

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

Election on / / in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer Mary Ann Rouse [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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="177257.49"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14937.53"/>	<input type="text" value="77110.89"/>
(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="192195.02"/>	<input type="text" value="310695.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6094.23"/>	<input type="text" value="124594.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="186100.79"/>	<input type="text" value="186100.79"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	14273.02	67495.38
(ii) Unitemized	634.78	9432.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	14907.80	76928.24
(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)	14907.80	76928.24
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.).....	29.73	182.65
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))..... ▶	14937.53	77110.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14937.53	77110.89

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	94.23	94.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	94.23	94.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	42500.00
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	6000.00	82000.00
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)) ..	6094.23	124594.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6094.23	124594.23

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)	14907.80	76928.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14907.80	76928.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	94.23	94.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	94.23	94.23

**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 29
<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

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

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

A. Peter Acker
 Full Name (Last, First, Middle Initial)
 Mailing Address 816 East Park Drive
 City Lincolnton State NC Zip Code 28092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2012
Transaction ID : SA11AI.9814
 Amount of Each Receipt this Period
 350.00

B. Terrence Benton Akin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3922 Hazel Lane
 City Greensboro State NC Zip Code 27408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : SA11AI.9811
 Amount of Each Receipt this Period
 500.00

C. John W. Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address 16224 Leeward Lane
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Healthcare Administrator
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.9834
 Amount of Each Receipt this Period
 41.63
 Payroll Deduction \$41.63 monthly

SUBTOTAL of Receipts This Page (optional).....▶	891.63
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 7 OF 29
	<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)
A. Connie C Bonebrake

Mailing Address 122 Stirling Heights Lane

City State Zip Code
 Ft Mill SC 29715

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

Name of Employer Occupation
 Carolinas HealthCare System ADMIN

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : SA11AI.9802

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Teresa M Bowleg

Mailing Address 484 Mulkey Drive

City State Zip Code
 Murphy NC 28906

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
 11 / 30 / 2012

Transaction ID : SA11AI.9851

Amount of Each Receipt this Period
 20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)
C. Dr. Vincent P Casingal

Mailing Address 7112 Graybeard Court

City State Zip Code
 Charlotte NC 28226

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

Name of Employer Occupation
 CarolinasHealthCareSystem PHYS

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
 11 / 30 / 2012

Transaction ID : SA11AI.9864

Amount of Each Receipt this Period
 25.00

Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional).....▶	1045.76
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 8 OF 29
	<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 ▼ 250.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9876
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

B. Eugene P. Christian
 Full Name (Last, First, Middle Initial)
 Mailing Address 8008 Wicklow Hall Drive
 City Matthews State NC Zip Code 28104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Physician
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 27 / 2012
Transaction ID : SA11AI.9822
 Amount of Each Receipt this Period 250.00

c. 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 ▼ 250.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9842
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional).....▶	291.52
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 9 OF 29
	<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. Rose L Coyne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1329 Wyanoke Ave
 City Shelby State NC Zip Code 28152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Healthcare System Occupation VP/Finance
 Receipt For: 2013
 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
 11 / 28 / 2012
Transaction ID : SA11AI.9804
 Amount of Each Receipt this Period
 250.00

B. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.9841
 Amount of Each Receipt this Period
 20.76
 Payroll Deduction \$20.76 monthly

C. Joseph M Ernest
 Full Name (Last, First, Middle Initial)
 Mailing Address 1814 Dilworth Road West
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Physician
 Receipt For: 2013
 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
 12 / 18 / 2012
Transaction ID : SA11AI.9806
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	520.76
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 10 OF 29
<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

Full Name (Last, First, Middle Initial) A. Jesse Faile		Date of Receipt
Mailing Address 2014 Fairview Circle		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Wilkesboro	NC	28697
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.9807
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Carolinas Healthcare System	President/WRMC	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Marsha D Ford		Date of Receipt
Mailing Address 6836 Alexander Road		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Charlotte	NC	28270
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.9861
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	Payroll Deduction \$100 monthly
CarolinasHealthCareSystem	PHYS	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Paul S Franz		Date of Receipt
Mailing Address 1320 Fillmore Avenue #413		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Charlotte	NC	28203
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.9828
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="416.63"/>
Name of Employer	Occupation	Payroll Deduction \$416.63 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="766.63"/>
TOTAL 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 11 OF 29
	<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. 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 ▼ 250.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9833
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

B. 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 ▼ 5000.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9850
 Amount of Each Receipt this Period 416.63
 Payroll Deduction \$416.63 monthly

