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Image# 202201229475106558

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Auth	orized Committee		Office Use Only					
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5						
CHARLOTTE-MECKLEI	NBURG HOSPITAL AU	THORITY/ATRIUM HE	ALTH EMPLO	YEES FED PAC					
ADDRESS (number and street)	ATTENTION: DAVID S. THO	MAS							
▼ Check if different	1000 BLYTHE BOULEVARD								
than previously reported. (ACC)	CHARLOTTE		NC L	28203-2861					
2. FEC IDENTIFICATION NU	JMBER ▼ CITY	' A	STATE ▲	ZIP CODE ▲					
C C00423871	3. IS	THIS NEW (N) OF		ENDED					
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	20 (M2) May 20 (M 20 (M3) Jun 20 (M6		(Non-Election Year Only)					
April 15	Apr 2	0 (M4) Jul 20 (M7	Oct 20) (M10) Jan 31 (YE)					
Quarterly Report (C	(c) 12-Day	Primary (12P)	General (1	2G) Runoff (12R)					
July 15 Quarterly Report (Q	PRE-Election Report for the:	Convention (12C)	Special (12	2S)					
October 15 Quarterly Report (C	33)			<u></u>					
January 31 Year-End Report (Y	(E) Election	on	Y	in the State of					
July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30	R) Special (30S)					
Termination Report (TER)	Election	on	Y Y Y Y Y	in the State of					
5. Covering Period 07		through 12	31	2021					
I certify that I have examined th	is Report and to the best of r McConnell, Martha Ann, , ,	ny knowledge and belief it is	true, correct and	complete.					
Type or Print Name of Treasure	r								
Signature of Treasurer McCo	onnell, Martha Ann, , ,	[Electronically Filed]	Date 01	22 / 2022					
NOTE: Submission of false, errone	eous, or incomplete information	may subject the person signing	this Report to the	penalties of 52 U.S.C. § 30109					
Office Use				FEC FORM 3X Rev. 05/2016					

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSE Report Covering the Period: From: 07	01 2021 To	M = M / D = D / Y = Y = Y = Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2021		83085.14
(b) Cash on Hand at Beginning of Reporting Period	96212.65	
(c) Total Receipts (from Line 19)	10336.94	20964.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	106549.59	104049.59
7. Total Disbursements (from Line 31)	2200.00	- 300.00
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	104349.59	104349.59
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 multican	didate committee. (see FEC FORM 1M)	
F	or 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/ATRIUM HEALTH EMPLOYEES FED PAC

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
	ns (other than loans) From: luals/Persons Other							
	Political Committees	9841.67	10040.00					
(i) Ite	mized (use Schedule A)	9641.07	18049.99					
(ii) Ur	nitemized	413.29	2559.93					
, ,	OTAL (add	10254.96	20609.92					
Lir	nes 11(a)(i) and (ii)	10254.96	2000.32					
	al Party Committees	0.00	0.00					
` '	Political Committees as PACs)	0.00	0.00					
•	Contributions (add Lines	7 7	45 45 45					
11(a)(i	ii), (b), and (c)) (Carry	1005100	20000.00					
	to Line 33, page 5)	10254.96	20609.92					
	From Affiliated/Other mittees	0.00	0.00					
-			45 45 45					
13. All Loans I	Received	0.00	0.00					
14. Loan Repa	yments Received	0.00	0.00					
-	Operating Expenditures	7 7 7	7 7 7					
	Rebates, etc.)	0.00	0.00					
	als to Line 37, page 5)	0.00	0.00					
	Candidates and Other							
	ommittees	0.00	200.00					
17. Other Fede	eral Receipts Interest, etc.)	04.00	154.53					
•	rom Non-Federal and Levin Funds	81.98	104.00					
(a) Non-Fe	deral Account							
(from	Schedule H3)	0.00	0.00					
(b) Lovin F	iunde (from Schodulo UE)	0.00	0.00					
(n) reviil t	funds (from Schedule H5)	3.00	3.00					
(c) Total Tr	ransfers (add 18(a) and 18(b))	0.00	0.00					
	ipts (add Lines 11(d),							
12, 13, 14,	15, 16, 17, and 18(c))▶	10336.94	20964.45					
20. Total Fede	ral Receipts							
	ine 18(c) from Line 19)▶	10336.94	20964.45					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

Total This Period	Calendar Year-to-Date
	Calcinati Total to Date
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
	0.00
0.00	0.00
0.00	0.00
2000.00	2000.00
4 4	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
200.00	- 2300.00
)))	
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
2200.00	- 300.00
2200.00	- 300.00
	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	10254.96	20609.92				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10254.96	20609.92				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00				

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

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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.

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 F	HEALTH EMPLOYEES FED PAC					
Full Name of Individual (Last, First, Middle Bracken, Anthony, W, ,		Date of Receipt					
Mailing Address 333 West Trade Street #40	Ivialing Address 333 West Trade Street #404						
City Charlotte	State Zip Code NC 28202	Transaction ID : SA11AI.19219					
FEC ID number of contributing	10101	Amount of Each Receipt this Period					
federal political committee.	C	16.67					
Name of Employer (for Individual) Atrium Health	Occupation (for Individual) Administrator	Memo Item Payroll Deduction \$16.67 monthly					
Receipt For: 2021 Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	200.04						
Full Name of Individual (Last, First, Middle 3. Coltman, Tandy, Kinneil, ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2114 Lockhart Dr		Man / Dad / Yayayay					
City	State Zip Code	07 01 2021					
Charlotte	NC 28203	Transaction ID : SA11AI.19124 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	208.33					
Name of Employer (for Individual) Atrium Health	Occupation (for Individual) Administrator	Memo Item Payroll Deduction \$208.33 monthly					
Receipt For: 2021 Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	1458.31						
Full Name of Individual (Last, First, Middle Coltman, Tandy, Kinneil, ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2114 Lockhart Dr		07 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Charlotte	State Zip Code NC 28203	Transaction ID : SA11AI.19144					
FEC ID number of contributing federal political committee.	C 28203	Amount of Each Receipt this Period 208.33					
Name of Employer (for Individual) Atrium Health	Occupation (for Individual) Administrator	Memo Item Payroll Deduction \$208.33 monthly					
Receipt For: 2021	Aggregate Year-to-Date ▼						
Primary S General Other (specify)	1666.64						
SUBTOTAL of Receipts This Page (optional).	<u> </u>	433.33					
TOTAL This Period (last page this line number	er only)						

