

**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"/>		233584.13
(b) Cash on Hand at Beginning of Reporting Period.....	230719.12	
(c) Total Receipts (from Line 19)	9674.35	46309.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	240393.47	279893.47
7. Total Disbursements (from Line 31).....	60500.00	100000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	179893.47	179893.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

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).....	8834.22	37721.26
(ii) Unitemized	786.92	8453.04
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9621.14	46174.30
(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)	9621.14	46174.30
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.).....	53.21	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))..... ▶	9674.35	46309.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9674.35	46309.34

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	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	45500.00	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)) ..	60500.00	100000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60500.00	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)	9621.14	46174.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9621.14	46174.30
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 42
	<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

A. John W. Baker
Full Name (Last, First, Middle Initial)
Mailing Address 16224 Leeward Lane
City State Zip Code
Huntersville NC 28078
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Carolinas HealthCare System Healthcare Administrator
Receipt For: 2012
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
333.36

Date of Receipt
MM / DD / YYYY
08 / 01 / 2012
Transaction ID : SA11AI.9406
Amount of Each Receipt this Period
41.67
Payroll Deduction \$41.67 monthly

B. John W. Baker
Full Name (Last, First, Middle Initial)
Mailing Address 16224 Leeward Lane
City State Zip Code
Huntersville NC 28078
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Carolinas HealthCare System Healthcare Administrator
Receipt For: 2012
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
375.03

Date of Receipt
MM / DD / YYYY
08 / 31 / 2012
Transaction ID : SA11AI.9461
Amount of Each Receipt this Period
41.67
Payroll Deduction \$41.67 monthly

C. Dr. Vincent P Casingal
Full Name (Last, First, Middle Initial)
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 ▼
225.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2012
Transaction ID : SA11AI.9491
Amount of Each Receipt this Period
25.00
Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional).....▶	108.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 42
	<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. 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 ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : SA11AI.9433
 Amount of Each Receipt this Period
100.00
 Payroll Deduction \$100 monthly

B. 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 ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.9488
 Amount of Each Receipt this Period
100.00
 Payroll Deduction \$100 monthly

C. 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 ▼ **3333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : SA11AI.9400
 Amount of Each Receipt this Period
416.67
 Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	616.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 42
	<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. 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 ▼ **3750.03**

Date of Receipt **08 / 31 / 2012**
Transaction ID : SA11AI.9455
 Amount of Each Receipt this Period **416.67**
 Payroll Deduction \$416.67 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 ▼ **3333.36**

Date of Receipt **08 / 01 / 2012**
Transaction ID : SA11AI.9422
 Amount of Each Receipt this Period **416.67**
 Payroll Deduction \$416.67 monthly

c. 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 ▼ **3750.03**

Date of Receipt **08 / 31 / 2012**
Transaction ID : SA11AI.9477
 Amount of Each Receipt this Period **416.67**
 Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	1250.01
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: PAGE 9 OF 42
(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 ▼
 333.36

Date of Receipt
 08 / 01 / 2012
Transaction ID : SA11AI.9438
 Amount of Each Receipt this Period
 41.67
 Payroll Deduction \$41.67 monthly

B. 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 ▼
 375.03

Date of Receipt
 08 / 31 / 2012
Transaction ID : SA11AI.9493
 Amount of Each Receipt this Period
 41.67
 Payroll Deduction \$41.67 monthly

c. 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 ▼
 666.72

Date of Receipt
 08 / 01 / 2012
Transaction ID : SA11AI.9399
 Amount of Each Receipt this Period
 83.34
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional).....▶ 166.68
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 42
(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. Henry C Hawthorne

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 ▼
 750.06

Date of Receipt
 08 / 31 / 2012
Transaction ID : SA11AI.9454

Amount of Each Receipt this Period
 83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)
B. Mr. Christopher R Hummer

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 ▼
 225.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : SA11AI.9465

Amount of Each Receipt this Period
 25.00

Payroll Deduction \$25 monthly

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

Mailing Address 1506 Providence Drive

City State Zip Code
 Charlotte NC 28211

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 ▼
 1333.36

Date of Receipt
 08 / 01 / 2012
Transaction ID : SA11AI.9403

Amount of Each Receipt this Period
 166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.01

