FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

ADDRESS (number and street) ▼

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

☐ Check if different than previously reported. (ACC)

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

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

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

Election on MM / DD / YYYY in the State of

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

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2016 through 09 / 30 / 2016

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

Type or Print Name of Treasurer Rouse, Mary Ann, , ,

Signature of Treasurer *Rouse, Mary Ann, , ,* ***[Electronically Filed]*** Date 10 / 05 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		179569.37
(b) Cash on Hand at Beginning of Reporting Period	168767.69	
(c) Total Receipts (from Line 19)	19936.79	72135.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	188704.48	251704.48
7. Total Disbursements (from Line 31)	111800.00	174800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	76904.48	76904.48
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

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)	18282.08	56874.17
(ii) Unitemized	1615.96	15141.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	19898.04	72015.42
(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) ▶	19898.04	72015.42
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.)	38.75	119.69
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)) ▶	19936.79	72135.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	19936.79	72135.11

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)

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	31000.00	31000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations)	80800.00	143800.00
30. Federal Election Activity (52 U.S.C. § 30101(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))	111800.00	174800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	111800.00	174800.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)

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)	19898.04	72015.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19898.04	72015.42
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: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Andersen, Susan, R, Dr.,

Mailing Address 1118 Setter Lane

City: Concord | State: NC | Zip Code: 28025

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): PHYS

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14889

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Andersen, Susan, R, Dr.,

Mailing Address 1118 Setter Lane

City: Concord | State: NC | Zip Code: 28025

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): PHYS

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14983

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Andersen, Susan, R, Dr.,

Mailing Address 1118 Setter Lane

City: Concord | State: NC | Zip Code: 28025

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): PHYS

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15236

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ball, Rodney, , ,

Mailing Address 564 Brightleaf Place NW

City: Concord | State: NC | Zip Code: 28027

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15293

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Battista, Robert, , ,

Mailing Address 1008 Sultana Lane

City: Matthews | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15231

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Beckwith, Pamela, M, ,

Mailing Address 1709 Rosebank Lane

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14901

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 208.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Beckwith, Pamela, M, ,

Mailing Address 1709 Rosebank Lane

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

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14995

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Beckwith, Pamela, M, ,

Mailing Address 1709 Rosebank Lane

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

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15248

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bell, Donald, Alexander, ,

Mailing Address 364 N Washington St

City: Rutherfordton | State: NC | Zip Code: 28139

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15276

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 354.17

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bennett, Todd, B., ,

Mailing Address 11570 Crossroads Place

City: Concord | State: NC | Zip Code: 28025

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15237

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Birach, Daniel, J., ,

Mailing Address 355 W MLK Blvd Unit 1807

City: Charlotte | State: NC | Zip Code: 28202

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14928

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Birach, Daniel, J., ,

Mailing Address 355 W MLK Blvd Unit 1807

City: Charlotte | State: NC | Zip Code: 28202

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15022

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 270.83

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Birach, Daniel, J., ,

Mailing Address 355 W MLK Blvd Unit 1807

City: Charlotte | State: NC | Zip Code: 28202

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15275

Amount of Each Receipt this Period: 125.00

[ ] Memo Item

Payroll Deduction $125 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bowleg, Teresa, M, ,

Mailing Address 484 Mulkey Drive

City: Murphy | State: NC | Zip Code: 28906

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15288

Amount of Each Receipt this Period: 20.83

[ ] Memo Item

Payroll Deduction $20.83 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boyce, David, A., ,

Mailing Address 175 Lavender Bloom Loop

City: Mooresville | State: NC | Zip Code: 28115

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15250

Amount of Each Receipt this Period: 20.83

[ ] Memo Item

Payroll Deduction $20.83 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 166.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burr, Stephen, C, Mr.,

Mailing Address 203 Eslynn Road

City: Mount Holly | State: NC | Zip Code: 28120

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14908

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burr, Stephen, C, Mr.,

Mailing Address 203 Eslynn Road

City: Mount Holly | State: NC | Zip Code: 28120

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15002

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burr, Stephen, C, Mr.,

Mailing Address 203 Eslynn Road

City: Mount Holly | State: NC | Zip Code: 28120

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15255

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Butler, Nancy, C., ,

Mailing Address 3821 Kitley Place

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14931

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Butler, Nancy, C., ,

Mailing Address 3821 Kitley Place

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15025

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Butler, Nancy, C., ,

Mailing Address 3821 Kitley Place

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15278

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Casingal, Vincent, P, Dr.,

Mailing Address 7112 Graybeard Court

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

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): PHYS

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15305

Amount of Each Receipt this Period: 20.83

[ ] Memo Item

Payroll Deduction $20.83 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cassidy, Peter, M, ,

Mailing Address 4221 Blalock Avenue

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15282

Amount of Each Receipt this Period: 20.83

[ ] Memo Item

Payroll Deduction $20.83 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Causey, Nancy, Lee, ,

Mailing Address 2672 Arbor Hills Drive

City: Lincolnton | State: NC | Zip Code: 28092

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15266

Amount of Each Receipt this Period: 20.83

[ ] Memo Item

Payroll Deduction $20.83 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chamblee, Jack, F, Mr.,

Mailing Address 3215 Windshire Lane #306

City: Charlotte | State: NC | Zip Code: 28273

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14925

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chamblee, Jack, F, Mr.,

Mailing Address 3215 Windshire Lane #306

City: Charlotte | State: NC | Zip Code: 28273

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15019

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chamblee, Jack, F, Mr.,

Mailing Address 3215 Windshire Lane #306

City: Charlotte | State: NC | Zip Code: 28273

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15272

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Christian, Eugene, P., ,

Mailing Address 8008 Wicklow Hall Drive

City: Matthews | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Physician

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14962

Amount of Each Receipt this Period: 30.00

[ ] Memo Item

Payroll Deduction $30 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Christian, Eugene, P., ,