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

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

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Coltman, Tandy, Kinneil, , Date of Receipt Mailing Address 2114 Lockhart Dr City Zip Code State Transaction ID: SA11AI.19166 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing C 208.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Atrium Health Administrator Payroll Deduction \$208.33 monthly Receipt For: 2021 Aggregate Year-to-Date ▼ Primary ✗ General 1874.97 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coltman, Tandy, Kinneil, Date of Receipt Mailing Address 2114 Lockhart Dr 10 2021 City State Zip Code Transaction ID: SA11AI.19186 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Atrium Health Payroll Deduction \$208.33 monthly Administrator Receipt For: 2021 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 2083.30 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Coltman, Tandy, Kinneil, Date of Receipt Mailing Address 2114 Lockhart Dr 01 2021 City Zip Code State Transaction ID: SA11AI.19211 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing C 208.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction \$208.33 monthly Administrator Atrium Health Receipt For: 2021 Aggregate Year-to-Date ▼ Primary **✗** General 2291.63 Other (specify) 624.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Coltman, Tandy, Kinneil, , Date of Receipt Mailing Address 2114 Lockhart Dr City Zip Code State Transaction ID: SA11AI.19235 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing C 208.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Atrium Health Administrator Payroll Deduction \$208.33 monthly Receipt For: 2021 Aggregate Year-to-Date ▼ Primary ✗ General 2499.96 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Eichhorn, Jens, , , Date of Receipt Mailing Address 2020 Greenbrook Parkway 2021 City State Zip Code Transaction ID: SA11AI.19114 NC Weddington 28104 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Carolinas HealthCare System Payroll Deduction \$125 monthly Physician Receipt For: 2021 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 875.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Eichhorn, Jens, , , Date of Receipt Mailing Address 2020 Greenbrook Parkway 30 2021 City Zip Code State Transaction ID: SA11AI.19134 NC Weddington 28104 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction \$125 monthly Carolinas HealthCare System Physician Receipt For: 2021 Aggregate Year-to-Date ▼ Primary ✗ General 1000.00 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG F	HOSPITAL .	AUTHORITY/ATRIUM	HEALTH EMPLOYEES FED PAC			
Α.		itial) or Full Orç	ganization Name	Date of Receipt			
	Mailing Address 2020 Greenbrook Parkway			09 01 2021			
	City Weddington	State NC	Zip Code 28104	Transaction ID : SA11AI.19156			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period			
	Name of Employer (for Individual) Carolinas HealthCare System	Occup Physi	pation (for Individual) ician	Memo Item Payroll Deduction \$125 monthly			
	Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Y					
В.	Full Name of Individual (Last, First, Middle Ini Eichhorn, Jens, , , Mailing Address 2020 Greenbrook Parkway	Date of Receipt					
	City	State	Zip Code	10 01 2021 Transaction ID : SA11Al.19176			
	Weddington	NC	28104	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	ů l					
	Name of Employer (for Individual) Carolinas HealthCare System	Occu _l Phys	pation (for Individual) ician	Memo Item Payroll Deduction \$125 monthly			
	Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 1250.00				
	Full Name of Individual (Last, First, Middle Ini	itial) or Full Org	ganization Name	Date of Receipt			
	Mailing Address 2020 Greenbrook Parkway			11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Weddington	State NC	Zip Code 28104	Transaction ID : SA11AI.19201 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		125.00			
	Name of Employer (for Individual)		pation (for Individual)	Memo Item			
	Carolinas HealthCare System Receipt For: 2021	Physi		Payroll Deduction \$125 monthly			
	Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼				
s	SUBTOTAL of Receipts This Page (optional)			375.00			
۱,	OTAL This Period (last page this line number	only)					

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

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or for commercial purposes, other than using	the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG	HOSPITAL AUTHORITY/ATRIUM F	IEALTH EMPLOYEES FED PAC
Full Name of Individual (Last, First, Middle Eichhorn, Jens, , , Mailing Address 2020 Greenbrook Parkway		Date of Receipt
City Weddington	State Zip Code NC 28104	Transaction ID : SA11AI.19225 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Carolinas HealthCare System	Occupation (for Individual) Physician	Memo Item Payroll Deduction \$125 monthly
Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name of Individual (Last, First, Middle Hall, Mary N, , Dr., Mailing Address 1040 Queens Road	Initial) or Full Organization Name	Date of Receipt 07 01 2021
City Charlotte FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.19117 Amount of Each Receipt this Period 250.00	
Name of Employer (for Individual) Atrium Health Receipt For: 2021 Primary General	Occupation (for Individual) Administrator Aggregate Year-to-Date ▼	Memo Item Payroll Deduction \$250 monthly
Other (specify) ▼ Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	
City Charlotte FEC ID number of contributing federal political committee.	State Zip Code 28207-1848	Date of Receipt 07 30 2021 Transaction ID: SA11AI.19137 Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Atrium Health Receipt For: 2021 Primary General Other (specify)	Occupation (for Individual) Administrator Aggregate Year-to-Date ▼ 2000.00	Memo Item Payroll Deduction \$250 monthly
SUBTOTAL of Receipts This Page (optional)) >	625.00
TOTAL This Period (last page this line numb	per only)	