C. 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 ▼ 250.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9859
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional).....▶	458.15
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 29
	<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. Kathleen Grew
 Full Name (Last, First, Middle Initial)
 Mailing Address 8603 Excalibur Way
 City State Zip Code
 Huntersville NC 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System VP
 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
 11 / 30 / 2012
Transaction ID : SA11AI.9870
 Amount of Each Receipt this Period
 20.76
 Payroll Deduction \$20.76 monthly

B. Russell C Guerin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3324 Meadow Bluff Drive
 City State Zip Code
 Charlotte NC 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2012
Transaction ID : SA11AI.9808
 Amount of Each Receipt this Period
 2000.00

C. 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.9866
 Amount of Each Receipt this Period
 41.63
 Payroll Deduction \$41.63 monthly

SUBTOTAL of Receipts This Page (optional).....▶	2062.39
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 13 OF 29
	<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. Dr. Frank Harrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 3741 Hearthstone Court
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Physician
 Receipt For: 2013
 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
 12 / 03 / 2012
Transaction ID : SA11AI.9809
 Amount of Each Receipt this Period
 250.00

B. Henry C Hawthorne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 James B White Hwy N
 City Whiteville State NC Zip Code 28472
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.9827
 Amount of Each Receipt this Period
 83.26
 Payroll Deduction \$83.26 monthly

c. Mr. Christopher R Hummer
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Hillside Avenue
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.9838
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional).....▶	358.26
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 29
	<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 ▼ 2000.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9831

Amount of Each Receipt this Period 166.63

Payroll Deduction \$166.63 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 ▼ 500.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9849

Amount of Each Receipt this Period 41.63

Payroll Deduction \$41.63 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 ▼ 250.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9840

Amount of Each Receipt this Period 20.76

Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 229.02

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 15 OF 29
	<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. Ms. Catherine S Kneisl
 Full Name (Last, First, Middle Initial)
 Mailing Address 2223 Forest 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 ▼ 250.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9839
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

B. Mr. John J Knox
 Full Name (Last, First, Middle Initial)
 Mailing Address 6530 Boykin Spaniel Road
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9860
 Amount of Each Receipt this Period 41.63
 Payroll Deduction \$41.63 monthly

C. Mary Kuzmanovich
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1377
 City Davidson State NC Zip Code 28036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Vice President
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 04 / 2012
Transaction ID : SA11AI.9823
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	312.39
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 16 OF 29
<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

Full Name (Last, First, Middle Initial) A. Brent R Lambert		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>11</td> <td>/</td> <td>30</td> <td>/</td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11	/	30	/	2012
M M	/	D D	/	Y Y Y Y								
11	/	30	/	2012								
Mailing Address 8401 Getalong Rd		Transaction ID : SA11AI.9869										
City Charlotte	State NC	Zip Code 28213										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.26											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.26 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

Full Name (Last, First, Middle Initial) B. F Scott Leighty		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>11</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11	/	27	/	2012
M M	/	D D	/	Y Y Y Y								
11	/	27	/	2012								
Mailing Address 721 Governor Morrison St Apt 214		Transaction ID : SA11AI.9820										
City Charlotte	State NC	Zip Code 28211										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00											
Name of Employer Carolinas HealthCare System	Occupation ADMIN											
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

Full Name (Last, First, Middle Initial) C. Mr. Frank S Letherby		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>11</td> <td>/</td> <td>30</td> <td>/</td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11	/	30	/	2012
M M	/	D D	/	Y Y Y Y								
11	/	30	/	2012								
Mailing Address 5234 Lancelot Drive		Transaction ID : SA11AI.9852										
City Charlotte	State NC	Zip Code 28270										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.63											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.63 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

SUBTOTAL of Receipts This Page (optional).....▶	1124.89
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 17 OF 29
	<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) A. Mr. W. Spencer Lilly		Date of Receipt
Mailing Address 9306 Copans Glen Lane		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9872
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.26"/>
	<input type="text" value="1000.00"/>	Payroll Deduction \$83.26 monthly

Full Name (Last, First, Middle Initial) B. Toni G Lovingood		Date of Receipt
Mailing Address 406 Long Branch Road		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Marble	State NC	Zip Code 28905
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9848
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="20.76"/>
	<input type="text" value="250.00"/>	Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial) C. Frieda M Lowder		Date of Receipt
Mailing Address PO Box 5685		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Concord	State NC	Zip Code 28027
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9878
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="41.63"/>
	<input type="text" value="500.00"/>	Payroll Deduction \$41.63 monthly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="145.65"/>
TOTAL 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: PAGE 18 OF 29
(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. Michael J Lutes

