



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="233584.13"/>	<input type="text" value="233584.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="179893.47"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4810.57"/>	<input type="text" value="51119.91"/>
(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="184704.04"/>	<input type="text" value="284704.04"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="100000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="184704.04"/>	<input type="text" value="184704.04"/>
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/CAROLINAS HEALTHCARE SYSTEM 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).....	4775.55	42496.81
(ii) Unitemized .....	35.02	8488.06
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4810.57	50984.87
(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) .....	4810.57	50984.87
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	135.04
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))..... ▶	4810.57	51119.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4810.57	51119.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	32500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	67500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	100000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	100000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4810.57	50984.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4810.57	50984.87
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 22
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. John W. Baker</b>		Date of Receipt
Mailing Address 16224 Leeward Lane		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code Huntersville NC 28078		<b>Transaction ID : SA11AI.9621</b>
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 41.67
Name of Employer Carolinas HealthCare System	Occupation Healthcare Administrator	Payroll Deduction \$41.67 monthly
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 416.70	

Full Name (Last, First, Middle Initial) <b>B. Teresa M Bowleg</b>		Date of Receipt
Mailing Address 484 Mulkey Drive		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code Murphy NC 28906		<b>Transaction ID : SA11AI.9638</b>
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 20.84
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 208.40	

Full Name (Last, First, Middle Initial) <b>C. Dr. Vincent P Casingal</b>		Date of Receipt
Mailing Address 7112 Graybeard Court		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code Charlotte NC 28226		<b>Transaction ID : SA11AI.9651</b>
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 25.00
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$25 monthly
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> 87.51
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Peter M Cassidy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9905 Grassy Crops Road  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolinas HealthCare System Occupation ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9663**  
 Amount of Each Receipt this Period 20.84  
 Payroll Deduction \$20.84 monthly

**B. Mr. Paul G Colavita**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2501 Sedley Road  
 City Charlotte State NC Zip Code 28211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9629**  
 Amount of Each Receipt this Period 20.84  
 Payroll Deduction \$20.84 monthly

**C. David Ellerbe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2331 Coley View Court  
 City Charlotte State NC Zip Code 28226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolinas HealthCare System Occupation ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9628**  
 Amount of Each Receipt this Period 20.84  
 Payroll Deduction \$20.84 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<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 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Marsha D Ford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6836 Alexander Road  
 City Charlotte State NC Zip Code 28270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CarolinasHealthCareSystem Occupation PHYS  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 01 / 2012  
**Transaction ID : SA11AI.9648**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction \$100 monthly

**B. Mr. Paul S Franz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1320 Fillmore Avenue #413  
 City Charlotte State NC Zip Code 28203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4166.70

Date of Receipt 10 / 01 / 2012  
**Transaction ID : SA11AI.9615**  
 Amount of Each Receipt this Period 416.67  
 Payroll Deduction \$416.67 monthly

**C. Steven A Gilgen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 161 Jarrett Road  
 City Hayesville State NC Zip Code 28904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 10 / 01 / 2012  
**Transaction ID : SA11AI.9620**  
 Amount of Each Receipt this Period 20.84  
 Payroll Deduction \$20.84 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	537.51
<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 9 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Greg A Gombar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4625 Cotton Creek Drive  
 City Charlotte State NC Zip Code 28226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4166.70

Date of Receipt 10 / 01 / 2012  
**Transaction ID : SA11AI.9637**  
 Amount of Each Receipt this Period 416.67  
 Payroll Deduction \$416.67 monthly

**B. Mr. Clark E Goodwin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6028 Alexa Road  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 10 / 01 / 2012  
**Transaction ID : SA11AI.9646**  
 Amount of Each Receipt this Period 20.84  
 Payroll Deduction \$20.84 monthly

**C. Kathleen Grew**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8603 Excalibur Way  
 City Huntersville State NC Zip Code 28078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolinas HealthCare System Occupation VP  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 10 / 01 / 2012  
**Transaction ID : SA11AI.9657**  
 Amount of Each Receipt this Period 20.84  
 Payroll Deduction \$20.84 monthly

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

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

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

FOR LINE NUMBER: PAGE 10 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ms. Janet D Handy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8044 Silver Jade Lane  
 City State Zip Code  
 Denver NC 28037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9653**  
 Amount of Each Receipt this Period  
 41.67  
 Payroll Deduction \$41.67 monthly

**B. Henry C Hawthorne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1310 James B White Hwy N  
 City State Zip Code  
 Whiteville NC 28472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 833.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9614**  
 Amount of Each Receipt this Period  
 83.34  
 Payroll Deduction \$83.34 monthly

**C. Mr. Christopher R Hummer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 Hillside Avenue  
 City State Zip Code  
 Charlotte NC 28209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9625**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll Deduction \$25 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.01  
**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 11 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1506 Providence Drive