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

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CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A Hall, Mary N, Dr., Malling Address 1040 Queens Road City Charlotte NC Substitute State Substitute Su	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
Name of Employer (for Individual) Atrium Health Receipt For: 2021 Primary	Full Name of Individual (Last, First, Middle Hall, Mary N, , Dr., Mailing Address 1040 Queens Road City Charlotte	Initial) or Full Organization Name State Zip Code	Date of Receipt 09 01 2021 Transaction ID: SA11AI.19159
Administrator FEC ID number of contributing federal political committee. FIUI Name of Individual (Last, First, Middle Initial) or Full Organization Name City Charlotte FEC ID number of contributing federal political committee. FEUIL Name of Individual (Last, First, Middle Initial) or Full Organization Name City Charlotte FUIL Name of Individual (Last, First, Middle Initial) or Full Organization Name City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Administrator Receipt For: 2021 City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Administrator Receipt For: 2021 Primary X General Other (specify) Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Payroll Deduction \$250 monthly	federal political committee. Name of Employer (for Individual) Atrium Health Receipt For: 2021 Primary General Other (specify) ▼	Occupation (for Individual) Administrator Aggregate Year-to-Date ▼ 2250.00	Memo Item
Hall, Mary N, , Dr., Mailing Address 1040 Queens Road City Charlotte State Claricte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Atrium Health Receipt For: 2021 Primary General Other (specify) Date of Receipt Transaction ID: SA11AI.19204 Amount of Each Receipt this Period Coccupation (for Individual) Administrator Aggregate Year-to-Date 250.00	Address 1040 Queens Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Atrium Health Receipt For: 2021 Primary General	State Zip Code NC 28207-1848 C Occupation (for Individual) Administrator Aggregate Year-to-Date ▼	Transaction ID : SA11AI.19179 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (ontional)	Mailing Address 1040 Queens Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Atrium Health Receipt For: 2021 Primary General	State Zip Code NC 28207-1848 C Occupation (for Individual) Administrator Aggregate Year-to-Date ▼	Transaction ID: SA11AI.19204 Amount of Each Receipt this Period 250.00 Memo Item
- Cost of the Cost	SUBTOTAL of Receipts This Page (optional)	>	750.00

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

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		al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG	HOSPITAL AUTHORITY/A	ATRIUM HEALTH EMPLOYEES FED PAC
Full Name of Individual (Last, First, Middle Hall, Mary N, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1040 Queens Road		12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.19228
Charlotte	NC 28207-1848	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual) Memo Item
Atrium Health	Administrator	Payroll Deduction \$250 monthly
Receipt For: 2021	Aggregate Year-to-Date ▼	
Primary X General		
Other (specify) ▼	3	000.00
Full Name of Individual (Last, First, Middle Krystopolski, Ruth, A, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 346 Wonderwood Dr		07 01 2021
City	State Zip Code	Transaction ID: SA11AI.19122
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer (for Individual) Atrium Health	Occupation (for Individual Administrator	Memo Item Payroll Deduction \$41.67 monthly
Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	291.69
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 346 Wonderwood Dr		07 30 2021
City	State Zip Code	Transaction ID : SA11AI.19142
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer (for Individual)	Occupation (for Individual	,
Atrium Health	Administrator	Payroll Deduction \$41.67 monthly
Receipt For: 2021	Aggregate Year-to-Date ▼	
Primary X General Other (specify)		333.36
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line numb	per only)	

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

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

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Krystopolski, Ruth, A,, Date of Receipt Mailing Address 346 Wonderwood Dr City Zip Code State Transaction ID: SA11AI.19164 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Atrium Health Administrator Payroll Deduction \$41.67 monthly Receipt For: 2021 Aggregate Year-to-Date ▼ Primary ✗ General 375.03 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Krystopolski, Ruth, A, , Date of Receipt Mailing Address 346 Wonderwood Dr 10 2021 City State Zip Code Transaction ID: SA11AI.19184 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Atrium Health Payroll Deduction \$41.67 monthly Administrator Receipt For: 2021 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 416.70 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Krystopolski, Ruth, A, Date of Receipt Mailing Address 346 Wonderwood Dr 01 2021 City State Zip Code Transaction ID: SA11AI.19209 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction \$41.67 monthly Atrium Health Administrator Receipt For: 2021 Aggregate Year-to-Date ▼ Primary **✗** General 458.37 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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(check only one)													
			13		14		15		16			17	

			to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBUR	RG HOSPITAL AUTI	HORITY/ATRIUM H	HEALTH EMPLOYEES FED PAC
Full Name of Individual (Last, First, Mid Krystopolski, Ruth, A, , Mailing Address 346 Wonderwood Dr City	State Zip	Code	Date of Receipt 12 01 2021 Transaction ID: SA11AI.19233
Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Atrium Health Receipt For: 2021 Primary	C		Amount of Each Receipt this Period 41.67 Memo Item Payroll Deduction \$41.67 monthly
Other (specify) ▼ Full Name of Individual (Last, First, Mid B. Marenic, Zahide, , , Mailing Address 5811 Old Well House	dle Initial) or Full Organizat	500.04 ion Name	Date of Receipt
City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Atrium Health Receipt For: 2021 Primary General Other (specify) ▼	NC 28		Transaction ID : SA11AI.19126 Amount of Each Receipt this Period 41.67 Memo Item Payroll Deduction \$41.67 monthly
Full Name of Individual (Last, First, Mid Marenic, Zahide, , , Mailing Address 5811 Old Well House City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Atrium Health Receipt For: 2021 Primary General Other (specify)	State Zip NC 28	Code 3226 (for Individual)	Date of Receipt M
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu	,		125.01