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 42
	<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. James C Hunter		Date of Receipt
Mailing Address 1506 Providence Drive		<input type="text" value="08"/> / <input type="text" value="31"/> / <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.9458
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="1500.03"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. W. Christopher Johnson		Date of Receipt
Mailing Address 445 Forest Hill Circle		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Rutherfordton	NC	28139
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9421
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="333.36"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. W. Christopher Johnson		Date of Receipt
Mailing Address 445 Forest Hill Circle		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Rutherfordton	NC	28139
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9476
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="375.03"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.01"/>
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 12 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 12
	<input type="checkbox"/> 11b	<input type="checkbox"/> 13
	<input type="checkbox"/> 11c	<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. 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 ▼ **333.36**

Date of Receipt **08 / 01 / 2012**
Transaction ID : SA11AI.9432
 Amount of Each Receipt this Period **41.67**
 Payroll Deduction \$41.67 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 ▼ **375.03**

Date of Receipt **08 / 31 / 2012**
Transaction ID : SA11AI.9487
 Amount of Each Receipt this Period **41.67**
 Payroll Deduction \$41.67 monthly

C. Brent R Lambert
 Full Name (Last, First, Middle Initial)
 Mailing Address 8401 Getalong Rd
 City Charlotte State NC Zip Code 28213
 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 ▼ **666.72**

Date of Receipt **08 / 01 / 2012**
Transaction ID : SA11AI.9441
 Amount of Each Receipt this Period **83.34**
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional).....▶	166.68
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 42
	<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. Brent R Lambert			Date of Receipt MM / DD / YYYY 08 / 31 / 2012
Mailing Address 8401 Getalong Rd			Transaction ID : SA11AI.9496
City Charlotte	State NC	Zip Code 28213	Amount of Each Receipt this Period 83.34
FEC ID number of contributing federal political committee. C			Payroll Deduction \$83.34 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06		

Full Name (Last, First, Middle Initial) B. Mr. Frank S Letherby			Date of Receipt MM / DD / YYYY 08 / 01 / 2012
Mailing Address 5234 Lancelot Drive			Transaction ID : SA11AI.9424
City Charlotte	State NC	Zip Code 28270	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C			Payroll Deduction \$41.67 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

Full Name (Last, First, Middle Initial) C. Mr. Frank S Letherby			Date of Receipt MM / DD / YYYY 08 / 31 / 2012
Mailing Address 5234 Lancelot Drive			Transaction ID : SA11AI.9479
City Charlotte	State NC	Zip Code 28270	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C			Payroll Deduction \$41.67 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03		

SUBTOTAL of Receipts This Page (optional).....▶	166.68
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 14 OF 42
(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. W. Spencer Lilly
 Full Name (Last, First, Middle Initial)
 Mailing Address 9306 Copans Glen Lane
 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 ▼
 666.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : SA11AI.9444
 Amount of Each Receipt this Period
 83.34
 Payroll Deduction \$83.34 monthly

B. Mr. W. Spencer Lilly
 Full Name (Last, First, Middle Initial)
 Mailing Address 9306 Copans Glen Lane
 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 ▼
 750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.9499
 Amount of Each Receipt this Period
 83.34
 Payroll Deduction \$83.34 monthly

C. Frieda M Lowder
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5685
 City State Zip Code
 Concord NC 28027
 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 ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : SA11AI.9450
 Amount of Each Receipt this Period
 41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.35
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 15 OF 42
(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. Frieda M Lowder
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5685
 City State Zip Code
 Concord NC 28027
 Date of Receipt: 08 / 31 / 2012
Transaction ID : SA11AI.9505
 Amount of Each Receipt this Period: 41.67
 Payroll Deduction \$41.67 monthly
 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: 375.03

B. Mr. James T McDevitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 Berkeley Avenue
 City State Zip Code
 Charlotte NC 28203
 Date of Receipt: 08 / 01 / 2012
Transaction ID : SA11AI.9440
 Amount of Each Receipt this Period: 166.67
 Payroll Deduction \$166.67 monthly
 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: 1333.36

