9680 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2013 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.00 541.67 SUBTOTAL of Receipts This Page (optional).....

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

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. James T McDeavitt Date of Receipt Mailing Address 826 Berkeley Avenue 01 2012 11 City Zip Code State Transaction ID: SA11AI.9730 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing C 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 1833.37 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Russell W Moore Date of Receipt Mailing Address 8825 Camberly Rd Apt H 11 01 2012 City State Zip Code Transaction ID: SA11AI.9733 NC Huntersville 28078 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 229.24 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. F Del Murphy Date of Receipt Mailing Address 2824 Winding Oak Drive M M / 11 01 2012 City Zip Code State Transaction ID: SA11AI.9707 NC Charlotte 28270 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Payroll Deduction \$20.84 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary X General Other (specify) 229.24 208.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

	MITTEE (In Full) -MECKLENBURG HOSPI	TAL AUTHORITY/CAROLINAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Mr. James C	, First, Middle Initial) Olsen 5900 Summerston Place		Date of Receipt
City	5900 Summerston Place	State Zip Code	11 01 2012 Transaction ID : SA11AI.9718
Charlotte FEC ID number	of contributing	NC 28277	Amount of Each Receipt this Period
federal political of Name of Employ		Occupation	Payroll Deduction \$125 monthly
CarolinasHealth(CareSystem	ADMIN	
Receipt For: 20 Primary Other (spe	✓ General	Aggregate Year-to-Date ▼ 1375.00	
Full Name (Last B. Benjamin Ba	, First, Middle Initial) anks Peeler		Date of Receipt
Mailing Address	800 Hungerford Place		11 01 2012
City Charlotte		State Zip Code NC 28207	Transaction ID : SA11AI.9727 Amount of Each Receipt this Period
FEC ID number federal political	ũ .	C	20.84
Name of Employ CarolinasHealth0		Occupation PHYS	Payroll Deduction \$20.84 monthly
Receipt For: 20 Primary Other (spe	✓ General	Aggregate Year-to-Date ▼ 229.24	
Full Name (Last C. Mr. Dennis	, First, Middle Initial) Phillips		Date of Receipt
Mailing Address	4310 4th Street Circle NW		11 18 2012
City Hickory		State Zip Code NC 28601-9021	Transaction ID : SA11AI.9674 Amount of Each Receipt this Period
FEC ID number federal political	3	C	1000.00
Name of Employ Carolinas Health		Occupation ADMIN	
Receipt For: 20 Primary Other (spe	✓ General	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Re	ceipts This Page (optional)		1145.84
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont Date of Receipt Mailing Address 2028 Hopedale Avenue 01 2012 11 City Zip Code State Transaction ID: SA11AI.9699 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Payroll Deduction \$400 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 4400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Debra Plousha Moore Date of Receipt Mailing Address 6935 Conservatory Lane 11 01 2012 City State Zip Code Transaction ID: SA11AI.9725 Charlotte NC 28210 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation Carolinas HealthCare System ADMIN Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 916.74 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas J Pulliam Date of Receipt Mailing Address 1105 Fawnbrook Road M M / 11 01 2012 City Zip Code State Transaction ID: SA11AI.9687 NC Lewisville 27023 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Payroll Deduction \$300 monthly Name of Employer Occupation PHYS CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary X General Other (specify) 3300.00 783.34 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Derek Raghavan Date of Receipt Mailing Address 9440 Heydon Hall Circle 01 2012 City Zip Code State Transaction ID: SA11AI.9735 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing C 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 1833.37 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Roger A Ray Date of Receipt Mailing Address 11029 Lederer Ave 11 01 2012 City State Zip Code Transaction ID: SA11AI.9686 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 166.67 federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 1833.37 Other (specify) Full Name (Last, First, Middle Initial) c. Lawrence W Raymond Date of Receipt Mailing Address 5740 Ballinard Lane M M / 11 01 2012 City Zip Code State Transaction ID: SA11AI.9716 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee. Payroll Deduction \$70 monthly Name of Employer Occupation PHYS Carolinas HealthCare System Receipt For: 2012 Aggregate Year-to-Date ▼ Primary X General Other (specify) 770.00 403.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Michael L Rose Mailing Address 6901 Foxglove Drive		Date of Receipt
City	State Zip Code	11 01 2012 Transaction ID : SA11AI 9724
Charlotte	NC 28226	Transaction ID : SA11AI.9724 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	133.34
Name of Employer	Occupation	Payroll Deduction \$133.34 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 1066.72	
Full Name (Last, First, Middle Initial) 3. Douglas C Roush		Date of Receipt
Mailing Address 2710 Normandy Road		1,1 01 _2012 _
City	State Zip Code	Transaction ID : SA11AI.9705
Charlotte	NC 28209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 229.24	
Full Name (Last, First, Middle Initial) • Pamela M Rowell		Date of Receipt
Mailing Address 9702 Heritage Lane		11 01 _ 2012 _
City Indian Trail	State Zip Code NC 28079	Transaction ID : SA11AI.9737 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary	458.37	
SUBTOTAL of Receipts This Page (optional)	>	195.85
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Michael Ruhlen Date of Receipt Mailing Address 7216 Graybeard Court 07 2012 11 City Zip Code State Transaction ID: SA11AI.9683 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation VP/CMO CMC -Mercy & CMC - Pine Carolinas Healthcare System Receipt For: 2013 Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth A Shull Date of Receipt Mailing Address 60 Greenstoke Loop 11 01 2012 City State Zip Code Transaction ID: SA11AI.9719 NC Tryon 28782 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Payroll Deduction \$41.67 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 458.37 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Ronald M Smidt Date of Receipt Mailing Address P O Box 901 M = M 11 01 2012 City Zip Code State Transaction ID: SA11AI.9739 NC Troutman 28166 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Payroll Deduction \$30 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary X General Other (specify) 330.00 321.67 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