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

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or	for commercial purposes, other than using the			to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H	OSPITAL	AUTHORITY/ATRIUM I	HEALTH EMPLOYEES FED PAC
Α.	Full Name of Individual (Last, First, Middle Init Marenic, Zahide, , , Mailing Address 5811 Old Well House	ial) or Full Org	ganization Name	Date of Receipt
	Walling Address 5811 Old Well House			09 01 2021
	City Charlotte	State NC	Zip Code 28226	Transaction ID : SA11AI.19168
	FEC ID number of contributing federal political committee.	C	20220	Amount of Each Receipt this Period 41.67
	Name of Employer (for Individual) Atrium Health Receipt For: 2021	Admir	oation (for Individual) histrator fear-to-Date ▼	Memo Item Payroll Deduction \$41.67 monthly
	Primary ✓ General Other (specify) ✓		375.03	
В.	Full Name of Individual (Last, First, Middle Init Marenic, Zahide, , , Mailing Address 5811 Old Well House	ial) or Full Org	ganization Name	Date of Receipt
	City	State	Zip Code	10 01 2021
	Charlotte	NC	28226	Transaction ID : SA11AI.19188 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		41.67	
	Name of Employer (for Individual) Atrium Health	1	pation (for Individual) nistrator	Memo Item Payroll Deduction \$41.67 monthly
	Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 416.70	
— С.	Full Name of Individual (Last, First, Middle Init Marenic, Zahide, , ,	ial) or Full Org	ganization Name	Date of Receipt
	Mailing Address 5811 Old Well House			M = M / D = D / Y = Y = Y = Y = 1
	City Charlotte	State NC	Zip Code 28226	Transaction ID : SA11AI.19213 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer (for Individual) Atrium Health		oation (for Individual) nistrator	Memo Item Payroll Deduction \$41.67 monthly
	Receipt For: 2021 Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 458.37	
	SUBTOTAL of Receipts This Page (optional)			125.01

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٥.	Tor commercial purposes, other than using the h	anno una udal	occ of any political committee to	Conor Contributions from Such Confidition.					
\rangle	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HC	SPITAL A	UTHORITY/ATRIUM HE	EALTH EMPLOYEES FED PAC					
١.	Full Name of Individual (Last, First, Middle Initial Marenic, Zahide, , , Mailing Address 5811 Old Well House) or Full Orga	anization Name	Date of Receipt					
	The state of the s			12 01 2021					
	City	State	Zip Code	Transaction ID : SA11AI.19237					
	Charlotte	NC	28226	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		41.67					
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item					
	Atrium Health	Admini	strator	Payroll Deduction \$41.67 monthly					
		ar-to-Date ▼							
	Primary General Other (specify) ▼		500.04						
3.	Full Name of Individual (Last, First, Middle Initial McConnell, Martha Ann B, , Ms.,) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 3617 Charolais Lane			07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID : SA11AI.19116					
	Harrisburg	NC	28075	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		83.33					
	Name of Employer (for Individual) Carolinas HealthCare System	Occupa Admini	ation (for Individual) istrator	Memo Item Payroll Deduction \$83.33 monthly					
	Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 583.31						
	Full Name of Individual (Last, First, Middle Initial McConnell, Martha Ann B, , Ms.,) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 3617 Charolais Lane		,	07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State NC	Zip Code	Transaction ID : SA11AI.19136					
	Harrisburg	INC	28075	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		83.33					
	Name of Employer (for Individual) Carolinas HealthCare System	Occupa Adminis	ation (for Individual) strator	Memo Item Payroll Deduction \$83.33 monthly					
		Aggregate Ye	ar-to-Date ▼						
	Primary		666.64						
s	UBTOTAL of Receipts This Page (optional)		·····	208.33					

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or	for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H	OSPITAL	AUTHORITY/#	ATRIUM HE	EALTH EMPLOYEES FED PAC
Α.	Full Name of Individual (Last, First, Middle Initiation McConnell, Martha Ann B, , Ms.,	ial) or Full Or	ganization Name		Date of Receipt
	Mailing Address 3617 Charolais Lane				09 01 2021
	City	State	Zip Code		Transaction ID : SA11AI.19158
	Harrisburg	NC	28075		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			83.33
	Name of Employer (for Individual)	Occu	pation (for Individua	l)	Memo Item
	Carolinas HealthCare System	Adm	inistrator		Payroll Deduction \$83.33 monthly
	Receipt For: 2021	Aggregate `	Year-to-Date ▼		
	Primary x General			740.07	
	Other (specify) ▼		7 7	749.97	
В.	Full Name of Individual (Last, First, Middle Initi McConnell, Martha Ann B, , Ms.,	ial) or Full Or	ganization Name		Date of Receipt
	Mailing Address 3617 Charolais Lane				10 01 2021
	City	State	Zip Code		Transaction ID : SA11AI.19178
	Harrisburg	NC	28075		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			83.33
	Name of Employer (for Individual) Carolinas HealthCare System		ipation (for Individua iinistrator	l)	Memo Item Payroll Deduction \$83.33 monthly
	Receipt For: 2021 Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼	833.30	
-	Full Name of Individual (Last, First, Middle Initi McConnell, Martha Ann B, , Ms.,	ial) or Full Or	ganization Name		Date of Receipt
•	Mailing Address 3617 Charolais Lane				11 01 2021
	City	State	Zip Code		Transaction ID : SA11AI.19203
	Harrisburg	NC	28075		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			83.33
	Name of Employer (for Individual)	Occu	pation (for Individual	l)	Memo Item
	Carolinas HealthCare System		nistrator		Payroll Deduction \$83.33 monthly
	Receipt For: 2021 Primary General	Aggregate `	Year-to-Date ▼		
	Other (specify)		y 4	916.63	
s	UBTOTAL of Receipts This Page (optional)			·····	249.99
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or				ttee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	OSPITAL	AUTHORITY/ATRIU	M HEALTH EMPLOYEES FED PAC
Α.	Full Name of Individual (Last, First, Middle Initi-McConnell, Martha Ann B, , Ms., Mailing Address 3617 Charolais Lane	al) or Full Or	ganization Name	Date of Receipt
	- Training Address 5017 Chardials Lane			12 01 2021
	City Harrisburg	State NC	Zip Code 28075	Transaction ID : SA11AI.19227
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 83.33
	Name of Employer (for Individual) Carolinas HealthCare System Receipt For: 2021 Primary General	Admi	pation (for Individual) inistrator Year-to-Date ▼	Memo Item Payroll Deduction \$83.33 monthly
	Other (specify)	al) as Full Or	999.96	
В.	Full Name of Individual (Last, First, Middle Initi Morris, Kristen, D. $W.$, ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 33700 Woodleigh Road			07 01 2021
	City	State	Zip Code	Transaction ID : SA11AI.19115
	Pepper Pike	OH	44124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.67
	Name of Employer (for Individual) Atrium Health		ipation (for Individual) iinistrator	Memo Item Payroll Deduction \$416.67 monthly
	Receipt For: 2021 Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 2916.69	
— С.	Full Name of Individual (Last, First, Middle Initi Morris, Kristen, D. W., ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 33700 Woodleigh Road			07 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Pepper Pike	State OH	Zip Code 44124	Transaction ID : SA11AI.19135 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		416.67
	Name of Employer (for Individual) Atrium Health		pation (for Individual) inistrator	Memo Item Payroll Deduction \$416.67 monthly
	Receipt For: 2021 Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 3333.36	
H	SUBTOTAL of Receipts This Page (optional)			916.67

