

# 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/ATRIUM HEALTH EMPLOYEES FED PAC**

ADDRESS (number and street) **ATTENTION: DAVID S. THOMAS**  
**1000 BLYTHE BOULEVARD**  
 Check if different than previously reported. (ACC) **CHARLOTTE NC 28203-2861**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2021 through  /  /  2021

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 **McConnell, Martha Ann, , ,**

Signature of Treasurer **McConnell, Martha Ann, , ,** [Electronically Filed] Date  /  /  2022

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>	<input type="text" value="83085.14"/>	<input type="text" value="83085.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="96212.65"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10336.94"/>	<input type="text" value="20964.45"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="106549.59"/>	<input type="text" value="104049.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2200.00"/>	<input type="text" value="- 300.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="104349.59"/>	<input type="text" value="104349.59"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

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

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).....	9841.67	18049.99
(ii) Unitemized .....	413.29	2559.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10254.96	20609.92
(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) .....	10254.96	20609.92
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	200.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	81.98	154.53
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)).....▶	10336.94	20964.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10336.94	20964.45

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	2000.00	2000.00
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).....	200.00	- 2300.00
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)) ..	2200.00	- 300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2200.00	- 300.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10254.96	20609.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10254.96	20609.92
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)	PAGE 6 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Bracken, Anthony, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 West Trade Street #404  
 City Charlotte State NC Zip Code 28202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2021  
**Transaction ID : SA11AI.19219**  
 Amount of Each Receipt this Period 16.67  
 Memo Item  
 Payroll Deduction \$16.67 monthly

**B. Coltman, Tandy, Kinneil, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2114 Lockhart Dr  
 City Charlotte State NC Zip Code 28203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2021  
**Transaction ID : SA11AI.19124**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction \$208.33 monthly

**C. Coltman, Tandy, Kinneil, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2114 Lockhart Dr  
 City Charlotte State NC Zip Code 28203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2021  
**Transaction ID : SA11AI.19144**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction \$208.33 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Coltman, Tandy, Kinneil, ,</b>			Date of Receipt												
Mailing Address 2114 Lockhart Dr			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>01</td> <td></td> <td>2021</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	09		01		2021
M M M	/	D D D	/	Y Y Y Y Y Y											
09		01		2021											
City Charlotte		State NC	Zip Code 28203												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.19166												
Name of Employer (for Individual) Atrium Health			Occupation (for Individual) Administrator												
Receipt For: 2021 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period 208.33												
Aggregate Year-to-Date ▼ 1874.97			<input type="checkbox"/> Memo Item Payroll Deduction \$208.33 monthly												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Coltman, Tandy, Kinneil, ,</b>			Date of Receipt												
Mailing Address 2114 Lockhart Dr			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2021</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	10		01		2021
M M M	/	D D D	/	Y Y Y Y Y Y											
10		01		2021											
City Charlotte		State NC	Zip Code 28203												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.19186												
Name of Employer (for Individual) Atrium Health			Occupation (for Individual) Administrator												
Receipt For: 2021 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period 208.33												
Aggregate Year-to-Date ▼ 2083.30			<input type="checkbox"/> Memo Item Payroll Deduction \$208.33 monthly												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Coltman, Tandy, Kinneil, ,</b>			Date of Receipt												
Mailing Address 2114 Lockhart Dr			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>01</td> <td></td> <td>2021</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	11		01		2021
M M M	/	D D D	/	Y Y Y Y Y Y											
11		01		2021											
City Charlotte		State NC	Zip Code 28203												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.19211												
Name of Employer (for Individual) Atrium Health			Occupation (for Individual) Administrator												
Receipt For: 2021 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period 208.33												
Aggregate Year-to-Date ▼ 2291.63			<input type="checkbox"/> Memo Item Payroll Deduction \$208.33 monthly												

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Coltman, Tandy, Kinneil, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2114 Lockhart Dr  
 City Charlotte State NC Zip Code 28203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2021  
**Transaction ID : SA11AI.19235**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction \$208.33 monthly

**B. Eichhorn, Jens, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 Greenbrook Parkway  
 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) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2021  
**Transaction ID : SA11AI.19114**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Payroll Deduction \$125 monthly

**C. Eichhorn, Jens, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 Greenbrook Parkway  
 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) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2021  
**Transaction ID : SA11AI.19134**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Payroll Deduction \$125 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	458.33
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/TRIUM HEALTH EMPLOYEES FED PAC**