C. Mr. James T McDevitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 Berkeley Avenue
 City State Zip Code
 Charlotte NC 28203
 Date of Receipt: 08 / 31 / 2012
Transaction ID : SA11AI.9495
 Amount of Each Receipt this Period: 166.67
 Payroll Deduction \$166.67 monthly
 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: 1500.03

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.01
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: PAGE 16 OF 42
(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. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : SA11AI.9428
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 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 ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.9483
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

C. Mr. Joseph G Piemont
 Full Name (Last, First, Middle Initial)
 Mailing Address 2028 Hopedale 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 ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : SA11AI.9409
 Amount of Each Receipt this Period 400.00
 Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional).....▶ 650.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 17 OF 42
(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. Joseph G Piemont
 Full Name (Last, First, Middle Initial)
 Mailing Address 2028 Hopedale 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 ▼ 3600.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11AI.9464
 Amount of Each Receipt this Period 400.00
 Payroll Deduction \$400 monthly

B. Debra Plousha Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 6935 Conservatory Lane
 City Charlotte State NC Zip Code 28210
 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 ▼ 666.72

Date of Receipt 08 / 01 / 2012
Transaction ID : SA11AI.9435
 Amount of Each Receipt this Period 83.34
 Payroll Deduction \$83.34 monthly

C. Debra Plousha Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 6935 Conservatory Lane
 City Charlotte State NC Zip Code 28210
 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 ▼ 750.06

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11AI.9490
 Amount of Each Receipt this Period 83.34
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 566.68
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 18 OF 42
(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. 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 ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : SA11AI.9397
 Amount of Each Receipt this Period 300.00
 Payroll Deduction \$300 monthly

B. 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 ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.9452
 Amount of Each Receipt this Period 300.00
 Payroll Deduction \$300 monthly

C. 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 ▼ 1333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : SA11AI.9445
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 766.67
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 42
	<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. Derek Raghavan		Date of Receipt MM / DD / YYYY 08 / 31 / 2012
Mailing Address 9440 Heydon Hall Circle		Transaction ID : SA11AI.9500
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 ▼ 1500.03	

Full Name (Last, First, Middle Initial) B. Mr. Roger A Ray		Date of Receipt MM / DD / YYYY 08 / 01 / 2012
Mailing Address 11029 Lederer Ave		Transaction ID : SA11AI.9396
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 ▼ 1333.36	

Full Name (Last, First, Middle Initial) C. Mr. Roger A Ray		Date of Receipt MM / DD / YYYY 08 / 31 / 2012
Mailing Address 11029 Lederer Ave		Transaction ID : SA11AI.9451
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 ▼ 1500.03	

SUBTOTAL of Receipts This Page (optional).....▶	500.01
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 42
(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. Lawrence W Raymond
 Full Name (Last, First, Middle Initial)
 Mailing Address 5740 Ballinard Lane
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation PHYS
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : SA11AI.9426
 Amount of Each Receipt this Period 70.00
 Payroll Deduction \$70 monthly

B. Lawrence W Raymond
 Full Name (Last, First, Middle Initial)
 Mailing Address 5740 Ballinard Lane
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation PHYS
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.9481
 Amount of Each Receipt this Period 70.00
 Payroll Deduction \$70 monthly

C. 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 ▼ 666.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : SA11AI.9434
 Amount of Each Receipt this Period 133.34
 Payroll Deduction \$133.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 273.34
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 21 OF 42
(check only one)

<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. 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 ▼ **800.04**

Date of Receipt **08 / 31 / 2012**
Transaction ID : SA11AI.9489
Amount of Each Receipt this Period **133.34**
Payroll Deduction \$133.34 monthly

B. 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 ▼ **333.36**

Date of Receipt **08 / 01 / 2012**
Transaction ID : SA11AI.9447
Amount of Each Receipt this Period **41.67**
Payroll Deduction \$41.67 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 ▼ **375.03**

Date of Receipt **08 / 31 / 2012**
Transaction ID : SA11AI.9502
Amount of Each Receipt this Period **41.67**
Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... **216.68**
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 42
	<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

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 ▼ **333.36**

Date of Receipt **08 / 01 / 2012**
Transaction ID : SA11AI.9429
Amount of Each Receipt this Period **41.67**
Payroll Deduction \$41.67 monthly