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		tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG	HOSPITAL AUTHORITY/ATRIUN	M HEALTH EMPLOYEES FED PAC
Full Name of Individual (Last, First, Middle Morris, Kristen, D. W., ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 33700 Woodleigh Road		09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.19157
Pepper Pike	OH 44124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Atrium Health	Administrator	Payroll Deduction \$416.67 monthly
Receipt For: 2021	Aggregate Year-to-Date ▼	
Primary X General		7
Other (specify) ▼	3750.03	_
Full Name of Individual (Last, First, Middle Morris, Kristen, D. W., ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 33700 Woodleigh Road		10 01 2021
City	State Zip Code	Transaction ID : SA11AI.19177
Pepper Pike	OH 44124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer (for Individual) Atrium Health	Occupation (for Individual) Administrator	Memo Item Payroll Deduction \$416.67 monthly
Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4166.70	
Full Name of Individual (Last, First, Middle D. Morris, Kristen , D. W., ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 33700 Woodleigh Road		11 01 2021
City	State Zip Code	Transaction ID : SA11AI.19202
Pepper Pike	OH 44124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Atrium Health	Administrator	Payroll Deduction \$416.67 monthly
Receipt For: 2021	Aggregate Year-to-Date ▼	
Primary X General	4500.07	7
Other (specify)	4583.37	
SUBTOTAL of Receipts This Page (optional)		1250.01
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				ttee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H	OSPITAL	AUTHORITY/ATRIUI	M HEALTH EMPLOYEES FED PAC
Α.	Full Name of Individual (Last, First, Middle Init Morris, Kristen, D. W., , Mailing Address 33700 Woodleigh Road	ial) or Full O	rganization Name	Date of Receipt 12 01 2021
	City	State	Zip Code	Transaction ID : SA11AI.19226
	Pepper Pike	ОН	44124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		416.67
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	Atrium Health	Adm	ninistrator	Payroll Deduction \$416.67 monthly
	Receipt For: 2021 Primary General Other (specify) Other (specify)	Aggregate	Year-to-Date ▼ 5000.04	
	Cities (openity) V			_
В.	Full Name of Individual (Last, First, Middle Init Nicholson, Henry, Stacy, ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 714 Sainte Rose Lane			07 01 2021
	City	State	Zip Code	Transaction ID : SA11AI.19112
	Charlotte	NC	28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	200.00		
	Name of Employer (for Individual) Atrium Health		upation (for Individual) ninistrator	Memo Item Payroll Deduction \$200 monthly
	Receipt For: 2021 Primary General Other (specify) ▼			
<u> </u>	Full Name of Individual (Last, First, Middle Init Nicholson, Henry, Stacy, ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 714 Sainte Rose Lane			07 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Charlotte	State NC	Zip Code 28226	Transaction ID : SA11AI.19132 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Atrium Health	Adm	inistrator	Payroll Deduction \$200 monthly
	Receipt For: 2021 Primary General Other (specify)			
H	SUBTOTAL of Receipts This Page (optional)			816.67

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nicholson, Henry, Stacy, , Date of Receipt Mailing Address 714 Sainte Rose Lane City Zip Code State Transaction ID: SA11AI.19154 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Atrium Health Administrator Payroll Deduction \$200 monthly Receipt For: 2021 Aggregate Year-to-Date ▼ Primary ✗ General 1800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nicholson, Henry, Stacy, , Date of Receipt Mailing Address 714 Sainte Rose Lane 10 2021 City State Zip Code Transaction ID: SA11AI.19174 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Atrium Health Payroll Deduction \$200 monthly Administrator Receipt For: 2021 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Nicholson, Henry, Stacy, , Date of Receipt Mailing Address 714 Sainte Rose Lane 01 2021 City State Zip Code Transaction ID: SA11AI.19199 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction \$200 monthly Administrator Atrium Health Receipt For: 2021 Aggregate Year-to-Date ▼ Primary **✗** General 2200.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)

$\left. \right\rangle$	CHARLOTTE-MECKLENBURG HC			EALTH EMPLOYEES FED PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Nicholson, Henry, Stacy, ,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 714 Sainte Rose Lane			12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Charlotte	State NC	Zip Code 28226	Transaction ID : SA11AI.19223 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		200.00				
	Name of Employer (for Individual)		tion (for Individual)	Memo Item				
	Atrium Health	Adminis	strator	Payroll Deduction \$200 monthly				
	Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 2400.00					
В.	Full Name of Individual (Last, First, Middle Initia Reynolds, Stacy, L , ,	l) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 1617 Jameston Dr	Ta	Ter e	07 01 2021				
	City	State	Zip Code	Transaction ID : SA11AI.19123				
	Charlotte	NC	28209	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		83.33				
	Name of Employer (for Individual) Atrium Health	Occupa Physici	ation (for Individual) ian	Memo Item Payroll Deduction \$83.33 monthly				
	Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 583.31					
 С.	Full Name of Individual (Last, First, Middle Initia Reynolds, Stacy, L, ,	l) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 1617 Jameston Dr			07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID : SA11AI.19143				
	Charlotte	NC	28209	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		83.33				
	Name of Employer (for Individual) Atrium Health	Occupa Physicia	ition (for Individual) an	Memo Item Payroll Deduction \$83.33 monthly				
	Receipt For: 2021 Primary Seneral Other (specify)	ar-to-Date ▼ 666.64						
s	UBTOTAL of Receipts This Page (optional)		>	366.66				