	1 1 7		
\rangle	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI	TAL AUTHORITY/CAROLINAS HEALTHC	ARE SYSTEM EMPLOYEES FED PAC
١.	Full Name (Last, First, Middle Initial) Keith A Smith		Date of Receipt
	Mailing Address 2122 Dilworth Road West		11 15 2012
	City Charlotte	State Zip Code NC 28203	Transaction ID : SA11AI.9671 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1200.00
	Name of Employer	Occupation	
	Carolinas HealthCare System Receipt For: 2013	Attorney	
	Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
3.	Full Name (Last, First, Middle Initial) James Michael Stevenson		Date of Receipt
	Mailing Address 1711 Mission Road		11 01 2012
	City Murphy	State Zip Code NC 28906	Transaction ID : SA11AI.9697 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
	Receipt For: 2012 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	
).	Full Name (Last, First, Middle Initial) Mr. Jody Jay Stock		Date of Receipt
	Mailing Address 3466 Blue Jay Pass		11 01 2012
	City Fort Mill	State Zip Code SC 29708	Transaction ID : SA11AI.9709 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	20.84
	Name of Employer	Occupation	Payroll Deduction \$20.84 monthly
	CarolinasHealthCareSystem Receipt For: 2012	ADMIN	
	Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	
s	UBTOTAL of Receipts This Page (optional)		1304.18
T	OTAL This Period (last page this line number of	only)	