B. 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 ▼ **375.03**

Date of Receipt **08 / 31 / 2012**
Transaction ID : SA11AI.9484
Amount of Each Receipt this Period **41.67**
Payroll Deduction \$41.67 monthly

C. 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 ▼ **240.00**

Date of Receipt **08 / 01 / 2012**
Transaction ID : SA11AI.9449
Amount of Each Receipt this Period **30.00**
Payroll Deduction \$30 monthly

SUBTOTAL of Receipts This Page (optional).....▶	113.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 42
	<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. 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 ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.9504
 Amount of Each Receipt this Period 30.00
 Payroll Deduction \$30 monthly

B. 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 ▼ 666.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : SA11AI.9407
 Amount of Each Receipt this Period 83.34
 Payroll Deduction \$83.34 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 ▼ 750.06

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.9462
 Amount of Each Receipt this Period 83.34
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional).....▶	196.68
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 42
	<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. Daniel W Sweat		Date of Receipt
Mailing Address 133 Twin Lake Drive		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Shelby	NC	28152
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9401
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="100.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Payroll Deduction \$100 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="800.00"/>	
<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="08"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Shelby	NC	28152
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9456
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="100.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Payroll Deduction \$100 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="900.00"/>	
<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="08"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9402
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="416.67"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	Payroll Deduction \$416.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="3333.36"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="616.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 42
(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. Michael C Tarwater
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 Biltmore Drive
 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 ▼ **3750.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.9457
 Amount of Each Receipt this Period
416.67
 Payroll Deduction \$416.67 monthly

B. 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 ▼ **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : SA11AI.9408
 Amount of Each Receipt this Period
41.67
 Payroll Deduction \$41.67 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 ▼ **375.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : SA11AI.9463
 Amount of Each Receipt this Period
41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ **500.01**
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42
	<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. 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 ▼ 336.00

Date of Receipt 08 / 01 / 2012
Transaction ID : SA11AI.9446
 Amount of Each Receipt this Period 42.00
 Payroll Deduction \$42 monthly

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 ▼ 378.00

Date of Receipt 08 / 31 / 2012
Transaction ID : SA11AI.9501
 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 ▼ 555.60

Date of Receipt 08 / 01 / 2012
Transaction ID : SA11AI.9416
 Amount of Each Receipt this Period 111.12
 Payroll Deduction \$111.12 monthly

SUBTOTAL of Receipts This Page (optional).....▶	195.12
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 42
	<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. Mary Ann Wilcox		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>08</td> <td>/</td> <td>31</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	31	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	31	/	2012								
Mailing Address 2719 Phillips Gate Drive		Transaction ID : SA11AI.9471										
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 ▼ 666.72											

Full Name (Last, First, Middle Initial) B. Ms. Phyllis Anne Wingate		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>08</td> <td>/</td> <td>01</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	01	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	01	/	2012								
Mailing Address 6005 Willowood Road		Transaction ID : SA11AI.9430										
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 ▼ 1111.15											

Full Name (Last, First, Middle Initial) C. Ms. Phyllis Anne Wingate		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>08</td> <td>/</td> <td>31</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	31	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	31	/	2012								
Mailing Address 6005 Willowood Road		Transaction ID : SA11AI.9485										
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 ▼ 1333.38											

SUBTOTAL of Receipts This Page (optional).....▶	555.58
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 42
	<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. John E Young		Date of Receipt
Mailing Address 809 E. King Street		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Kings Mountain	NC	28086
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : SA11AI.9439
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
		Payroll Deduction \$50 monthly

Full Name (Last, First, Middle Initial) B. Mr. John E Young		Date of Receipt
Mailing Address 809 E. King Street		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Kings Mountain	NC	28086
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : SA11AI.9494
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
		Payroll Deduction \$50 monthly

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="8834.22"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 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. McHenry for Congress