**A. Eichhorn, Jens, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 Greenbrook Parkway  
 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) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1125.00

Date of Receipt  
 09 / 01 / 2021  
**Transaction ID : SA11AI.19156**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 Payroll Deduction \$125 monthly

**B. Eichhorn, Jens, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 Greenbrook Parkway  
 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) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 10 / 01 / 2021  
**Transaction ID : SA11AI.19176**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 Payroll Deduction \$125 monthly

**C. Eichhorn, Jens, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 Greenbrook Parkway  
 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) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1375.00

Date of Receipt  
 11 / 01 / 2021  
**Transaction ID : SA11AI.19201**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 Payroll Deduction \$125 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Eichhorn, Jens, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 Greenbrook Parkway  
 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) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2021  
**Transaction ID : SA11AI.19225**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Payroll Deduction \$125 monthly

**B. Hall, Mary N, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1040 Queens Road  
 City Charlotte State NC Zip Code 28207-1848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2021  
**Transaction ID : SA11AI.19117**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Payroll Deduction \$250 monthly

**C. Hall, Mary N, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1040 Queens Road  
 City Charlotte State NC Zip Code 28207-1848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2021  
**Transaction ID : SA11AI.19137**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Payroll Deduction \$250 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

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

Mailing Address 1040 Queens Road

City Charlotte	State NC	Zip Code 28207-1848
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Atrium Health	Occupation (for Individual) Administrator
--	--

Receipt For: 2021  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2021

**Transaction ID : SA11AI.19159**

Amount of Each Receipt this Period  
250.00

Memo Item  
Payroll Deduction \$250 monthly

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

Mailing Address 1040 Queens Road

City Charlotte	State NC	Zip Code 28207-1848
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Atrium Health	Occupation (for Individual) Administrator
--	--

Receipt For: 2021  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2021

**Transaction ID : SA11AI.19179**

Amount of Each Receipt this Period  
250.00

Memo Item  
Payroll Deduction \$250 monthly

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

Mailing Address 1040 Queens Road

City Charlotte	State NC	Zip Code 28207-1848
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Atrium Health	Occupation (for Individual) Administrator
--	--

Receipt For: 2021  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2021

**Transaction ID : SA11AI.19204**

Amount of Each Receipt this Period  
250.00

Memo Item  
Payroll Deduction \$250 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Hall, Mary N, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1040 Queens Road  
 City Charlotte State NC Zip Code 28207-1848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2021  
**Transaction ID : SA11AI.19228**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Payroll Deduction \$250 monthly

**B. Krystopolski, Ruth, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 346 Wonderwood Dr  
 City Charlotte State NC Zip Code 28211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2021  
**Transaction ID : SA11AI.19122**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**C. Krystopolski, Ruth, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 346 Wonderwood Dr  
 City Charlotte State NC Zip Code 28211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2021  
**Transaction ID : SA11AI.19142**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	333.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Krystopolski, Ruth, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 346 Wonderwood Dr  
 City Charlotte State NC Zip Code 28211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 01 / 2021  
**Transaction ID : SA11AI.19164**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**B. Krystopolski, Ruth, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 346 Wonderwood Dr  
 City Charlotte State NC Zip Code 28211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 01 / 2021  
**Transaction ID : SA11AI.19184**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**C. Krystopolski, Ruth, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 346 Wonderwood Dr  
 City Charlotte State NC Zip Code 28211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 01 / 2021  
**Transaction ID : SA11AI.19209**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Krystopolski, Ruth, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 346 Wonderwood Dr  
 City Charlotte State NC Zip Code 28211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2021  
**Transaction ID : SA11AI.19233**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**B. Marenic, Zahide, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2021  
**Transaction ID : SA11AI.19126**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**C. Marenic, Zahide, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2021  
**Transaction ID : SA11AI.19146**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Marenic, Zahide, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2021  
**Transaction ID : SA11AI.19168**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**B. Marenic, Zahide, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2021  
**Transaction ID : SA11AI.19188**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**C. Marenic, Zahide, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2021  
**Transaction ID : SA11AI.19213**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Marenic, Zahide, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2021  
**Transaction ID : SA11AI.19237**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**B. McConnell, Martha Ann B, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3617 Charolais Lane  
 City Harrisburg State NC Zip Code 28075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolinas HealthCare System Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2021  
**Transaction ID : SA11AI.19116**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction \$83.33 monthly