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

or for commercial purposes, other than using t	he name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Daniel W Sweat		Date of Receipt
Mailing Address 133 Twin Lake Drive		1,1 01 2012
City	State Zip Code	Transaction ID : SA11AI.9691
Shelby	NC 28152	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Payroll Deduction \$100 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary	1100.00	
Full Name (Last, First, Middle Initial) 3. Mr. Michael C Tarwater	1	Date of Receipt
Mailing Address 1414 Biltmore Drive		M M / D D / Y Y Y Y
		11 01 2012
City	State Zip Code	Transaction ID : SA11AI.9692
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	416.67
Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	4583.37	
Full Name (Last, First, Middle Initial) Mr. David Thomas		Date of Receipt
Mailing Address 1609 Penderlea Lane		11 01 2012
City	State Zip Code	Transaction ID : SA11AI.9694
Matthews	NC 28105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary General	200.24	
Other (specify) ▼	229.24	
SUBTOTAL of Receipts This Page (optional).	····	537.51
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or for commercial purposes, other than using the	te name and address of any political committee to	o sonon communions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)		
Mr. Dennie R Underwood		Date of Receipt
Mailing Address 18324 Turnberry Court		M = M / D = D / Y = Y = Y
0"		11 01 2012
City	State Zip Code NC 28036	Transaction ID : SA11AI.9698
Davidson	NC 28036	Amount of Each Receipt this Period
FEC ID number of contributing	С	41.67
federal political committee.	0	
Name of Employer	Occupation	Payroll Deduction \$41.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	-
Primary General	Aggregate rear-to-Date ▼	
Other (specify)	458.37	
·		
Full Name (Last, First, Middle Initial)	1	
3. Ms. Martha J Whitecotton		Date of Receipt
Mailing Address 9526 Greyson Ridge Drive		M M / D D / Y Y Y Y
		11 01 2012
City	State Zip Code	Transaction ID : SA11AI.9736
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	42.00
Name of Employer	Occupation	Payroll Deduction \$42 monthly
CarolinasHealthCareSystem	· ·	
•	ADMIN	-
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary	462.00	
United (Specify) ▼	7 702.00	
Full Name (Last, First, Middle Initial) C. Mary Ann Wilcox	1	Date of Receipt
Mailing Address 2719 Phillips Gate Drive		M = M / D = D / Y = Y = Y
· 		11 01 2012
City	State Zip Code	Transaction ID : SA11AI.9706
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing		111.12
federal political committee.	C	111.12
Name of Employer	Occupation	Payroll Deduction \$111.12 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	888.96	
	1	
SUBTOTAL of Receipts This Page (optional)		194.79

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

/		
Full Name (Last, First, Middle Stephen Wilhoit	Date of Receipt	
Mailing Address 5933 Deveror City	State Zip Code	11 05 2012 Transaction ID : SA11Al.9678
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Carolinas HealthCare System	Occupation Healthcare Executive	
Receipt For: 2013 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Ms. Phyllis Anne Winga	ate	Date of Receipt
Mailing Address 6005 Willowoo	od Road State Zip Code	11 01 2012
Kannapolis	NC 28081	Transaction ID : SA11AI.9720 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	222.23
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$222.23 monthly
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1777.84	
Full Name (Last, First, Middle Mr. John E Young	Initial)	Date of Receipt
Mailing Address 809 E. King S		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Kings Mountain	State Zip Code NC 28086	Transaction ID : SA11AI.9729
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	Payroll Deduction \$50 monthly
CarolinasHealthCareSystem	ADMIN	_
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Pa	ge (optional)	772.23
TOTAL This Period (last page th	nis line number only)	10725.55