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Reynolds, Stacy, L,, Date of Receipt Mailing Address 1617 Jameston Dr City Zip Code State Transaction ID: SA11AI.19165 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Atrium Health Physician Payroll Deduction \$83.33 monthly Receipt For: 2021 Aggregate Year-to-Date ▼ Primary ✗ General 749.97 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Reynolds, Stacy, L, , Date of Receipt Mailing Address 1617 Jameston Dr 10 2021 City State Zip Code Transaction ID: SA11AI.19185 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Atrium Health Payroll Deduction \$83.33 monthly Physician Receipt For: 2021 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 833.30 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Reynolds, Stacy, L., Date of Receipt Mailing Address 1617 Jameston Dr 01 2021 City State Zip Code Transaction ID: SA11AI.19210 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction \$83.33 monthly Physician Atrium Health Receipt For: 2021 Aggregate Year-to-Date ▼ Primary **✗** General 916.63 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG	HOSPITAL AUTHO	RITY/ATRIUM H	HEALTH EMPLOYEES FED PAC		
Full Name of Individual (Last, First, Middle I Reynolds, Stacy, L, ,	nitial) or Full Organization	Name	Date of Receipt		
Mailing Address 1617 Jameston Dr			12 01 / Y Y Y Y Y Y		
Charlette	State Zip Co		Transaction ID : SA11AI.19234		
Charlotte	NC 2820	9	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		83.33		
Name of Employer (for Individual)	Occupation (for	Individual)	Memo Item		
Atrium Health	Physician		Payroll Deduction \$83.33 monthly		
Receipt For: 2021	Aggregate Year-to-Da	e ▼			
Primary General		999.96			
Other (specify) ▼	4	399.30			
Full Name of Individual (Last, First, Middle I Runyon, Michael, , Dr.,	nitial) or Full Organization	Name	Date of Receipt		
Mailing Address 1617 Jameston Dr			07 01 2021		
City	State Zip Co	ode	Transaction ID : SA11AI.19119		
Charlotte	NC 2820	9	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	83.33				
Name of Employer (for Individual) Atrium Health	Occupation (for Administrator	Individual)	Memo Item Payroll Deduction \$83.33 monthly		
Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Year-to-Date	e ▼ 583.31			
Full Name of Individual (Last, First, Middle I C. Runyon, Michael, , Dr.,	nitial) or Full Organization	Name	Date of Receipt		
Mailing Address 1617 Jameston Dr			07 30 2021		
City	State Zip Co	ode	Transaction ID : SA11AI.19139		
Charlotte	NC 28209	9	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		83.33		
Name of Employer (for Individual)	Occupation (for	Individual)	Memo Item		
Atrium Health Receipt For: 2021	Administrator		Payroll Deduction \$83.33 monthly		
Primary X General	Aggregate Year-to-Da	e ▼			
Other (specify)	Other (specify) 666.64				
SUBTOTAL of Receipts This Page (optional)			249.99		
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	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBUR(G HOSPITAL AUTHORITY/ATRIUM	HEALTH EMPLOYEES FED PAC
Full Name of Individual (Last, First, Middle Runyon, Michael, , Dr., Mailing Address 1617 Jameston Dr City Charlotte	State Zip Code NC 28209	Date of Receipt 09 01 2021 Transaction ID: SA11AI.19161 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Atrium Health Receipt For: 2021 Primary General Other (specify) Other	Occupation (for Individual) Administrator Aggregate Year-to-Date 749.97	Memo Item Payroll Deduction \$83.33 monthly
Full Name of Individual (Last, First, Middle B. Runyon, Michael, , Dr., Mailing Address 1617 Jameston Dr	e Initial) or Full Organization Name	Date of Receipt 10 01 2021
City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Atrium Health Receipt For: 2021 Primary General Other (specify) ▼	State Zip Code NC 28209 C Occupation (for Individual) Administrator Aggregate Year-to-Date ▼ 833.30	Transaction ID : SA11Al.19181 Amount of Each Receipt this Period 83.33 Memo Item Payroll Deduction \$83.33 monthly
Full Name of Individual (Last, First, Middle Runyon, Michael, , Dr., Mailing Address 1617 Jameston Dr City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Atrium Health Receipt For: 2021 Primary General Other (specify)	State Zip Code NC 28209 C Occupation (for Individual) Administrator Aggregate Year-to-Date 916.63	Date of Receipt 11
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num		249.99