Mailing Address 4025 Camrose Crossing

City State Zip Code
 Matthews NC 28104

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

Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2012

Transaction ID : SA11AI.9812

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Mr. James T McDevitt

Mailing Address 826 Berkeley Avenue

City State Zip Code
 Charlotte NC 28203

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 ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012

Transaction ID : SA11AI.9868

Amount of Each Receipt this Period
 166.63

Payroll Deduction \$166.63 monthly

Full Name (Last, First, Middle Initial)
C. Mr. Russell W Moore

Mailing Address 8825 Camberly Rd
 Apt H

City State Zip Code
 Huntersville NC 28078

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
 11 / 30 / 2012

Transaction ID : SA11AI.9871

Amount of Each Receipt this Period
 20.76

Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 687.39

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 29
	<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 ▼ 250.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9845
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 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 ▼ 1500.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9856
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

c. Jerry A Parrish
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Nottingham Court
 City Anderson State SC Zip Code 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 04 / 2012
Transaction ID : SA11AI.9799
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	645.76
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 20 OF 29
	<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) A. Benjamin Banks Peeler		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>30</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2012								
Mailing Address 800 Hungerford Place		Transaction ID : SA11AI.9865										
City Charlotte	State NC	Zip Code 28207										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.76											
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$20.76 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

Full Name (Last, First, Middle Initial) B. Mr. Joseph G Piemont		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>30</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2012								
Mailing Address 2028 Hopedale Avenue		Transaction ID : SA11AI.9837										
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 ▼ 4800.00											

Full Name (Last, First, Middle Initial) C. Debra Plousha Moore		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>30</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2012								
Mailing Address 6935 Conservatory Lane		Transaction ID : SA11AI.9863										
City Charlotte	State NC	Zip Code 28210										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.26											
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$83.26 monthly										
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

SUBTOTAL of Receipts This Page (optional).....▶	504.02
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 29
	<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. Thomas J Pulliam
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Fawnbrook Road

City Lewisville State NC Zip Code 27023

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 ▼ 3600.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9825

Amount of Each Receipt this Period 300.00

Payroll Deduction \$300 monthly

B. Derek Raghavan
Full Name (Last, First, Middle Initial)

Mailing Address 9440 Heydon Hall Circle

City Charlotte State NC Zip Code 28210

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9873

Amount of Each Receipt this Period 166.63

Payroll Deduction \$166.63 monthly

c. Mr. Roger A Ray
Full Name (Last, First, Middle Initial)

Mailing Address 11029 Lederer Ave

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 ▼ 2000.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9824

Amount of Each Receipt this Period 166.63

Payroll Deduction \$166.63 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 633.26

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 22 OF 29
	<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) A. Lawrence W Raymond		Date of Receipt
Mailing Address 5740 Ballinard Lane		<input type="text" value="11"/> / <input type="text" value="30"/> / <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"/>	Transaction ID : SA11AI.9854
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	PHYS	<input type="text" value="70.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Payroll Deduction \$70 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="840.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles B Rich		Date of Receipt
Mailing Address 4100 Foxcroft Road		<input type="text" value="12"/> / <input type="text" value="06"/> / <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"/>	Transaction ID : SA11AI.9813
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	PHYS	<input type="text" value="250.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Michael L Rose		Date of Receipt
Mailing Address 6901 Foxglove Drive		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9862
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="133.28"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Payroll Deduction \$133.28 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="453.28"/>
TOTAL 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 23 OF 29
	<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) A. Douglas C Roush		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012
Mailing Address 2710 Normandy Road		Transaction ID : SA11AI.9843
City Charlotte	State NC	Zip Code 28209
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.76	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.76 monthly
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Pamela M Rowell		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012
Mailing Address 9702 Heritage Lane		Transaction ID : SA11AI.9875
City Indian Trail	State NC	Zip Code 28079
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.63	
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$41.63 monthly
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ms. Virginia Ellen Sheppard		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012
Mailing Address 5345 Hillingdon Road		Transaction ID : SA11AI.9816
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	462.39
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 24 OF 29
	<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 ▼ 500.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9857
 Amount of Each Receipt this Period 41.63
 Payroll Deduction \$41.63 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 ▼ 360.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9877
 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 ▼ 1000.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.9835
 Amount of Each Receipt this Period 83.26
 Payroll Deduction \$83.26 monthly