Mailing Address 8008 Wicklow Hall Drive

City: Matthews | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Physician

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15054

Amount of Each Receipt this Period: 30.00

[ ] Memo Item

Payroll Deduction $30 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Christian, Eugene, P., ,

Mailing Address 8008 Wicklow Hall Drive

City: Matthews | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Physician

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15307

Amount of Each Receipt this Period: 30.00

[ ] Memo Item

Payroll Deduction $30 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Colavita, Paul, G, Mr.,

Mailing Address 2223 Croydon Rd #401

City: Charlotte | State: NC | Zip Code: 28207

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14914

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Colavita, Paul, G, Mr.,

Mailing Address 2223 Croydon Rd #401

City: Charlotte | State: NC | Zip Code: 28207

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15008

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Colavita, Paul, G, Mr.,

Mailing Address 2223 Croydon Rd #401

City: Charlotte | State: NC | Zip Code: 28207

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15261

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cole, Sara, , ,

Mailing Address 6400 Mt. Olive Rd

City: Concord | State: NC | Zip Code: 28025

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016
Transaction ID : SA11AI.14955

Amount of Each Receipt this Period: 41.67

[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cole, Sara, , ,

Mailing Address 6400 Mt. Olive Rd

City: Concord | State: NC | Zip Code: 28025

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016
Transaction ID : SA11AI.15047

Amount of Each Receipt this Period: 41.67

[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cole, Sara, , ,

Mailing Address 6400 Mt. Olive Rd

City: Concord | State: NC | Zip Code: 28025

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016
Transaction ID : SA11AI.15300

Amount of Each Receipt this Period: 41.67

[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cook, Rose, Lyerly, ,

Mailing Address 1329 Wyanoke Avenue

City: Shelby | State: NC | Zip Code: 28152

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15245

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Costanzo, Ronald, M, ,

Mailing Address 222 South Caldwell ST #1501

City: Charlotte | State: NC | Zip Code: 28202

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15260

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
D'Amico, Paul, A, ,

Mailing Address 3006 Stanbury Drive

City: Matthews | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14923

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 166.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
D'Amico, Paul, A, ,

Mailing Address 3006 Stanbury Drive

City: Matthews | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15017

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
D'Amico, Paul, A, ,

Mailing Address 3006 Stanbury Drive

City: Matthews | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15270

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dever, Kathryn, Jeanne, ,

Mailing Address 3277 Richard's Crossing

City: Fort Mill | State: SC | Zip Code: 29708

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15273

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 270.83

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ellerbe, David, M, Mr.,

Mailing Address 2030 Peppercorn Ln

City: Charlotte | State: NC | Zip Code: 28205

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15256

Amount of Each Receipt this Period: 20.83

[ ] Memo Item

Payroll Deduction $20.83 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fabrizius, Michael, P, ,

Mailing Address 18812 River Ford Dr

City: Davidson | State: NC | Zip Code: 28036

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14998

Amount of Each Receipt this Period: 25.00

[ ] Memo Item

Payroll Deduction $25 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fabrizius, Michael, P, ,

Mailing Address 18812 River Ford Dr

City: Davidson | State: NC | Zip Code: 28036

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15251

Amount of Each Receipt this Period: 25.00

[ ] Memo Item

Payroll Deduction $25 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 70.83

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fortune, Michelle, , ,

Mailing Address 105 Willow-Ridge Drive

City: Morganton | State: NC | Zip Code: 28655

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15234

Amount of Each Receipt this Period: 20.83

[ ] Memo Item

Payroll Deduction $20.83 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Franklin, Gwendolynn, F, ,

Mailing Address 33430 Gold Hill Rd East

City: Gold Hill | State: NC | Zip Code: 28071

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15274

Amount of Each Receipt this Period: 20.83

[ ] Memo Item

Payroll Deduction $20.83 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Franz, Paul, S, Mr.,

Mailing Address 1320 Fillmore Avenue #505

City: Charlotte | State: NC | Zip Code: 28203

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 3333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14896

Amount of Each Receipt this Period: 416.67

[ ] Memo Item

Payroll Deduction $416.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 458.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Franz, Paul, S, Mr.,

Mailing Address 1320 Fillmore Avenue #505

City: Charlotte | State: NC | Zip Code: 28203

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14990

Amount of Each Receipt this Period: 416.67

[ ] Memo Item

Payroll Deduction $416.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Franz, Paul, S, Mr.,

Mailing Address 1320 Fillmore Avenue #505

City: Charlotte | State: NC | Zip Code: 28203

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4166.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15243

Amount of Each Receipt this Period: 416.67

[ ] Memo Item

Payroll Deduction $416.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gilgen, Steven, A, ,

Mailing Address 161 Jarrett Road

City: Hayesville | State: NC | Zip Code: 28904

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15247

Amount of Each Receipt this Period: 20.83

[ ] Memo Item

Payroll Deduction $20.83 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 854.17

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goel, Vineet, , ,

Mailing Address 2466 Christenbury Hall Ct NW

City: Concord | State: NC | Zip Code: 28027

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15264

Amount of Each Receipt this Period: 21.00

[ ] Memo Item
Payroll Deduction $21 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gombar, Greg, A, Mr.,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.36

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14939

Amount of Each Receipt this Period: 416.67

[ ] Memo Item
Payroll Deduction $416.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gombar, Greg, A, Mr.,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 3750.03

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15033

Amount of Each Receipt this Period: 416.67

[ ] Memo Item
Payroll Deduction $416.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 854.34

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gombar, Greg, A, Mr.,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4166.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15286

Amount of Each Receipt this Period: 416.67

[ ] Memo Item

Payroll Deduction $416.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodwin, Clark, E, Mr.,