**C. McConnell, Martha Ann B, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3617 Charolais Lane  
 City Harrisburg State NC Zip Code 28075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolinas HealthCare System Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2021  
**Transaction ID : SA11AI.19136**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction \$83.33 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	208.33
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/TRIUM HEALTH EMPLOYEES FED PAC**

**A. McConnell, Martha Ann B, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3617 Charolais Lane  
 City Harrisburg State NC Zip Code 28075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolinas HealthCare System Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 01 / 2021  
**Transaction ID : SA11AI.19158**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction \$83.33 monthly

**B. McConnell, Martha Ann B, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3617 Charolais Lane  
 City Harrisburg State NC Zip Code 28075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolinas HealthCare System Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.30

Date of Receipt 10 / 01 / 2021  
**Transaction ID : SA11AI.19178**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction \$83.33 monthly

**C. McConnell, Martha Ann B, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3617 Charolais Lane  
 City Harrisburg State NC Zip Code 28075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolinas HealthCare System Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 01 / 2021  
**Transaction ID : SA11AI.19203**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction \$83.33 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/TRIUM HEALTH EMPLOYEES FED PAC**

**A. McConnell, Martha Ann B, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3617 Charolais Lane  
 City Harrisburg State NC Zip Code 28075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolinas HealthCare System Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2021  
**Transaction ID : SA11AI.19227**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction \$83.33 monthly

**B. Morris, Kristen, D. W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33700 Woodleigh Road  
 City Pepper Pike State OH Zip Code 44124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2916.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2021  
**Transaction ID : SA11AI.19115**  
 Amount of Each Receipt this Period 416.67  
 Memo Item  
 Payroll Deduction \$416.67 monthly

**C. Morris, Kristen, D. W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33700 Woodleigh Road  
 City Pepper Pike State OH Zip Code 44124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2021  
**Transaction ID : SA11AI.19135**  
 Amount of Each Receipt this Period 416.67  
 Memo Item  
 Payroll Deduction \$416.67 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	916.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Morris, Kristen, D. W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33700 Woodleigh Road  
 City Pepper Pike State OH Zip Code 44124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3750.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2021  
**Transaction ID : SA11AI.19157**  
 Amount of Each Receipt this Period 416.67  
 Memo Item  
 Payroll Deduction \$416.67 monthly

**B. Morris, Kristen, D. W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33700 Woodleigh Road  
 City Pepper Pike State OH Zip Code 44124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4166.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2021  
**Transaction ID : SA11AI.19177**  
 Amount of Each Receipt this Period 416.67  
 Memo Item  
 Payroll Deduction \$416.67 monthly

**C. Morris, Kristen, D. W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33700 Woodleigh Road  
 City Pepper Pike State OH Zip Code 44124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4583.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2021  
**Transaction ID : SA11AI.19202**  
 Amount of Each Receipt this Period 416.67  
 Memo Item  
 Payroll Deduction \$416.67 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Morris, Kristen, D. W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33700 Woodleigh Road  
 City Pepper Pike State OH Zip Code 44124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2021  
**Transaction ID : SA11AI.19226**  
 Amount of Each Receipt this Period  
 416.67  
 Memo Item  
 Payroll Deduction \$416.67 monthly

**B. Nicholson, Henry, Stacy, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 714 Sainte Rose Lane  
 City Charlotte State NC Zip Code 28226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2021  
**Transaction ID : SA11AI.19112**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 Payroll Deduction \$200 monthly

**C. Nicholson, Henry, Stacy, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 714 Sainte Rose Lane  
 City Charlotte State NC Zip Code 28226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2021  
**Transaction ID : SA11AI.19132**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 Payroll Deduction \$200 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	816.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Nicholson, Henry, Stacy, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 714 Sainte Rose Lane  
 City Charlotte State NC Zip Code 28226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2021  
**Transaction ID : SA11AI.19154**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 Payroll Deduction \$200 monthly

**B. Nicholson, Henry, Stacy, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 714 Sainte Rose Lane  
 City Charlotte State NC Zip Code 28226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2021  
**Transaction ID : SA11AI.19174**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 Payroll Deduction \$200 monthly

**C. Nicholson, Henry, Stacy, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 714 Sainte Rose Lane  
 City Charlotte State NC Zip Code 28226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2021  
**Transaction ID : SA11AI.19199**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 Payroll Deduction \$200 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Nicholson, Henry, Stacy, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 714 Sainte Rose Lane  
 City Charlotte State NC Zip Code 28226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2021  
**Transaction ID : SA11AI.19223**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction \$200 monthly