City Charlotte State NC Zip Code 28211

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.70**

Date of Receipt **10 / 01 / 2012**

**Transaction ID : SA11AI.9618**

Amount of Each Receipt this Period **166.67**

Payroll Deduction \$166.67 monthly

**B. Mr. W. Christopher Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 445 Forest Hill Circle

City Rutherfordton State NC Zip Code 28139

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **10 / 01 / 2012**

**Transaction ID : SA11AI.9636**

Amount of Each Receipt this Period **41.67**

Payroll Deduction \$41.67 monthly

**C. Ms. Kathleen Ann Kaney**  
Full Name (Last, First, Middle Initial)

Mailing Address 2316 Vail Avenue

City Charlotte State NC Zip Code 28207

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.40**

Date of Receipt **10 / 01 / 2012**

**Transaction ID : SA11AI.9627**

Amount of Each Receipt this Period **20.84**

Payroll Deduction \$20.84 monthly

**SUBTOTAL** of Receipts This Page (optional)..... **229.18**

**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 12 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Catherine S Kneisl</b>		Date of Receipt
Mailing Address 2223 Forest Drive		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Charlotte	NC	28211
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.9626</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="20.84"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Payroll Deduction \$20.84 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.40"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. John J Knox</b>		Date of Receipt
Mailing Address 6530 Boykin Spaniel Road		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Charlotte	NC	28277
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.9647</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="41.67"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Payroll Deduction \$41.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="416.70"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Brent R Lambert</b>		Date of Receipt
Mailing Address 8401 Getalong Rd		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Charlotte	NC	28213
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.9656</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="83.34"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Payroll Deduction \$83.34 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="833.40"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="145.85"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

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

**A. Mr. Frank S Letherby**  
Full Name (Last, First, Middle Initial)

Mailing Address 5234 Lancelot Drive

City Charlotte State NC Zip Code 28270

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **10 / 01 / 2012**

**Transaction ID : SA11AI.9639**

Amount of Each Receipt this Period **41.67**

Payroll Deduction \$41.67 monthly

**B. Mr. W. Spencer Lilly**  
Full Name (Last, First, Middle Initial)

Mailing Address 9306 Copans Glen Lane

City Huntersville State NC Zip Code 28078

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.40**

Date of Receipt **10 / 01 / 2012**

**Transaction ID : SA11AI.9659**

Amount of Each Receipt this Period **83.34**

Payroll Deduction \$83.34 monthly

**C. Toni G Lovingood**  
Full Name (Last, First, Middle Initial)

Mailing Address 406 Long Branch Road

City Marble State NC Zip Code 28905

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.40**

Date of Receipt **10 / 01 / 2012**

**Transaction ID : SA11AI.9635**

Amount of Each Receipt this Period **20.84**

Payroll Deduction \$20.84 monthly

**SUBTOTAL** of Receipts This Page (optional)..... **145.85**

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Frieda M Lowder</b>		Date of Receipt
Mailing Address PO Box 5685		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Concord	NC	28027
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.9665</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="41.67"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Payroll Deduction \$41.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="416.70"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. James T McDeavitt</b>		Date of Receipt
Mailing Address 826 Berkeley Avenue		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Charlotte	NC	28203
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.9655</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="166.67"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Payroll Deduction \$166.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1666.70"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Russell W Moore</b>		Date of Receipt
Mailing Address 8825 Camberly Rd Apt H		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Huntersville	NC	28078
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.9658</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="20.84"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Payroll Deduction \$20.84 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.40"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="229.18"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

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

**A. Mr. F Del Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2824 Winding Oak Drive  
 City Charlotte State NC Zip Code 28270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9632**  
 Amount of Each Receipt this Period 20.84  
 Payroll Deduction \$20.84 monthly

**B. Mr. James C Olsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5900 Summerston Place  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9643**  
 Amount of Each Receipt this Period 125.00  
 Payroll Deduction \$125 monthly

**C. Benjamin Banks Peeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Hungerford Place  
 City Charlotte State NC Zip Code 28207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CarolinasHealthCareSystem Occupation PHYS  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9652**  
 Amount of Each Receipt this Period 20.84  
 Payroll Deduction \$20.84 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.68
<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 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Joseph G Piemont</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		01		2012
M M	/	D D	/	Y Y Y Y								
10		01		2012								
Mailing Address 2028 Hopedale Avenue		<b>Transaction ID : SA11AI.9624</b>										
City Charlotte	State NC	Zip Code 28207										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$400 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00											

Full Name (Last, First, Middle Initial) <b>B. Debra Plousha Moore</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		01		2012
M M	/	D D	/	Y Y Y Y								
10		01		2012								
Mailing Address 6935 Conservatory Lane		<b>Transaction ID : SA11AI.9650</b>										
City Charlotte	State NC	Zip Code 28210										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34											
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$83.34 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.40											

Full Name (Last, First, Middle Initial) <b>C. Thomas J Pulliam</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		01		2012
M M	/	D D	/	Y Y Y Y								
10		01		2012								
Mailing Address 1105 Fawnbrook Road		<b>Transaction ID : SA11AI.9612</b>										
City Lewisville	State NC	Zip Code 27023										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00											
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$300 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	783.34
<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 17 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Derek Raghavan</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 9440 Heydon Hall Circle		<b>Transaction ID : SA11AI.9660</b>
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.67	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70	