Mailing Address 6028 Alexa Road

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14953

Amount of Each Receipt this Period: 30.00

[ ] Memo Item

Payroll Deduction $30 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodwin, Clark, E, Mr.,

Mailing Address 6028 Alexa Road

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15045

Amount of Each Receipt this Period: 30.00

[ ] Memo Item

Payroll Deduction $30 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 476.67

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodwin, Clark, E, Mr.,

Mailing Address 6028 Alexa Road

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

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15298

Amount of Each Receipt this Period: 30.00

[ ] Memo Item
Payroll Deduction $30 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Grew, Kathleen, , ,

Mailing Address 8603 Excalibur Way

City: Huntersville | State: NC | Zip Code: 28078

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): VP

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15311

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hall, Mary, N, Dr.,

Mailing Address 1040 Queens Road

City: Charlotte | State: NC | Zip Code: 28207

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14886

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 217.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hall, Mary, N, Dr.,

Mailing Address 1040 Queens Road

City: Charlotte | State: NC | Zip Code: 28207

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.03

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.14980

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hall, Mary, N, Dr.,

Mailing Address 1040 Queens Road

City: Charlotte | State: NC | Zip Code: 28207

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.70

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15233

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hanley, Matthew, L., ,

Mailing Address 2640 Beverwyck Road

City: Charlotte | State: NC | Zip Code: 28211

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14918

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 458.34

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hanley, Matthew, L., ,

Mailing Address 2640 Beverwyck Road

City: Charlotte | State: NC | Zip Code: 28211

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15012

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hanley, Matthew, L., ,

Mailing Address 2640 Beverwyck Road

City: Charlotte | State: NC | Zip Code: 28211

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15265

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herman, Andrew, C, Dr.,

Mailing Address 3021 Stanbury Drive

City: Matthews | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): PHYS

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14924

Amount of Each Receipt this Period: 50.00

[ ] Memo Item
Payroll Deduction $50 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herman, Andrew, C, Dr.,

Mailing Address 3021 Stanbury Drive

City: Matthews | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): PHYS

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15018

Amount of Each Receipt this Period: 50.00

[ ] Memo Item
Payroll Deduction $50 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herman, Andrew, C, Dr.,

Mailing Address 3021 Stanbury Drive

City: Matthews | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): PHYS

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15271

Amount of Each Receipt this Period: 50.00

[ ] Memo Item
Payroll Deduction $50 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hummer, Christopher, R, Mr.,

Mailing Address 215 Hillside Avenue

City: Charlotte | State: NC | Zip Code: 28209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14910

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hummer, Christopher, R, Mr.,

Mailing Address 215 Hillside Avenue

City: Charlotte | State: NC | Zip Code: 28209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15004

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hummer, Christopher, R, Mr.,

Mailing Address 215 Hillside Avenue

City: Charlotte | State: NC | Zip Code: 28209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15257

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hunter, James, C, ,

Mailing Address 2701 Rothwood Drive

City: Charlotte | State: NC | Zip Code: 28211

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14921

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 416.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hunter, James, C, ,

Mailing Address 2701 Rothwood Drive

City: Charlotte | State: NC | Zip Code: 28211

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15015

Amount of Each Receipt this Period: 166.67

[ ] Memo Item

Payroll Deduction $166.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hunter, James, C, ,

Mailing Address 2701 Rothwood Drive

City: Charlotte | State: NC | Zip Code: 28211

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15268

Amount of Each Receipt this Period: 166.67

[ ] Memo Item

Payroll Deduction $166.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Joffe, Jon, M, ,

Mailing Address 815 Capington Lane

City: Marvin | State: NC | Zip Code: 28173

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14965

Amount of Each Receipt this Period: 50.00

[ ] Memo Item

Payroll Deduction $50 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 383.34

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Joffe, Jon, M, ,

Mailing Address 815 Capington Lane

City: Marvin | State: NC | Zip Code: 28173

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15057

Amount of Each Receipt this Period: 50.00

[ ] Memo Item
Payroll Deduction $50 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Joffe, Jon, M, ,

Mailing Address 815 Capington Lane

City: Marvin | State: NC | Zip Code: 28173

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15310

Amount of Each Receipt this Period: 50.00

[ ] Memo Item
Payroll Deduction $50 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, W., Christopher, Mr.,

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 (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14938

Amount of Each Receipt this Period: 41.67

[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 141.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, W., Christopher, Mr.,

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 (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15032

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, W., Christopher, Mr.,

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 (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15285

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Scott, Robertson, ,

Mailing Address 9707 Welwyn Lane

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15318

Amount of Each Receipt this Period: 20.83

[ ] Memo Item

Payroll Deduction $20.83 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 104.17

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Stephen, Dennis, ,

Mailing Address 125 Lake Mist Drive

City: Belmont | State: NC | Zip Code: 28012

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15239

Amount of Each Receipt this Period: 20.83

[ ] Memo Item

Payroll Deduction $20.83 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Joy, Saju, D, ,

Mailing Address 1318 Lost Oak Road

City: Charlotte | State: NC | Zip Code: 28270

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): PHYS

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14895

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Joy, Saju, D, ,

Mailing Address 1318 Lost Oak Road

City: Charlotte | State: NC | Zip Code: 28270

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): PHYS

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14989

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 104.17

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Joy, Saju, D, ,

Mailing Address 1318 Lost Oak Road

City: Charlotte | State: NC | Zip Code: 28270

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): PHYS

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15242

Amount of Each Receipt this Period: 41.67

[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kaney, Kathleen, Ann, Ms.,

Mailing Address 2316 Vail Avenue

City: Charlotte | State: NC | Zip Code: 28207

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14916

Amount of Each Receipt this Period: 41.67

[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kaney, Kathleen, Ann, Ms.,

Mailing Address 2316 Vail Avenue

City: Charlotte | State: NC | Zip Code: 28207

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15010

Amount of Each Receipt this Period: 41.67

[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kaney, Kathleen, Ann, Ms.,

Mailing Address 2316 Vail Avenue

City: Charlotte | State: NC | Zip Code: 28207

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15263

Amount of Each Receipt this Period: 41.67

[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Keener, Robert, M, Mr.,

Mailing Address 625 Club Drive

City: Stanley | State: NC | Zip Code: 28164

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15046

Amount of Each Receipt this Period: 25.00

[ ] Memo Item
Payroll Deduction $25 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Keener, Robert, M, Mr.,