TEMIZED DISBURSEMENTS Sus esparate schedule(s) for each category of the part and statements may not be sold or used by any person for the purpose of soliciting committee to solicit contributions from such Reports and Statements may not be sold or used by any person for the purpose of soliciting committee to solicit contributions from such committees.	SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 27 OF 33
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 P Full Name (Last, First, Middle Initial) A Hudson for Congress Mailing Address P.O. Box 5053 City State Zip Code NC 28027 Transaction ID : \$823,9746 Amount of Each Disbursement this Peric Category/ Type Other (specify) ▼ State: NC District: 08 Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Peric Category/ Type Office Sought: House Senate President Other (specify) ▼ Date of Disbursement this Peric Category/ Type Office Sought: House Disbursement For: 2014 State: District: 08 Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Type Office Sought: House President Other (specify) ▼ Date of Disbursement this Peric Category/ Type Office Sought: House President Other (specify) ▼ Amount of Each Disbursement this Peric Category/ Type Office Sought: House President Other (specify) ▼ Amount of Each Disbursement this Peric Category/ Type Office Sought: House President Other (specify) ▼ Amount of Each Disbursement this Peric Category/ Type Office Sought: House President Other (specify) ▼ Amount of Each Disbursement this Peric Category/ Type Office Sought: House President Other (specify) ▼	TEMIZED DISBURSEMENTS		(check only 21b	one) 22 X 23 24 25 26
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED P Full Name (Last, First, Middle Initial) A Hudson for Congress Mailing Address P.O. Box 5053 City State Zip Code Concord NC 28027 Purpose of Disbursement Campaign Contribution Candidate Name Richard L Hudson Jr. Office Sought: House President State: NC District: 08 Full Name (Last, First, Middle Initial) 3. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State: District: 08 Full Name (Last, First, Middle Initial) State: District: President State: District: District: Other (specify) ▼ Date of Disbursement this Pericular Primary General Other (specify) ▼ Date of Disbursement this Pericular Primary General Other (specify) ▼ Date of Disbursement this Pericular Primary General Other (specify) ▼ Amount of Each Disbursement this Pericular Primary General Other (specify) ▼ Amount of Each Disbursement this Pericular Primary General Other (specify) ▼ Amount of Each Disbursement this Pericular Primary General Other (specify) ▼ Amount of Each Disbursement this Pericular Primary General Other (specify) ▼ Amount of Each Disbursement this Pericular Primary General Other (specify) ▼ Office Sought: House Primary General Other (specify) ▼ Office Sought: House Primary General Other (specify) ▼				
Mailing Address P.O. Box 5053 City State Zip Code Oncoron NC 28027 Purpose of Disbursement Campaign Contribution Candidate Name Primary General Primary General State: Disbursement For: Disbursement Tother (specify) ▼ Mailing Address City State Zip Code Oncoron Onc	NAME OF COMMITTEE (In Full)			
City State Zip Code Concord NC 28027 Purpose of Disbursement Candidate Name City State Zip Code Richard L Hudson Jr. Office Sought: House Senate President State: Disbursement Candidate Name Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement this Peric Senate Primary General Other (specify) ▼ Date of Disbursement Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Disbursement Candidate Name Category/ Type Office Sought: House Primary General President Disbursement this Peric Category/ Type Office Sought: Primary General President Disbursement this Peric				
Mailing Address P.O. Box 5053	Hudson for Congress			
Concord Purpose of Disbursement Campaign Contribution Candidate Name Richard L Hudson Jr. Office Sought: Senate President State: NC District: 08 Full Name (Last, First, Middle Initial) Mailing Address City State Disbursement For: Senate President State: District: Candidate Name Other (specify) Other (specify) Date of Disbursement this Peric Category/ Type Date of Disbursement Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Peric Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Peric Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Date of Disbursement Candidate Name Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Other (specify) ▼ Amount of Each Disbursement this Peric Category/ Type Office Sought: Other (specify) ▼ Amount of Each Disbursement this Peric Category/ Type Office Sought: Other (specify) ▼ Other (specify) ▼	Mailing Address P.O. Box 5053			11 15 2012
Purpose of Disbursement Campaign Contribution Candidate Name Richard L Hudson Jr. Office Sought:	-			Transaction ID : SB23.9746
Candidate Name Richard L Hudson Jr. Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Date of Disbursement Amount of Each Disbursement this Peric Senate Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement this Peric Category/ Type Office Sought: District: Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Disbursement For: General Other (specify) ▼ Date of Disbursement this Peric Category/ Type Office Sought: Date of Disbursement Category/ Type Amount of Each Disbursement Amount of Each Disbursement Category/ Type Office Sought: Date of Disbursement Category/ Type Office Sought: Primary General Other (specify) ▼ Office Sought: Date of Disbursement this Peric Category/ Type Office Sought: Primary General Other (specify) ▼ Office Sought: Date of Disbursement this Peric Category/ Type	Purpose of Disbursement	NC 28021	in'	
Richard L Hudson Jr. Office Sought:				Amount of Each Disbursement this Period
Senate President State: NC District: 08 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Other (specify) Amount of Each Disbursement this Pericular State: District: Full Name (Last, First, Middle Initial) The senate President Other (specify) Mailing Address City State Zip Code Purpose of Disbursement For: Primary General Other (specify) Table of Disbursement this Pericular State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: Primary General Other (specify) O	Richard L Hudson Jr.			5000.00
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Category/ Type Other (specify) Amount of Each Disbursement this Peric Date of Disbursement Amount of Each Disbursement this Peric Category/ Type Office Sought: House Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Office Sought: House Senate Primary General Office Sought: House Other (specify) Office Sought: House Other (specify) Office Sought: House Other (specify) Office Sought: President Other (specify) Office Sought: Pre	Senate President	Primary General		
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Category/ Type Date of Disbursement this Peric Amount of Each Disbursement this Peric Category/ Type Category/ Type Office Sought: House Category/ Type Office Sought: House Disbursement For: Senate Primary General Category/ Type Office Sought: House Other (specify) General Office Sought: House Other (specify) Office Sought: Hous				
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/ Type Total Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Category/ Type Office Sought: House Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: House Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: Primary General Other (specify) ▼	3.			
Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Other (specify) ▼ Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼	Mailing Address			M M / D D / Y Y Y Y
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement this Peric Category/ Type Amount of Each Disbursement this Peric Category/ Type Amount of Each Disbursement this Peric Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	City	State Zip Code		
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Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Office Sought: Primary General Other (specify) Other (speci	Candidate Name			A STATE OF THE STA
Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) President Other (specify) Date of Disbursement Amount of Each Disbursement this Period Category/ Type	Senate President	Primary General		
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼				Date of Disbursement
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary Other (specify) Other (specify)	Mailing Address			M M / D D / Y Y Y Y
Candidate Name Category/ Type Office Sought: House Senate Primary Other (specify) Other (specify) Amount of Each Disbursement this Period General Other (specify) Amount of Each Disbursement this Period Other (specify)	City	State Zip Code		
Candidate Name Category/ Type Office Sought: House Senate Primary Other (specify) Other (specify) Other (specify)	Purpose of Disbursement			
Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼	Candidate Name		Category/	Amount of Each Disbursement this Period
	Senate President	Primary General	71	
SURTOTAL of Disbursoments This Page (entional)				5000.00
SUBTOTAL of Disbursements This Page (optional)	JOBIOTAL OF DISDUISEMENTS THIS Page (optional)		<u> </u>	