**B. Reynolds, Stacy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1617 Jameston Dr  
 City Charlotte State NC Zip Code 28209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2021  
**Transaction ID : SA11AI.19123**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction \$83.33 monthly

**C. Reynolds, Stacy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1617 Jameston Dr  
 City Charlotte State NC Zip Code 28209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2021  
**Transaction ID : SA11AI.19143**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction \$83.33 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	366.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Reynolds, Stacy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1617 Jameston Dr  
 City Charlotte State NC Zip Code 28209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2021  
**Transaction ID : SA11AI.19165**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction \$83.33 monthly

**B. Reynolds, Stacy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1617 Jameston Dr  
 City Charlotte State NC Zip Code 28209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2021  
**Transaction ID : SA11AI.19185**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction \$83.33 monthly

**C. Reynolds, Stacy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1617 Jameston Dr  
 City Charlotte State NC Zip Code 28209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2021  
**Transaction ID : SA11AI.19210**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction \$83.33 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	249.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Reynolds, Stacy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1617 Jameston Dr  
 City Charlotte State NC Zip Code 28209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2021  
**Transaction ID : SA11AI.19234**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction \$83.33 monthly

**B. Runyon, Michael, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1617 Jameston Dr  
 City Charlotte State NC Zip Code 28209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2021  
**Transaction ID : SA11AI.19119**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction \$83.33 monthly

**C. Runyon, Michael, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1617 Jameston Dr  
 City Charlotte State NC Zip Code 28209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2021  
**Transaction ID : SA11AI.19139**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction \$83.33 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	249.99
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Runyon, Michael, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1617 Jameston Dr

City Charlotte	State NC	Zip Code 28209
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Atrium Health	Occupation (for Individual) Administrator
--	--

Receipt For: 2021  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
749.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2021

**Transaction ID : SA11AI.19161**

Amount of Each Receipt this Period  
83.33

Memo Item  
Payroll Deduction \$83.33 monthly

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

Mailing Address 1617 Jameston Dr

City Charlotte	State NC	Zip Code 28209
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Atrium Health	Occupation (for Individual) Administrator
--	--

Receipt For: 2021  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2021

**Transaction ID : SA11AI.19181**

Amount of Each Receipt this Period  
83.33

Memo Item  
Payroll Deduction \$83.33 monthly

**C. Runyon, Michael, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1617 Jameston Dr

City Charlotte	State NC	Zip Code 28209
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Atrium Health	Occupation (for Individual) Administrator
--	--

Receipt For: 2021  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
916.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2021

**Transaction ID : SA11AI.19206**

Amount of Each Receipt this Period  
83.33

Memo Item  
Payroll Deduction \$83.33 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	249.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Runyon, Michael, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1617 Jameston Dr

City Charlotte	State NC	Zip Code 28209
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Atrium Health	Occupation (for Individual) Administrator
--	--

Receipt For: 2021  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		01		2021

**Transaction ID : SA11AI.19230**

Amount of Each Receipt this Period  
83.33

Memo Item  
Payroll Deduction \$83.33 monthly

**B. Sabolovic, Jeffrey, Charles, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 159 Cricket Creek Drive

City Rutherfordton	State NC	Zip Code 28139
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Atrium Health	Occupation (for Individual) Physician
--	--

Receipt For: 2021  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.30

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		01		2021

**Transaction ID : SA11AI.19175**

Amount of Each Receipt this Period  
20.83

Memo Item  
Payroll Deduction \$20.83 monthly

**C. Sabolovic, Jeffrey, Charles, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 159 Cricket Creek Drive

City Rutherfordton	State NC	Zip Code 28139
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Atrium Health	Occupation (for Individual) Physician
--	--

Receipt For: 2021  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.13

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		01		2021

**Transaction ID : SA11AI.19200**

Amount of Each Receipt this Period  
20.83

Memo Item  
Payroll Deduction \$20.83 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	124.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Sabolovic, Jeffrey, Charles, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 159 Cricket Creek Drive  
 City Rutherfordton State NC Zip Code 28139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 12 / 01 / 2021  
**Transaction ID : SA11AI.19224**  
 Amount of Each Receipt this Period 20.83  
 Memo Item  
 Payroll Deduction \$20.83 monthly