Mailing Address 625 Club Drive

City: Stanley | State: NC | Zip Code: 28164

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15299

Amount of Each Receipt this Period: 25.00

[ ] Memo Item
Payroll Deduction $25 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 91.67

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Knox, John, J, Mr.,

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 (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14956

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Knox, John, J, Mr.,

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 (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15048

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Knox, John, J, Mr.,

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 (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15301

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 125.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Korzen, Joyce, , ,

Mailing Address 4416 Simsbury Rd. Apt.N

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15284

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Krepshaw, John, D., ,

Mailing Address 38 Honeysuckle Court

City: lake Wylie | State: SC | Zip Code: 29710

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15277

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Landis, Pamela, D., ,

Mailing Address 1328 Ordermore #6

City: Charlotte | State: NC | Zip Code: 28203

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15244

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawler, Stephen, J., ,

Mailing Address 4810 Ashley Park Ln #1624

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14940

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawler, Stephen, J., ,

Mailing Address 4810 Ashley Park Ln #1624

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15034

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawler, Stephen, J., ,

Mailing Address 4810 Ashley Park Ln #1624

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15287

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Laymon, Thomas, F, ,

Mailing Address 2004 Garden View Lane

City: Weddington | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14906

Amount of Each Receipt this Period: 100.00

[ ] Memo Item
Payroll Deduction $100 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Laymon, Thomas, F, ,

Mailing Address 2004 Garden View Lane

City: Weddington | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15000

Amount of Each Receipt this Period: 100.00

[ ] Memo Item
Payroll Deduction $100 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Laymon, Thomas, F, ,

Mailing Address 2004 Garden View Lane

City: Weddington | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15253

Amount of Each Receipt this Period: 100.00

[ ] Memo Item
Payroll Deduction $100 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lilly, W., Spencer, Mr.,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14968

Amount of Each Receipt this Period: 208.33

[ ] Memo Item

Payroll Deduction $208.33 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lilly, W., Spencer, Mr.,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1874.97

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15060

Amount of Each Receipt this Period: 208.33

[ ] Memo Item

Payroll Deduction $208.33 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lilly, W., Spencer, Mr.,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15313

Amount of Each Receipt this Period: 208.33

[ ] Memo Item

Payroll Deduction $208.33 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 624.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lovin, Carol, A, ,

Mailing Address 7023 Conservatory Lane

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14958

Amount of Each Receipt this Period: 100.00

[ ] Memo Item
Payroll Deduction $100 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lovin, Carol, A, ,

Mailing Address 7023 Conservatory Lane

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15050

Amount of Each Receipt this Period: 100.00

[ ] Memo Item
Payroll Deduction $100 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lovin, Carol, A, ,

Mailing Address 7023 Conservatory Lane

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15303

Amount of Each Receipt this Period: 100.00

[ ] Memo Item
Payroll Deduction $100 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lovingood, Toni, G, ,

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 (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15027

Amount of Each Receipt this Period: 25.00

[ ] Memo Item
Payroll Deduction $25 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lovingood, Toni, G, ,

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 (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15280

Amount of Each Receipt this Period: 25.00

[ ] Memo Item
Payroll Deduction $25 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lutes, Michael, J, ,

Mailing Address 4025 Camrose Crossing

City: Matthews | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14932

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 175.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lutes, Michael, J, ,

Mailing Address 4025 Camrose Crossing

City: Matthews | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15026

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lutes, Michael, J, ,

Mailing Address 4025 Camrose Crossing

City: Matthews | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15279

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marenic, Zahide, , ,

Mailing Address 5811 Old Well House

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

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 336.00

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14948

Amount of Each Receipt this Period: 42.00

[ ] Memo Item
Payroll Deduction $42 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 292.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marenic, Zahide, , ,

Mailing Address 5811 Old Well House

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15041

Amount of Each Receipt this Period: 42.00

[ ] Memo Item
Payroll Deduction $42 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marenic, Zahide, , ,

Mailing Address 5811 Old Well House

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15294

Amount of Each Receipt this Period: 42.00

[ ] Memo Item
Payroll Deduction $42 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martin, Steven, Boyd, ,

Mailing Address 1904 DeArmon Drive

City: Charlotte | State: NC | Zip Code: 28205

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.14999

Amount of Each Receipt this Period: 25.00

[ ] Memo Item
Payroll Deduction $25 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 109.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martin, Steven, Boyd, ,

Mailing Address 1904 DeArmon Drive

City: Charlotte | State: NC | Zip Code: 28205

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15252

Amount of Each Receipt this Period: 25.00

[ ] Memo Item
Payroll Deduction $25 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mikus, Sara, J, ,

Mailing Address 9422 Briarwick Lane

City: Charlotte | State: NC | Zip Code: 28277-1673

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14969

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mikus, Sara, J, ,

Mailing Address 9422 Briarwick Lane

City: Charlotte | State: NC | Zip Code: 28277-1673

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15061

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 275.00

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mikus, Sara, J, ,

Mailing Address 9422 Briarwick Lane

City: Charlotte | State: NC | Zip Code: 28277-1673

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15314

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mullowney, Michael, , ,

Mailing Address 709 Galway Court

City: Matthews | State: NC | Zip Code: 28104

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15304

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Murphy, F, Del, Mr.,

Mailing Address 5205 Belcher Lane

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14944

Amount of Each Receipt this Period: 41.67

[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 187.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Murphy, F, Del, Mr.,