Mailing Address PO BOX 1406

City State Zip Code
HICKORY NC 28601

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Patrick Timothy McHenry

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

Transaction ID : SB23.9584

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Mike McIntyre

Mailing Address PO Box 1

City State Zip Code
Lumberton NC 28359

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Mike McIntyre

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

Transaction ID : SB23.9581

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Mulvaney for Congress

Mailing Address PO BOX 1975

City State Zip Code
Lancaster SC 29721

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

John Michael Mulvaney

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

Transaction ID : SB23.9585

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Bill Brawley Committee		Date of Disbursement MM / DD / YYYY 09 / 12 / 2012
Mailing Address 13612 O'Toole Drive		Transaction ID : SB29.9548
City Matthews	State NC	
Purpose of Disbursement Campaign Contribution	Candidate Name Bill Brawley Committee	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) B. Bobby Harrell Campaign Fund		Date of Disbursement MM / DD / YYYY 09 / 21 / 2012
Mailing Address 2000 Sam Rittenberg Blvd Suite 124		Transaction ID : SB29.9598
City Charleston	State SC	
Purpose of Disbursement Campaign Contribution	Candidate Name Bobby Harrell Campaign Fund	Amount of Each Disbursement this Period 2000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) C. Brian White for House		Date of Disbursement MM / DD / YYYY 09 / 21 / 2012
Mailing Address P.O. Box 970		Transaction ID : SB29.9587
City Anderson	State SC	
Purpose of Disbursement Campaign Contribution	Candidate Name Brian White for House	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 011	

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<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. Carla Cunningham Campaign Committee

Mailing Address 6129 Sunbridge Court

City Charlotte State NC Zip Code 28269

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Carla Cunningham Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9549

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens to Elect Kathy Harrington

Mailing Address 3324 Lincoln Lane

City Gastonia State NC Zip Code 28056

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Citizens to Elect Kathy Harrington

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9531

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Jacqueline Schaffer

Mailing Address 12113 Shoal Creek Court

City Charlotte State NC Zip Code 28277

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Committee to Elect Jacqueline Schaffer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9554

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

<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 Kelly Alexander		Date of Disbursement MM / DD / YYYY 09 / 12 / 2012
Mailing Address PO BOX 16896		Transaction ID : SB29.9533
City Charlotte	State NC	
Zip Code 28297-6896	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Committee to Elect Kelly Alexander	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Committee to Elect Linda P. Johnson		Date of Disbursement MM / DD / YYYY 09 / 12 / 2012
Mailing Address 1205 Berkshire Drive		Transaction ID : SB29.9541
City Kannapolis	State NC	
Zip Code 28081	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 2000.00
Candidate Name Committee to Elect Linda P. Johnson	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Committee to Elect Malcolm Graham		Date of Disbursement MM / DD / YYYY 09 / 12 / 2012
Mailing Address 3404 Cresta Court		Transaction ID : SB29.9517
City Charlotte	State NC	
Zip Code 28269	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Committee to Elect Malcolm Graham	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<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 Thom Tillis

Mailing Address P.O. Box 32186

City Charlotte State NC Zip Code 28232

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Committee to Elect Thom Tillis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9545

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Committee to Re-Elect Becky Carney

Mailing Address PO BOX 32873

City Charlotte State NC Zip Code 28232

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Committee to Re-Elect Becky Carney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9547

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COWELL FOR TREASURER

Mailing Address PO BOX 10333

City CHARLOTTE State NC Zip Code 27605

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

COWELL FOR TREASURER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : SB29.9572

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Dalton for Governor

Mailing Address P.O. Box 1696

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Dalton for Governor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : SB29.9570

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dan Clodfelter for Senate

Mailing Address 910 East Blvd

City Charlotte State NC Zip Code 28203

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Dan Clodfelter for Senate

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9524

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Davis for NC Senate

Mailing Address 37 Georgia Road

City Franklin State NC Zip Code 28734

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Davis for NC Senate

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9528

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Dean Arp for NC House		Date of Disbursement MM / DD / YYYY 09 / 12 / 2012
Mailing Address P.O. Box 1511		Transaction ID : SB29.9551
City Monroe	State NC	
Zip Code 28000	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 500.00
Candidate Name Dean Arp for NC House	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Deborah Long for House		Date of Disbursement MM / DD / YYYY 09 / 21 / 2012
Mailing Address 1115 John Short Road		Transaction ID : SB29.9589
City Indian Land	State SC	
Zip Code 29707	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Deborah Long for House	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Elect Rodney W. Moore for NC House 99		Date of Disbursement MM / DD / YYYY 09 / 12 / 2012
Mailing Address 1914 Yaupon Road		Transaction ID : SB29.9543
City Charlotte	State NC	
Zip Code 28215	Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00
Candidate Name Elect Rodney W. Moore for NC House 99	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<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. Elmore for NC House