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

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or	for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H	OSPITAL	AUTHORITY/ATRIUM I	HEALTH EMPLOYEES FED PAC
Α.	Full Name of Individual (Last, First, Middle Init Runyon, Michael, , Dr., Mailing Address 1617 Jameston Dr	ial) or Full Org	ganization Name	Date of Receipt
	Walling Address 1017 Jameston Di			12 01 2021
	City Charlotte	State NC	Zip Code 28209	Transaction ID : SA11AI.19230
	FEC ID number of contributing federal political committee.	C	20209	Amount of Each Receipt this Period 83.33
	Name of Employer (for Individual) Atrium Health Receipt For: 2021 Primary	Admi	pation (for Individual) nistrator /ear-to-Date ▼	Memo Item Payroll Deduction \$83.33 monthly
	Other (specify) Other		999.96	
В.	Full Name of Individual (Last, First, Middle Init Sabolovic, Jeffrey, Charles, ,	ial) or Full Org	ganization Name	Date of Receipt
	Mailing Address 159 Cricket Creek Drive			10 01 2021
	City	State	Zip Code	Transaction ID : SA11AI.19175
	Rutherfordton	NC	28139	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer (for Individual) Atrium Health	Occu Phys	pation (for Individual) ician	Memo Item Payroll Deduction \$20.83 monthly
	Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 208.30	
<u> </u>	Full Name of Individual (Last, First, Middle Init Sabolovic, Jeffrey, Charles, ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 159 Cricket Creek Drive			11 01 2021
	City Rutherfordton	State NC	Zip Code 28139	Transaction ID : SA11AI.19200 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.83
	Name of Employer (for Individual) Atrium Health	Occup Physi	pation (for Individual)	Memo Item Payroll Deduction \$20.83 monthly
	Receipt For: 2021 Primary General Other (specify)	T aylon Bedaction \$25.55 monthly		
F	GUBTOTAL of Receipts This Page (optional)	124.99		

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

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			e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG	G HOSPITAL	AUTHORITY/ATRIUM	HEALTH EMPLOYEES FED PAC			
Full Name of Individual (Last, First, Middle Sabolovic, Jeffrey, Charles, , Mailing Address 159 Cricket Creek Drive	e Initial) or Full Or	ganization Name	Date of Receipt			
City	State	Zip Code	12 01 2021 Transaction ID : SA11AI.19224			
Rutherfordton FEC ID number of contributing federal political committee.	NC C	28139	Amount of Each Receipt this Period 20.83			
Name of Employer (for Individual)		pation (for Individual)	Memo Item			
Atrium Health Receipt For: 2021 Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 249.96	Payroll Deduction \$20.83 monthly			
Full Name of Individual (Last, First, Middle Sparks Jr, E, Wayne, , Mailing Address 12021 James Richard Driv	,	ganization Name	Date of Receipt			
City Charlotte	State NC	Zip Code 28277	Transaction ID : SA11AI.19110 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	41.67					
Name of Employer (for Individual) Atrium Health		pation (for Individual) sician	Memo Item Payroll Deduction \$41.67 monthly			
Receipt For: 2021 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.69				
Full Name of Individual (Last, First, Middle C. Sparks Jr, E, Wayne, ,	e Initial) or Full Or	ganization Name	Date of Receipt			
Mailing Address 12021 James Richard Driv	ve		07 30 2021			
City Charlotte	State NC	Zip Code 28277	Transaction ID : SA11AI.19130 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		41.67			
Name of Employer (for Individual) Atrium Health	Occu Physi	pation (for Individual) ician	Memo Item Payroll Deduction \$41.67 monthly			
Receipt For: 2021 Primary General Other (specify)	900.00					
SUBTOTAL of Receipts This Page (optional			104.17			

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		tee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG	HOSPITAL AUTHORITY/ATRIUM	M HEALTH EMPLOYEES FED PAC		
Full Name of Individual (Last, First, Middle Sparks Jr, E, Wayne, ,	, , , , , , , , , , , , , , , , , , ,	Date of Receipt		
Mailing Address 12021 James Richard Drive		09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.19152		
	20211	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	41.67		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Atrium Health	Physician	Payroll Deduction \$41.67 monthly		
Receipt For: 2021	Aggregate Year-to-Date ▼			
Primary ✓ General Other (specify) ▼	375.03			
Full Name of Individual (Last, First, Middle Sparks Jr, E, Wayne, ,	· · · · · · · · · · · · · · · · · · ·	Date of Receipt		
Mailing Address 12021 James Richard Drive		10 01 2021		
City	State Zip Code	Transaction ID : SA11AI.19172		
Charlotte	NC 28277	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	41.67			
Name of Employer (for Individual) Atrium Health	Occupation (for Individual) Physician	Memo Item Payroll Deduction \$41.67 monthly		
Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70			
Full Name of Individual (Last, First, Middle C. Sparks Jr, E, Wayne, ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 12021 James Richard Drive	е	11 01 2021		
City	State Zip Code	Transaction ID : SA11AI.19197		
Charlotte	NC 28277	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	41.67		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Atrium Health	Physician	Payroll Deduction \$41.67 monthly		
Receipt For: 2021 Primary General	Aggregate Year-to-Date ▼			
Other (specify)	450.07			
SUBTOTAL of Receipts This Page (optional).		125.01		
TOTAL This Period (last page this line number	er only)			

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

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or for commercial purposes, other than using the 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sparks Jr, E, Wayne, , Date of Receipt Mailing Address 12021 James Richard Drive City Zip Code State Transaction ID: SA11AI.19221 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Atrium Health Physician Payroll Deduction \$41.67 monthly Receipt For: 2021 Aggregate Year-to-Date ▼ Primary ✗ General 500.04 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** White, Carol Denise, , , Date of Receipt Mailing Address 1012 Preakness Blvd 2021 City State Zip Code Transaction ID: SA11AI.19109 Indian Trail NC 28079 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Atrium Health Payroll Deduction \$41.67 monthly RN/CNE Receipt For: 2021 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 291.69 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** White, Carol Denise, , , Date of Receipt Mailing Address 1012 Preakness Blvd 30 2021 City State Zip Code Transaction ID: SA11AI.19129 NC Indian Trail 28079 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction \$41.67 monthly RN/CNE Atrium Health Receipt For: 2021 Aggregate Year-to-Date ▼ Primary **✗** General 333.36 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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or	for commercial purposes, other than using the			to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H	HEALTH EMPLOYEES FED PAC							
Α.	Full Name of Individual (Last, First, Middle Initial White, Carol Denise, , ,	Date of Receipt							
	Mailing Address 1012 Preakness Blvd	09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID : SA11AI.19151					
	Indian Trail	NC	28079	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		41.67					
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item					
	Atrium Health	Payroll Deduction \$41.67 monthly							
	Receipt For: 2021								
	Primary X General	Aggregate	ear-to-Date v						
	Other (specify) ▼		375.03						
В.	Full Name of Individual (Last, First, Middle Initi White, Carol Denise, , ,	ial) or Full Org	ganization Name	Date of Receipt					
	Mailing Address 1012 Preakness Blvd			10 01 2021					
	City	State	Zip Code	Transaction ID : SA11AI.19171					
	Indian Trail	NC	28079	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	41.67							
	Name of Employer (for Individual) Atrium Health	Occup RN/C	oation (for Individual) NE	Memo Item Payroll Deduction \$41.67 monthly					
	Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 416.70						
<u> </u>	Full Name of Individual (Last, First, Middle Initi	ial) or Full Org	ganization Name	Date of Receipt					
٠.	Mailing Address 1012 Preakness Blvd	11 01 2021							
	City	State	Zip Code	Transaction ID : SA11AI.19196					
	Indian Trail	NC	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	41.67							
	Name of Employer (for Individual)	Memo Item							
	Atrium Health	RN/CI	oation (for Individual) NE	Payroll Deduction \$41.67 monthly					
	Receipt For: 2021								
	Primary Seneral								
	Other (specify)								
H	SUBTOTAL of Receipts This Page (optional)			125.01					