Mailing Address 5205 Belcher Lane

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

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15038

Amount of Each Receipt this Period: 41.67

[ ] Memo Item
Payroll Deduction $41.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Murphy, F, Del, Mr.,

Mailing Address 5205 Belcher Lane

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

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15291

Amount of Each Receipt this Period: 41.67

[ ] Memo Item
Payroll Deduction $41.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nordberg, Tye, Jeffrey, ,

Mailing Address 219 Dellwood Avenue

City: Charlotte | State: NC | Zip Code: 28209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14912

Amount of Each Receipt this Period: 150.00

[ ] Memo Item
Payroll Deduction $150 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 233.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nordberg, Tye, Jeffrey, ,

Mailing Address 219 Dellwood Avenue

City: Charlotte | State: NC | Zip Code: 28209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15006

Amount of Each Receipt this Period: 150.00

[ ] Memo Item
Payroll Deduction $150 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nordberg, Tye, Jeffrey, ,

Mailing Address 219 Dellwood Avenue

City: Charlotte | State: NC | Zip Code: 28209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15259

Amount of Each Receipt this Period: 150.00

[ ] Memo Item
Payroll Deduction $150 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Olsen, James, C, Mr.,

Mailing Address 5900 Summerston Place

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14950

Amount of Each Receipt this Period: 200.00

[ ] Memo Item
Payroll Deduction $200 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Olsen, James, C, Mr.,

Mailing Address 5900 Summerston Place

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

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15043

Amount of Each Receipt this Period: 200.00

[ ] Memo Item

Payroll Deduction $200 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Olsen, James, C, Mr.,

Mailing Address 5900 Summerston Place

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

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15296

Amount of Each Receipt this Period: 200.00

[ ] Memo Item

Payroll Deduction $200 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Phillips, Dennis, , Mr.,

Mailing Address 1252 Dilworth Cres Row

City: Charlotte | State: NC | Zip Code: 28203

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14894

Amount of Each Receipt this Period: 166.67

[ ] Memo Item

Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 566.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Phillips, Dennis, , Mr.,

Mailing Address 1252 Dilworth Cres Row

City: Charlotte | State: NC | Zip Code: 28203

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14988

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Phillips, Dennis, , Mr.,

Mailing Address 1252 Dilworth Cres Row

City: Charlotte | State: NC | Zip Code: 28203

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15241

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plousha Moore, Debra, , ,

Mailing Address 6935 Conservatory Lane

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 2333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14957

Amount of Each Receipt this Period: 291.67

[ ] Memo Item
Payroll Deduction $291.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plousha Moore, Debra, , ,

Mailing Address 6935 Conservatory Lane

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2625.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15049

Amount of Each Receipt this Period: 291.67

[ ] Memo Item

Payroll Deduction $291.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plousha Moore, Debra, , ,

Mailing Address 6935 Conservatory Lane

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2916.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15302

Amount of Each Receipt this Period: 291.67

[ ] Memo Item

Payroll Deduction $291.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raghavan, Derek, , ,

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 (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14970

Amount of Each Receipt this Period: 125.00

[ ] Memo Item

Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 708.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raghavan, Derek, , ,

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 (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15062

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raghavan, Derek, , ,

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 (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15315

Amount of Each Receipt this Period: 125.00

[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raischel, Daniel, D., ,

Mailing Address 5057 Crofton Drive

City: Fort Mill | State: SC | Zip Code: 29715

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15289

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 270.83

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ramsey, James, A, Mr.,

Mailing Address 8028 Water View Drive

City: Belmont | State: NC | Zip Code: 28012

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15308

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ray, Roger, A, Mr.,

Mailing Address 11029 Lederer Ave

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14888

Amount of Each Receipt this Period: 250.00

[ ] Memo Item
Payroll Deduction $250 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ray, Roger, A, Mr.,

Mailing Address 11029 Lederer Ave

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.14982

Amount of Each Receipt this Period: 250.00

[ ] Memo Item
Payroll Deduction $250 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 520.83

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ray, Roger, A, Mr.,

Mailing Address 11029 Lederer Ave

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15235

Amount of Each Receipt this Period: 250.00

[ ] Memo Item
Payroll Deduction $250 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rhyne, Kathy, , ,

Mailing Address 1001 Pier Point Drive

City: Belmont | State: NC | Zip Code: 28012

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15230

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roush, Douglas, C, ,

Mailing Address 2710 Normandy Road

City: Charlotte | State: NC | Zip Code: 28209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 233.36

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14922

Amount of Each Receipt this Period: 29.17

[ ] Memo Item
Payroll Deduction $29.17 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roush, Douglas, C, ,

Mailing Address 2710 Normandy Road

City: Charlotte | State: NC | Zip Code: 28209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 262.53

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15016

Amount of Each Receipt this Period: 29.17

[ ] Memo Item

Payroll Deduction $29.17 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roush, Douglas, C, ,

Mailing Address 2710 Normandy Road

City: Charlotte | State: NC | Zip Code: 28209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 291.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15269

Amount of Each Receipt this Period: 29.17

[ ] Memo Item

Payroll Deduction $29.17 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rowell, Pamela, M, ,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14972

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 100.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rowell, Pamela, M, ,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15064

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rowell, Pamela, M, ,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15317

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

Payroll Deduction $41.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ruhlen, Michael, , ,

Mailing Address 7216 Graybeard Court

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas Healthcare System
Occupation (for Individual): VP/CMO CMC -Mercy & CMC - Pine