Full Name (Last, First, Middle Initial) <b>B. Mr. Roger A Ray</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 11029 Lederer Ave		<b>Transaction ID : SA11AI.9611</b>
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.67	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70	

Full Name (Last, First, Middle Initial) <b>C. Lawrence W Raymond</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2012
Mailing Address 5740 Ballinard Lane		<b>Transaction ID : SA11AI.9641</b>
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 70.00	
Name of Employer Carolinas HealthCare System	Occupation PHYS	Payroll Deduction \$70 monthly
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	403.34
<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 18 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Michael L Rose**  
Full Name (Last, First, Middle Initial)

Mailing Address 6901 Foxglove Drive

City Charlotte State NC Zip Code 28226

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **933.38**

Date of Receipt **10 / 01 / 2012**

**Transaction ID : SA11AI.9649**

Amount of Each Receipt this Period **133.34**

Payroll Deduction \$133.34 monthly

**B. Douglas C Roush**  
Full Name (Last, First, Middle Initial)

Mailing Address 2710 Normandy Road

City Charlotte State NC Zip Code 28209

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.40**

Date of Receipt **10 / 01 / 2012**

**Transaction ID : SA11AI.9630**

Amount of Each Receipt this Period **20.84**

Payroll Deduction \$20.84 monthly

**C. Pamela M Rowell**  
Full Name (Last, First, Middle Initial)

Mailing Address 9702 Heritage Lane

City Indian Trail State NC Zip Code 28079

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

Name of Employer Carolinas HealthCare System Occupation ADMIN

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **10 / 01 / 2012**

**Transaction ID : SA11AI.9662**

Amount of Each Receipt this Period **41.67**

Payroll Deduction \$41.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... **195.85**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kenneth A Shull**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 Greenstoke Loop  
 City Tryon State NC Zip Code 28782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9644**  
 Amount of Each Receipt this Period 41.67  
 Payroll Deduction \$41.67 monthly

**B. Mr. Ronald M Smidt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 901  
 City Troutman State NC Zip Code 28166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9664**  
 Amount of Each Receipt this Period 30.00  
 Payroll Deduction \$30 monthly

**C. James Michael Stevenson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1711 Mission Road  
 City Murphy State NC Zip Code 28906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9622**  
 Amount of Each Receipt this Period 83.34  
 Payroll Deduction \$83.34 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.01
<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 20 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mr. Jody Jay Stock**

Mailing Address 3466 Blue Jay Pass

City State Zip Code  
 Fort Mill SC 29708

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

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 208.40

Date of Receipt  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9634**

Amount of Each Receipt this Period  
 20.84

Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial)  
**B. Daniel W Sweat**

Mailing Address 133 Twin Lake Drive

City State Zip Code  
 Shelby NC 28152

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

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9616**

Amount of Each Receipt this Period  
 100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)  
**C. Mr. Michael C Tarwater**

Mailing Address 1414 Biltmore Drive

City State Zip Code  
 Charlotte NC 28207

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

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 4166.70

Date of Receipt  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9617**

Amount of Each Receipt this Period  
 416.67

Payroll Deduction \$416.67 monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **537.51**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. David Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 Penderlea Lane  
 City State Zip Code  
 Matthews NC 28105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 208.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9619**  
 Amount of Each Receipt this Period  
 20.84  
 Payroll Deduction \$20.84 monthly

**B. Mr. Dennie R Underwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18324 Turnberry Court  
 City State Zip Code  
 Davidson NC 28036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9623**  
 Amount of Each Receipt this Period  
 41.67  
 Payroll Deduction \$41.67 monthly

**C. Ms. Martha J Whitecotton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9526 Greyson Ridge Drive  
 City State Zip Code  
 Charlotte NC 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2012  
**Transaction ID : SA11AI.9661**  
 Amount of Each Receipt this Period  
 42.00  
 Payroll Deduction \$42 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.51
<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 22
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mary Ann Wilcox</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		01		2012
M M	/	D D	/	Y Y Y Y								
10		01		2012								
Mailing Address 2719 Phillips Gate Drive		<b>Transaction ID : SA11AI.9631</b>										
City Charlotte	State NC	Zip Code 28210										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 111.12											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$111.12 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 777.84											

Full Name (Last, First, Middle Initial) <b>B. Ms. Phyllis Anne Wingate</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		01		2012
M M	/	D D	/	Y Y Y Y								
10		01		2012								
Mailing Address 6005 Willowood Road		<b>Transaction ID : SA11AI.9645</b>										
City Kannapolis	State NC	Zip Code 28081										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 222.23											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$222.23 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1555.61											

Full Name (Last, First, Middle Initial) <b>C. Mr. John E Young</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		01		2012
M M	/	D D	/	Y Y Y Y								
10		01		2012								
Mailing Address 809 E. King Street		<b>Transaction ID : SA11AI.9654</b>										
City Kings Mountain	State NC	Zip Code 28086										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$50 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	383.35
<b>TOTAL</b> This Period (last page this line number only).....▶	4775.55