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or for commercial purposes, other than using t	he name and address of any political committee	to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG	HOSPITAL AUTHORITY/ATRIUM F	HEALTH EMPLOYEES FED PAC				
Full Name of Individual (Last, First, Middle White, Carol Denise, , , Mailing Address 1012 Preakness Blvd	Date of Receipt					
	12 01 2021					
City Indian Trail	State Zip Code NC 28079	Transaction ID : SA11AI.19220 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	41.67				
Name of Employer (for Individual) Atrium Health	Occupation (for Individual) RN/CNE	Memo Item Payroll Deduction \$41.67 monthly				
Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04					
Full Name of Individual (Last, First, Middle Wood, Gregory, , , Mailing Address 12641 Woodwinds Circle	Initial) or Full Organization Name	Date of Receipt 10 01 2021				
City	State Zip Code NC 28352	Transaction ID : SA11AI.19173				
Laurinburg FEC ID number of contributing federal political committee.	NC 28352	Amount of Each Receipt this Period 20.83				
Name of Employer (for Individual) Carolinas Healthcare System	Occupation (for Individual) President/SMH	Memo Item Payroll Deduction \$20.83 monthly				
Receipt For: 2021 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30					
Full Name of Individual (Last, First, Middle Wood, Gregory, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 12641 Woodwinds Circle		11 01 2021				
City Laurinburg	State Zip Code NC 28352	Transaction ID : SA11AI.19198 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	20.83				
Name of Employer (for Individual) Carolinas Healthcare System Receipt For: 2021 Primary General Other (specify)	Occupation (for Individual) President/SMH Aggregate Year-to-Date ▼ 229.13	Memo Item Payroll Deduction \$20.83 monthly				
SUBTOTAL of Receipts This Page (optional)	>	83.33				
TOTAL This Period (last page this line number	er only)					

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	sing the name and address of any political committee	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBU	RG HOSPITAL AUTHORITY/ATRIUM H	EALTH EMPLOYEES FED PAC
Full Name of Individual (Last, First, Minus) Wood, Gregory, , , Mailing Address 12641 Woodwinds Circ	Date of Receipt 12 01 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
City Laurinburg FEC ID number of contributing federal political committee.	State Zip Code 28352	Transaction ID : SA11AI.19222 Amount of Each Receipt this Period 20.83
Name of Employer (for Individual) Carolinas Healthcare System Receipt For: 2021 Primary ✗ General Other (specify) ▼	Occupation (for Individual) President/SMH Aggregate Year-to-Date ▼ 249.96	Memo Item Payroll Deduction \$20.83 monthly
Full Name of Individual (Last, First, Mid.) Mailing Address	, , , , , , , , , , , , , , , , , , , ,	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code C Occupation (for Individual)	Amount of Each Receipt this Period Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Michael Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code C Occupation (for Individual) Aggregate Year-to-Date ▼	Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (option	onal)	20.83
TOTAL This Period (last page this line n	number only)	9841.67

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SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 x 23 26 27					
	Detailed Summary Page	21b 28a	22 x 23 26 27 28b 28c 29 30b					
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or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/	ATRIUM HE	EALTH EMPLOYEES FED PAC					
Full Name (Last, First, Middle Initial)								
A. Team McHenry	Date of Disbursement							
Mailing Address PO BOX 2165	Mailing Address PO BOX 2165							
,	State Zip Code NC 28053		FEC Identification Number					
Purpose of Disbursement	20055		C					
campaign contribution		011	Transaction ID : SB23.19247					
Candidate Name McHenry, Patrick, , ,		Category/ Type	Amount of Each Disbursement this Period					
	nent For: 2022	Турс	500.00					
	Primary General Other (specify)							
State: NC District: 10	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial)								
B. Together Holding Our Majority PAC	Together Holding Our Majority PAC							
Mailing Address PO BOX 97396	Mailing Address PO BOX 97396							
,	State Zip Code		FEC Identification Number					
Raleigh Purpose of Disbursement	NC 27624		C					
Campaign Contriibution		011	Transaction ID : SB23.19248					
Candidate Name		Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disbursem	nent For: 2022	туре	1500.00					
	Primary General							
President State: District:	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial)								
C.			Date of Disbursement					
Mailing Address			M M / D D / Y Y Y Y					
City	State Zip Code		FEC Identification Number					
Purpose of Disbursement		C						
Candidate Name	Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disbursem	- 7 7 7							
	Primary General							
State: District:	Other (specify) ▼		Memo Item					
,								
SUBTOTAL of Disbursements This Page (optional)		·····•	2000.00					
TOTAL This Period (last page this line number only).			2000.00					