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14961

Amount of Each Receipt this Period: 30.00

[ ] Memo Item

Payroll Deduction $30 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 113.34

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ruhlen, Michael, , ,

Mailing Address 7216 Graybeard Court

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas Healthcare System
Occupation (for Individual): VP/CMO CMC -Mercy & CMC - Pine

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15053

Amount of Each Receipt this Period: 30.00

[ ] Memo Item
Payroll Deduction $30 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ruhlen, Michael, , ,

Mailing Address 7216 Graybeard Court

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas Healthcare System
Occupation (for Individual): VP/CMO CMC -Mercy & CMC - Pine

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15306

Amount of Each Receipt this Period: 30.00

[ ] Memo Item
Payroll Deduction $30 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shull, Kenneth, A, ,

Mailing Address 60 Greenstoke Loop

City: Tryon | State: NC | Zip Code: 28782

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14951

Amount of Each Receipt this Period: 41.67

[ ] Memo Item
Payroll Deduction $41.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 101.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slater, Craig, Martin, ,

Mailing Address 2007 Hollyhedge Lane

City: Indian Trail | State: NC | Zip Code: 28079

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15254

Amount of Each Receipt this Period: 20.83

[ ] Memo Item

Payroll Deduction $20.83 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smidt, Ronald, M, Mr.,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14974

Amount of Each Receipt this Period: 30.00

[ ] Memo Item

Payroll Deduction $30 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smidt, Ronald, M, Mr.,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15066

Amount of Each Receipt this Period: 30.00

[ ] Memo Item

Payroll Deduction $30 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 80.83

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smidt, Ronald, M, Mr.,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15319

Amount of Each Receipt this Period: 30.00

[ ] Memo Item

Payroll Deduction $30 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stevenson, James, Michael, ,

Mailing Address 1711 Mission Road

City: Murphy | State: NC | Zip Code: 28906

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14902

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

Payroll Deduction $83.33 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stevenson, James, Michael, ,

Mailing Address 1711 Mission Road

City: Murphy | State: NC | Zip Code: 28906

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 749.97

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14996

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

Payroll Deduction $83.33 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 196.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stevenson, James, Michael, ,

Mailing Address 1711 Mission Road

City: Murphy | State: NC | Zip Code: 28906

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15249

Amount of Each Receipt this Period: 83.33

[ ] Memo Item
Payroll Deduction $83.33 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stock, Jody, Jay, Mr.,

Mailing Address 218 Crowded Roots Road

City: Fort Mill | State: SC | Zip Code: 29715

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15258

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Taylor, Alfred, P, ,

Mailing Address 125 Lakeland Circle

City: Mt. Gilead | State: NC | Zip Code: 27306

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15240

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 124.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Terry, Jennifer, James, ,

Mailing Address 4085 Crepe Ridge Drive

City: Denver | State: NC | Zip Code: 28037

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): CADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15281

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomas, Bradley, Winston, ,

Mailing Address 510 Wonderwood Dr

City: Charlotte | State: NC | Zip Code: 28211

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): PHYS

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15290

Amount of Each Receipt this Period: 20.83

[ ] Memo Item
Payroll Deduction $20.83 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomas, David, , Mr.,

Mailing Address 1609 Penderlea Lane

City: Matthews | State: NC | Zip Code: 28105

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14993

Amount of Each Receipt this Period: 25.00

[ ] Memo Item
Payroll Deduction $25 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 66.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomas, David, , Mr.,

Mailing Address 1609 Penderlea Lane

City: Matthews | State: NC | Zip Code: 28105

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15246

Amount of Each Receipt this Period: 25.00

[ ] Memo Item

Payroll Deduction $25 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomas, Joan, , ,

Mailing Address 230 Summermore Drive

City: Charlotte | State: NC | Zip Code: 28270

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14915

Amount of Each Receipt this Period: 125.00

[ ] Memo Item

Payroll Deduction $125 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomas, Joan, , ,

Mailing Address 230 Summermore Drive

City: Charlotte | State: NC | Zip Code: 28270

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15009

Amount of Each Receipt this Period: 125.00

[ ] Memo Item

Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 275.00

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

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[x] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomas, Joan, , ,

Mailing Address 230 Summermore Drive

City: Charlotte | State: NC | Zip Code: 28270

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15262

Amount of Each Receipt this Period: 125.00

[ ] Memo Item

Payroll Deduction $125 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Whitecotton, Martha, J, Ms.,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14971

Amount of Each Receipt this Period: 166.67

[ ] Memo Item

Payroll Deduction $166.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Whitecotton, Martha, J, Ms.,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1500.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15063

Amount of Each Receipt this Period: 166.67

[ ] Memo Item

Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 458.34

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Whitecotton, Martha, J, Ms.,

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 (for Individual): Carolinas HealthCare System
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15316

Amount of Each Receipt this Period: 166.67

[ ] Memo Item

Payroll Deduction $166.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wilcox, Mary Ann, , ,

Mailing Address 5314 Wingedfoot Road

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

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14945

Amount of Each Receipt this Period: 166.67

[ ] Memo Item

Payroll Deduction $166.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wilcox, Mary Ann, , ,

Mailing Address 5314 Wingedfoot Road

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

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1500.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15039

Amount of Each Receipt this Period: 166.67

[ ] Memo Item

Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 500.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wilcox, Mary Ann, , ,

Mailing Address 5314 Wingedfoot Road

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

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2016

Transaction ID : SA11AI.15292

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wingate, Phyllis, Anne, Ms.,

Mailing Address 6005 Willowood Road

City: Kannapolis | State: NC | Zip Code: 28081

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.14952

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wingate, Phyllis, Anne, Ms.,

Mailing Address 6005 Willowood Road

City: Kannapolis | State: NC | Zip Code: 28081

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1500.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2016