**B. Sparks Jr, E, Wayne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12021 James Richard Drive  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 01 / 2021  
**Transaction ID : SA11AI.19110**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**C. Sparks Jr, E, Wayne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12021 James Richard Drive  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 07 / 30 / 2021  
**Transaction ID : SA11AI.19130**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 28 OF 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Sparks Jr, E, Wayne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12021 James Richard Drive  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 01 / 2021  
**Transaction ID : SA11AI.19152**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**B. Sparks Jr, E, Wayne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12021 James Richard Drive  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 01 / 2021  
**Transaction ID : SA11AI.19172**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**C. Sparks Jr, E, Wayne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12021 James Richard Drive  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 01 / 2021  
**Transaction ID : SA11AI.19197**  
 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)	PAGE 29 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

**A. Sparks Jr, E, Wayne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12021 James Richard Drive  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Physician  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 12 / 01 / 2021  
**Transaction ID : SA11AI.19221**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**B. White, Carol Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1012 Preakness Blvd  
 City Indian Trail State NC Zip Code 28079  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) RN/CNE  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 01 / 2021  
**Transaction ID : SA11AI.19109**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**C. White, Carol Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1012 Preakness Blvd  
 City Indian Trail State NC Zip Code 28079  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) RN/CNE  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 07 / 30 / 2021  
**Transaction ID : SA11AI.19129**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/TRIUM HEALTH EMPLOYEES FED PAC**

**A. White, Carol Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1012 Preakness Blvd  
 City Indian Trail State NC Zip Code 28079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) RN/CNE  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 01 / 2021  
**Transaction ID : SA11AI.19151**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**B. White, Carol Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1012 Preakness Blvd  
 City Indian Trail State NC Zip Code 28079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) RN/CNE  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 01 / 2021  
**Transaction ID : SA11AI.19171**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**C. White, Carol Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1012 Preakness Blvd  
 City Indian Trail State NC Zip Code 28079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) RN/CNE  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 01 / 2021  
**Transaction ID : SA11AI.19196**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/TRIUM HEALTH EMPLOYEES FED PAC**

**A. White, Carol Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1012 Preakness Blvd  
 City Indian Trail State NC Zip Code 28079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) RN/CNE  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 12 / 01 / 2021  
**Transaction ID : SA11AI.19220**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction \$41.67 monthly

**B. Wood, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12641 Woodwinds Circle  
 City Laurinburg State NC Zip Code 28352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolinas Healthcare System Occupation (for Individual) President/SMH  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 10 / 01 / 2021  
**Transaction ID : SA11AI.19173**  
 Amount of Each Receipt this Period 20.83  
 Memo Item  
 Payroll Deduction \$20.83 monthly

**C. Wood, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12641 Woodwinds Circle  
 City Laurinburg State NC Zip Code 28352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolinas Healthcare System Occupation (for Individual) President/SMH  
 Receipt For: 2021  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt 11 / 01 / 2021  
**Transaction ID : SA11AI.19198**  
 Amount of Each Receipt this Period 20.83  
 Memo Item  
 Payroll Deduction \$20.83 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	83.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 32 OF 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/TRIUM HEALTH EMPLOYEES FED PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Wood, Gregory, , ,

Mailing Address 12641 Woodwinds Circle

City Laurinburg    State NC    Zip Code 28352

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

Name of Employer (for Individual) Carolinas Healthcare System    Occupation (for Individual) President/SMH

Receipt For: 2021  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2021

**Transaction ID : SA11AI.19222**

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

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 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 Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20.83
<b>TOTAL</b> This Period (last page this line number only).....▶	9841.67



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC**

Full Name (Last, First, Middle Initial) <b>A. Team McHenry</b>			Date of Disbursement MM / DD / YYYY 11 / 23 / 2021	
Mailing Address PO BOX 2165			FEC Identification Number C [ ] <b>Transaction ID : SB23.19247</b>	
City Gastonia	State NC	Zip Code 28053	Amount of Each Disbursement this Period [ ] 500.00	
Purpose of Disbursement campaign contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>McHenry, Patrick, ,</b>		Disbursement For: 2022		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NC	District: 10			

Full Name (Last, First, Middle Initial) <b>B. Together Holding Our Majority PAC</b>			Date of Disbursement MM / DD / YYYY 10 / 08 / 2021	
Mailing Address PO BOX 97396			FEC Identification Number C [ ] <b>Transaction ID : SB23.19248</b>	
City Raleigh	State NC	Zip Code 27624	Amount of Each Disbursement this Period [ ] 1500.00	
Purpose of Disbursement Campaign Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name		Disbursement For: 2022		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement MM / DD / YYYY	
Mailing Address			FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name		Disbursement For:		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00