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SCHEDULE B (FEC Form 3X)		FOD / INIT	NUMBER: PAGE 28 OF 33	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)			
II LIVIIZED DISDUNSENIEN IS	for each category of the	21b	22 23 24 25 26	
	Detailed Summary Page	27	28a 28b 28c X 29 30b	
Any information copied from such Reports and Stater	ments may not be sold or use	ed by any perso	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full)				
$ \; angle$ CHARLOTTE-MECKLENBURG HOSPITAL	AUTHORITY/CAROLINA	AS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC	
/				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Bumgardner for NC House	umgardner for NC House			
Mailing Address P.O. Box 55072			11 15 2012	
			10 2012	
City	State Zip Code		Transaction ID : CD20 0764	
Gastonia	NC 28055		Transaction ID : SB29.9761	
Purpose of Disbursement Non-Federal Campaign Contribution	T	011	Amount of Fools Dishursons and this David	
Candidate Name		011	Amount of Each Disbursement this Period	
Candidate Ivanie		Category/ Type	500.00	
Office Sought: House Disburser	ment For: 2014	rype		
Senate Seaghti	Primary General			
President	Other (specify) ▼			
State: District:	<u> </u>			
Full Name (Last, First, Middle Initial)				
B. Chris Whitmire for NC House			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address 136 Whitmire Farms Drive			11 15 2012	
City	State Zip Code			
Brevard	NC 28712		Transaction ID : SB29.9763	
Purpose of Disbursement				
Non-Federal Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	500.00	
000		Type	300.00	
	ment For: 2014			
Senate President	Primary General Other (specify) ▼			
State: District:	onioi (opooliy) ▼			
Full Name (Last, First, Middle Initial)				
C. Committee to Elect Don East for N	C Senate		Date of Disbursement	
			M M / D D / Y Y Y	
Mailing Address 971 Longhill Road	-		11 15 2012	
011				
City Pilot Mountain	State Zip Code NC 27401		Transaction ID : SB29.9780	
Purpose of Disbursement	2/401			
Non-Federal Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type	500.00	
	ment For: 2014			
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
CURTOTAL of Distance and Till D. ()			1500.00	
SUBTOTAL of Disbursements This Page (optional)			1000.00	