Transaction ID : SA11AI.15044

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 500.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wingate, Phyllis, Anne, Ms.,

Mailing Address 6005 Willowood Road

City: Kannapolis | State: NC | Zip Code: 28081

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.70

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15297

Amount of Each Receipt this Period: 166.67

[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wright, Jean, , ,

Mailing Address 8636 Carly Lane

City: Mint Hill | State: NC | Zip Code: 28227

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas Healthcare System
Occupation (for Individual): Physician

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14967

Amount of Each Receipt this Period: 83.33

[ ] Memo Item
Payroll Deduction $83.33 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wright, Jean, , ,

Mailing Address 8636 Carly Lane

City: Mint Hill | State: NC | Zip Code: 28227

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas Healthcare System
Occupation (for Individual): Physician

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 749.97

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15059

Amount of Each Receipt this Period: 83.33

[ ] Memo Item
Payroll Deduction $83.33 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 333.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wright, Jean, , ,

Mailing Address 8636 Carly Lane

City: Mint Hill | State: NC | Zip Code: 28227

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas Healthcare System
Occupation (for Individual): Physician

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15312

Amount of Each Receipt this Period: 83.33

[ ] Memo Item
Payroll Deduction $83.33 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Young, John, E, Mr.,

Mailing Address 809 E. King Street

City: Kings Mountain | State: NC | Zip Code: 28086

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14964

Amount of Each Receipt this Period: 100.00

[ ] Memo Item
Payroll Deduction $100 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Young, John, E, Mr.,

Mailing Address 809 E. King Street

City: Kings Mountain | State: NC | Zip Code: 28086

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.15056

Amount of Each Receipt this Period: 100.00

[ ] Memo Item
Payroll Deduction $100 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 283.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Young, John, E, Mr.,

Mailing Address 809 E. King Street

City: Kings Mountain | State: NC | Zip Code: 28086

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CarolinasHealthCareSystem
Occupation (for Individual): ADMIN

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15309

Amount of Each Receipt this Period: 100.00

[ ] Memo Item
Payroll Deduction $100 monthly

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zapack, Zachary, , ,

Mailing Address 1015 Charlotte Ave #351

City: Rock Hill | State: SC | Zip Code: 29732

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt: 08 / 01 / 2016
Transaction ID : SA11AI.14885

Amount of Each Receipt this Period: 208.33

[ ] Memo Item
Payroll Deduction $208.33 monthly

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zapack, Zachary, , ,

Mailing Address 1015 Charlotte Ave #351

City: Rock Hill | State: SC | Zip Code: 29732

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator

Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify)

Aggregate Year-to-Date ▼ 1874.97

Date of Receipt: 09 / 01 / 2016
Transaction ID : SA11AI.14979

Amount of Each Receipt this Period: 208.33

[ ] Memo Item
Payroll Deduction $208.33 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 516.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Zapack, Zachary, , ,
Mailing Address: 1015 Charlotte Ave #351
City: Rock Hill | State: SC | Zip Code: 29732
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Carolinas HealthCare System
Occupation (for Individual): Administrator
Receipt For: 2016
[ ] Primary [x] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2083.30

Date of Receipt: 09 / 30 / 2016
Transaction ID : SA11AI.15232
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name:
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name:
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For:
[ ] Primary [ ] General
[ ] Other (specify)
Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 208.33

TOTAL This Period (last page this line number only) ▶ 18282.08

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial): Alma Adams for Congress
Mailing Address: PO BOX 31473
City: Charlotte | State: NC | Zip Code: 28231
Purpose of Disbursement: Campaign Contributions
Category/Type: 011
Candidate Name: Adams, Alma, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 12
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C H4NC12100
Transaction ID : SB23.15096
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): HUDSON FOR CONGRESS
Mailing Address: PO BOX 5053
City: CONCORD | State: NC | Zip Code: 28027
Purpose of Disbursement: Campaign Contribution
Category/Type: 011
Candidate Name: HUDSON, RICHARD L. JR., , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 08
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C H2NC08185
Transaction ID : SB23.15095
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): McHenry for Congress
Mailing Address: PO BOX 1406
City: HICKORY | State: NC | Zip Code: 28601
Purpose of Disbursement: Campaign Contribution
Category/Type: 011
Candidate Name: McHenry, Patrick, , ,
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB23.15102
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial): Mulvaney for Congress
Mailing Address: PO BOX 1975
City: Lancaster | State: SC | Zip Code: 29721
Purpose of Disbursement: Campaign Contribution
Category/Type: 011
Candidate Name: Mulvaney, John, Michael, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: SC District: 05
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C H0SC05031
Transaction ID : SB23.15103
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Pittenger for Congress
Mailing Address: PO Box 11207
City: Charlotte | State: NC | Zip Code: 28220
Purpose of Disbursement: Campaign Contribution
Category/Type: 011
Candidate Name: PITTENGER, ROBERT M. THE HON., , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 09
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C H2NC09134
Transaction ID : SB23.15099
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): RICHARD BURR COMMITTEE
Mailing Address: POST OFFICE BOX 5928
City: WINSTON-SALEM | State: NC | Zip Code: 27113
Purpose of Disbursement: Campaign Contribution
Category/Type: 011
Candidate Name: BURR, RICHARD M, , ,
Office Sought: ☐ House ☒ Senate ☐ President
State: NC District: 00
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C S4NC00089
Transaction ID : SB23.15076
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A.
Full Name (Last, First, Middle Initial): Walker 4 NC
Mailing Address: PO BOX 97275
City: Raleigh | State: NC | Zip Code: 27624
Purpose of Disbursement: Campaign Contribution
Category/Type: 011
Candidate Name: Walker, Bradley, Mark, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 06
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C H4NC06052
Transaction ID : SB23.15079
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial):
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
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
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
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 31000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial): Beverly Earle Campaign Committee
Mailing Address: 230 Kingsway Circle
City: Charlotte | State: NC | Zip Code: 28214
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15188
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Bill Brawley Committee
Mailing Address: 13612 O'Toole Drive
City: Matthews | State: NC | Zip Code: 28105
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: NC District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15183
Amount of Each Disbursement this Period: 5100.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Brenden Jones for NC House
Mailing Address: 607 Hickman Road
City: Tabor City | State: NC | Zip Code: 28463
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15205
Amount of Each Disbursement this Period: 500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 8100.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial)
Bumgardner for NC House