SUBTOTAL of Receipts This Page (optional).....▶	154.89
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 25 OF 29
	<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

Full Name (Last, First, Middle Initial) A. Mr. Jody Jay Stock			Date of Receipt
Mailing Address 3466 Blue Jay Pass			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.9847
Fort Mill	SC	29708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.76"/>
Name of Employer	Occupation	Payroll Deduction \$20.76 monthly	
CarolinasHealthCareSystem	ADMIN		
Receipt For: 2012	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Daniel W Sweat			Date of Receipt
Mailing Address 133 Twin Lake Drive			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.9829
Shelby	NC	28152	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation	Payroll Deduction \$100 monthly	
CarolinasHealthCareSystem	ADMIN		
Receipt For: 2012	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Michael C Tarwater			Date of Receipt
Mailing Address 1414 Biltmore Drive			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.9830
Charlotte	NC	28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="416.63"/>
Name of Employer	Occupation	Payroll Deduction \$416.63 monthly	
CarolinasHealthCareSystem	ADMIN		
Receipt For: 2012	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="5000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="537.39"/>
TOTAL 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:	PAGE 26 OF 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Chris M Teigland
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : SA11AI.9819
 Amount of Each Receipt this Period
 1000.00

B. Mr. David Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Penderlea Lane
 City Matthews State NC Zip Code 28105
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.9832
 Amount of Each Receipt this Period
 20.76
 Payroll Deduction \$20.76 monthly

C. Mr. Dennie R Underwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 18324 Turnberry Court
 City Davidson State NC Zip Code 28036
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.9836
 Amount of Each Receipt this Period
 41.63
 Payroll Deduction \$41.63 monthly

SUBTOTAL of Receipts This Page (optional).....▶	1062.39
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 27 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Carol Denise White
 Full Name (Last, First, Middle Initial)
 Mailing Address 1012 Preakness Blvd
 City Indian Trail State NC Zip Code 28079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2012
Transaction ID : SA11AI.9798
 Amount of Each Receipt this Period
 250.00

B. Ms. Martha J Whitecotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9526 Greyson Ridge Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.9874
 Amount of Each Receipt this Period
 42.00
 Payroll Deduction \$42 monthly

C. Mary Ann Wilcox
 Full Name (Last, First, Middle Initial)
 Mailing Address 2719 Phillips Gate Drive
 City Charlotte State NC Zip Code 28210
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.9844
 Amount of Each Receipt this Period
 111.04
 Payroll Deduction \$111.04 monthly

SUBTOTAL of Receipts This Page (optional).....▶	403.04
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 28 OF 29
	<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. Ms. Phyllis Anne Wingate
 Full Name (Last, First, Middle Initial)
 Mailing Address 6005 Willowood Road
 City Kannapolis State NC Zip Code 28081
 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 ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.9858
 Amount of Each Receipt this Period
 222.16
 Payroll Deduction \$222.16 monthly

B. Gregory Wood
 Full Name (Last, First, Middle Initial)
 Mailing Address 12641 Woodwinds Circle
 City Laurinburg State NC Zip Code 28352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Healthcare System Occupation President/SMH
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2012
Transaction ID : SA11AI.9803
 Amount of Each Receipt this Period
 250.00

C. Mr. John E Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 E. King Street
 City Kings Mountain State NC Zip Code 28086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.9867
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction \$50 monthly

SUBTOTAL of Receipts This Page (optional).....▶	522.16
TOTAL This Period (last page this line number only).....▶	14273.02

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Committee to Elect Creighton Coleman		Date of Disbursement MM / DD / YYYY 12 / 14 / 2012
Mailing Address P.O. Box 1006		Transaction ID : SB29.9879
City Winnsboro	State SC	
Zip Code 29180	Purpose of Disbursement Non-Federal Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Committee to Elect Dan Forest		Date of Disbursement MM / DD / YYYY 12 / 14 / 2012
Mailing Address P.O. Box 471845		Transaction ID : SB29.9882
City Charlotte	State NC	
Zip Code 28247	Purpose of Disbursement Non-Federal Campaign Contribution	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. The Junior League of Raleigh Inc		Date of Disbursement MM / DD / YYYY 12 / 14 / 2012
Mailing Address 4020 Barrett Drive, #104		Transaction ID : SB29.9881
City Raleigh	State NC	
Zip Code 27609	Purpose of Disbursement Advertising	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	6000.00