	CHEDULE B (FEC Form 3X)	Lleo congrete cohodule(s)	FOR LINE I	
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam			on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL	AUTHORITY/CAROLIN	NAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
_	Full Name (Last, First, Middle Initial)			
Α.				Date of Disbursement
	Mailing Address P.O. Box 723			11 15 2012
	Mineral Springs	State Zip Code NC 28108		Transaction ID : SB29.9775
	Purpose of Disbursement Non-Federal Campaign Contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	500.00
	Senate President	nent For: 2014 Primary General Other (specify)		
_	State: District:			
В.	Full Name (Last, First, Middle Initial) Committee to Elect Michele Presne	ell		Date of Disbursement
	Mailing Address 316 Woodstock Drive			11 15 2012
	Burnsville	State Zip Code NC 28714		Transaction ID : SB29.9770
	Purpose of Disbursement Non-Federal Campaign Contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	500.00
	Senate	nent For: 2014 Primary General Other (specify)		
- -	Full Name (Last, First, Middle Initial) David Curtis Campaign			Date of Disbursement
	Mailing Address P.O. Box 278			11 15 / Y Y Y Y Y
	,	State Zip Code NC 28037		Transaction ID : SB29.9785
	Purpose of Disbursement Non-Federal Campaign Contribution			Amount of Each Disbursement this Period
	Candidate Name		011 Category/ Type	500.00
	Senate	nent For: 2014 Primary General Other (specify)	71.	
	District.			
H	COTAL This Period (last page this line number only).			1500.00

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 30 OF 33	
ITEMIZED DISBURSEMENTS	Use separate schedule(s			
	for each category of the Detailed Summary Page	21b	22 23 24 25 26	
		27	28a 28b 28c 🔀 29 30k	
Any information copied from such Reports and				
or for commercial purposes, other than using the	e name and address of any polit	ical committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)			24 DE 000TEM EMBLOVEEO EED DA 0	
CHARLOTTE-MECKLENBURG HOSF	PITAL AUTHORITY/CAROLI	NAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC	
Full Name (Last, First, Middle Initial)		I		
A. Friends of Joe Sam Queen			Date of Disbursement	
Therias of ooc Sam Queen			M M / D D / Y Y Y Y	
Mailing Address 71 Pigeon Street			11 15 2012	
City Waynesville	State Zip Code NC 28786		Transaction ID : SB29.9779	
Purpose of Disbursement	NC 20/00			
Non-Federal Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type	500.00	
Office Sought: House Dis	oursement For: 2014			
Senate	Y Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
B. Friends of Rob Bryan				
Mailing Address 3517 Broadfield Road		11 15	11 15 2012	
Walking Calance Co 17 Broading Noda				
City	State Zip Code		Transaction ID : SB29.9768	
Charlotte Purpose of Disbursement	NC 28226			
Non-Federal Campaign Contribution		011	Amount of Each Disbursement this Period	
Candidate Name			Amount of Each Blood Schieft this Feriod	
		Category/ Type	500.00	
Office Sought: House Disl	oursement For: 2014	71		
Senate	Y Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Data of Dishara and	
C. Gene McLaurin for NC Senate			Date of Disbursement	
Mailing Address 905 Fayetteville Road			11 15 2012	
maining radiose 500 rayelleville road				
City	State Zip Code		Transaction ID : SB29.9792	
Rockingham	NC 28379		Transaction ib . 3D23.3732	
Purpose of Disbursement Non-Federal Campaign Contribution		044		
Candidate Name		011	Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	500.00	
Office Sought: House Disl	oursement For: 2014	Туро		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (option	onal)	·····	1500.00	
TOTAL This Period (last page this line number	only)			