Mailing Address P.O. Box 55072

City: Gastonia | State: NC | Zip Code: 28055

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15203

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Carla Cunningham Campaign Committee

Mailing Address 6129 Sunbridge Court

City: Charlotte | State: NC | Zip Code: 28269

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15199

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Citizens to Elect Kathy Harrington

Mailing Address 3324 Lincoln Lane

City: Gastonia | State: NC | Zip Code: 28056

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15224

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial)
Committee to Elect Carl Ford

Mailing Address 320 Ketchie Estate Road

City: China Grove | State: NC | Zip Code: 28023

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15195

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Committee to Elect Jeff Tarte

Mailing Address 19825 B North Cove Road-Box 114

City: Cornelius | State: NC | Zip Code: 28031

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15207

Amount of Each Disbursement this Period: 5000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Committee to Elect Linda P. Johnson

Mailing Address 1205 Berkshire Drive

City: Kannapolis | State: NC | Zip Code: 28081

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15196

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial)
Committee to Elect Mark Brody

Mailing Address PO BOX 723

City: Mineral Springs | State: NC | Zip Code: 28108

Purpose of Disbursement: nonfederal contribution

Candidate Name:

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15201

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

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

Mailing Address P.O. Box 44107

City: Charlotte | State: NC | Zip Code: 28215

Purpose of Disbursement: nonfederal contribution

Candidate Name:

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15189

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Committee to Elect Scott Stone

Mailing Address PO BOX 33185

City: Charlotte | State: NC | Zip Code: 28233

Purpose of Disbursement: nonfederal candidate

Candidate Name:

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15197

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial): Committee to Re-Elect Becky Carney
Mailing Address: PO BOX 32873
City: Charlotte | State: NC | Zip Code: 28232
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15187
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Cooper for North Carolina
Mailing Address: 434 Fayetteville Street Suite 2020
City: Raleigh | State: NC | Zip Code: 27601
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15111
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Dan Bishop for NC Senate
Mailing Address: 2216 Whilden Court
City: Charlotte | State: NC | Zip Code: 28211
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15217
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial): David Curtis Campaign
Mailing Address: P.O. Box 278
City: Denver | State: NC | Zip Code: 28037
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15209
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Davis for NC Senate
Mailing Address: 37 Georgia Road
City: Franklin | State: NC | Zip Code: 28734
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15223
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Dean Arp for NC House
Mailing Address: P.O. Box 1511
City: Monroe | State: NC | Zip Code: 28000
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15200
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial)
Friends of Kelly Hastings

Mailing Address P.O. Box 488

City: Cherryville | State: NC | Zip Code: 28021

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15202

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Friends of Rob Bryan

Mailing Address 3517 Broadfield Road

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

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15186

Amount of Each Disbursement this Period: 3500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Friends of Tim Moore

Mailing Address 305 E King Steet

City: Kings Mountain | State: NC | Zip Code: 28086

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15185

Amount of Each Disbursement this Period: 5100.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 9600.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial): Goodwin Committee
Mailing Address: PO BOX 27841
City: Raleigh | State: NC | Zip Code: 27611-7841
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15112
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Horn for NC House Committee
Mailing Address: 2100 Dilworth Road East
City: Charlotte | State: NC | Zip Code: 28203
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15204
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Hugh Blackwell for NC House
Mailing Address: 321 Mountain View Ave SE
City: Valdese | State: NC | Zip Code: 28690
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15194
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial): Jason Saine Committee
Mailing Address: 7465 Bluff Point Lane
City: Denver | State: NC | Zip Code: 28037
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15184
Amount of Each Disbursement this Period: 5100.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Jeff Jackson for NC Senate
Mailing Address: PO BOX 18515
City: Charlotte | State: NC | Zip Code: 28218-0515
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: NC District: 37
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15213
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Joel Ford Committee
Mailing Address: PO BOX 36391
City: Charlotte | State: NC | Zip Code: 28236-6391
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15214
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10100.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial)
John R Bradford III Committee

Mailing Address 21523 Baltie Drive

City: Cornelius | State: NC | Zip Code: 28031

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15192

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Joyce Waddell Senate Campaign Committee

Mailing Address 8105-251 Old Concord Road

City: Newell | State: NC | Zip Code: 28126

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15219

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
McInnis for State Senate

Mailing Address 326 Northside Drive

City: Rockingham | State: NC | Zip Code: 28379

Purpose of Disbursement: nonfederal contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB29.15221

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial): Pat McCrory Committee
Mailing Address: 1235 East Blvd #179
City: Charlotte | State: NC | Zip Code: 28203
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15108
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Philip E Berger Committee
Mailing Address: PO BOX 1309
City: Eden | State: NC | Zip Code: 27289
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15229
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Tommy Tucker for NC Senate
Mailing Address: 1206 Rosehill Drive
City: Waxhaw | State: NC | Zip Code: 28173
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15220
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

A.
Full Name (Last, First, Middle Initial): Warren Daniel for NC Senate
Mailing Address: PO BOX 1854
City: Morganton | State: NC | Zip Code: 28680
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2016
FEC Identification Number: C
Transaction ID : SB29.15208
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

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

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

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶ 80800.00