Mailing Address P.O. Box 522

City North Wilkesboro State NC Zip Code 28659

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Elmore for NC House

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9562

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of John Torbett

Mailing Address 232 Louise Drive

City Stanley State NC Zip Code 28164

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Friends of John Torbett

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9567

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Kelly Hastings

Mailing Address P.O. Box 488

City Cherryville State NC Zip Code 28021

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Friends of Kelly Hastings

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9537

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Friends of Tim Moore

Mailing Address 1417 Merrimont Drive

City Kings Mountain State NC Zip Code 28086

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Friends of Tim Moore

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : SB29.9509

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Gary Simrill for House

Mailing Address 1515 Alexander Road

City Rock Hill State SC Zip Code 29732

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Gary Simrill for House

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : SB29.9591

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gregory for Senate

Mailing Address P.O. Box 1381

City Lancaster State SC Zip Code 29721

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Gregory for Senate

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : SB29.9603

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Hartsell - State Senator Committee

Mailing Address PO BOX 1709

City State Zip Code
Concord NC 28206-1709

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Hartsell - State Senator Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9569

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Hugh Blackwell for NC House

Mailing Address 321 Mountain View Ave SE

City State Zip Code
Valdese NC 28690

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Hugh Blackwell for NC House

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2012

Transaction ID : SB29.9508

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jason Saine Committee

Mailing Address 7465 Bluff Point Lane

City State Zip Code
Denver NC 28037

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Jason Saine Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9559

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3250.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Justin Burr for NC House

Mailing Address P.O. BOX 1966

City Albermarle State NC Zip Code 28002

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Justin Burr for NC House

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9556

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Martha Alexander Campaign Committee

Mailing Address P.O. Box 220661

City Charlotte State NC Zip Code 28222

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Martha Alexander Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9542

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Norman for House District 48

Mailing Address P.O. Box 36518

City Rock Hill State SC Zip Code 29732

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Norman for House District 48

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : SB29.9596

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Phil Berger Committee

Mailing Address P.O. Box 1309

City State Zip Code
Eden NC 27289

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Phil Berger Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9523

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Pope for House

Mailing Address P.O. Box 471

City State Zip Code
York SC 29745

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Pope for House

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : SB29.9593

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert Rucho Committee

Mailing Address 305 Trafalgar Place

City State Zip Code
Matthews NC 28105

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Robert Rucho Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9516

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. The Committee to Elect Jeff Tarte		Date of Disbursement MM / DD / YYYY 09 / 12 / 2012
Mailing Address 8311-4D Magnolia Estates Drive		Transaction ID : SB29.9525
City Cornelius	State NC	
Purpose of Disbursement Campaign Contribution	Candidate Name The Committee to Elect Jeff Tarte	Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) B. The Tricia Cotham Committee		Date of Disbursement MM / DD / YYYY 09 / 12 / 2012
Mailing Address 107 Sardis Grove Lane		Transaction ID : SB29.9546
City Matthews	State NC	
Purpose of Disbursement Campaign Contribution	Candidate Name The Tricia Cotham Committee	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) C. Tommy Tucker for NC Senate		Date of Disbursement MM / DD / YYYY 09 / 12 / 2012
Mailing Address 1206 Rosehill Drive		Transaction ID : SB29.9532
City Waxhaw	State NC	
Purpose of Disbursement Campaign Contribution	Candidate Name Tommy Tucker for NC Senate	Amount of Each Disbursement this Period 2000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 011	

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<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. Warren Daniel for NC Senate

Mailing Address 309 West Union Street

City Morganton State NC Zip Code 28680

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Warren Daniel for NC Senate

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : SB29.9510

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wes Hayes for Senate

Mailing Address 1486 Cureton Drive

City Rock Hill State SC Zip Code 29732

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Wes Hayes for Senate

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : SB29.9601

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2000.00

45500.00