SC	CHEDULE B (FEC Form 3X)			FOR LINE N	NUMBER: PAGE 31 OF 3
ITI	EMIZED DISBURSEMENTS	Use separate s for each categ		(check only	one)
		Detailed Sumn		21b 27	22 23 24 25 2 28a 28b 28c X 29 3
An	y information copied from such Reports and Statem	ents may not be	sold or use	d by any persor	
or	for commercial purposes, other than using the name	e and address o	of any politica	I committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL	AUTHORITY/	CAROLINA	S HEALTHC	ARE SYSTEM EMPLOYEES FED PA
_	Full Name (Last, First, Middle Initial)				
Α.	Ken Waddell for North Carolina Ho	use			Date of Disbursement
	Mailing Address 9247 Silver Spoon Road				11 15 2012
	,		Code		Transaction ID : SB29.9777
	Clarkton Purpose of Disbursement	NC 284	133		
	Non-Federal Campaign Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	500.00
	Office Sought: House Disbursen	ent For: 2014		Туре	300.00
	Senate	Primary Other (specify)	General ▼		
	State: District:				
Ь	Full Name (Last, First, Middle Initial)				Date of Bishows and
В.	Meadows for Congress				Date of Disbursement
	Mailing Address P.O. Box 811				11 15 2012
	Highlands	tate Zip NC 287	Code 741		Transaction ID : SB29.9772
	Purpose of Disbursement Non-Federal Campaign Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	2500.00
	Senate	Primary Other (specify)	General ▼		
	Full Name (Last, First, Middle Initial)				
C.	Michael P. Walters for NC Senate				Date of Disbursement
Mailing Address 1887 Oakton Church Road					11 15 2012
	Fairmont	tate Zip NC 283	Code 340		Transaction ID : SB29.9788
	Purpose of Disbursement Non-Federal Campaign Contribution			011	
	Candidate Name			O11 Category/ Type	Amount of Each Disbursement this Period 500.00
	Office Sought: House Disbursen	ent For: 2014		1,700	
		Primary Other (specify)	General		
	State: District:	- (-	*		
H	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)				3500.00

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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 32 OF 33
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and Stater	ments may not be sold or use		
or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL	_ AUTHORITY/CAROLIN	AS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)		1	
A. Pittenger for Congress			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 1515 Mockingbird Lane			11 15 2012
Suite 405 City	State Zip Code		
Charlotte	NC 28209		Transaction ID: SB29.9765
Purpose of Disbursement Non-Federal Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Office Sought: House Disburser	ment For: 2014	Туре	
Senate	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Ralph Hise for NC Senate			Date of Disbursement
Mailing Address P.O. Box 86			11 15 2012
Spruce Pine	State Zip Code NC 28777		Transaction ID : SB29.9786
Purpose of Disbursement Non-Federal Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	500.00
Senate	nent For: 2014 Primary General		
State: President District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. The Goodwin Committee			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 27611			11 15 2012
City Raleigh	State Zip Code NC 27611		Transaction ID : SB29.9794
Purpose of Disbursement Non-Federal Campaign Contribution			
Candidate Name		O11 Category/ Type	Amount of Each Disbursement this Period 2000.00
Office Sought: House Disburser	ment For: 2014	туре	7
Senate President	Primary General Other (specify) ▼		
State: District:	- · · · · · (- - · · · · · · · · · · · · · · · · ·		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			5000.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 33 OF 33
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:
	for each category of the Detailed Summary Page	21b	22 23 24 25 26
	Dotailog Cultillary 1 age	27	28a 28b 28c X 29 30b
Any information copied from such Reports and States			
or for commercial purposes, other than using the nar	ne and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL	_ AUTHORITY/CAROLIN	IAS HEALTHO	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial)			
A. The Joel Ford Committee			Date of Disbursement
 			M M / D D / Y Y Y Y
Mailing Address P.O. Box 36391			11 15 2012
City	State Zip Code		Transaction ID : SB29.9790
Charlotte	NC 28236		Transaction ID: 3629.9790
Purpose of Disbursement Non-Federal Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	500.00
	ment For: 2014		
Senate President	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
В.			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address			
City	State Zip Code		
	·		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name			Amount of Each dispursement this Period
		Category/ Type	
Office Sought: House Disburser	ment For:	21	
Senate	Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
. a.pece e. 2.osa.eee			Amount of Each Disbursement this Period
Candidate Name		Category/	, unlease of East, Bissarcontent this Forest
		Type	
Office Sought: House Disburser Senate	ment For: Primary General		
President	Other (specify)		
State: District:	- · · (-F)/ •		
SUBTOTAL of Disbursements This Page (optional)		·····•	500.00
			13500.00
TOTAL This Period (last page this line number only))	••••••	13300.00