

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

ADDRESS (number and street)

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

Check if different  
than previously  
reported. (ACC)

CHARLOTTE

NC

28203-2861

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

C

C00423871

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

[ ]

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

[ ]

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Rouse, Mary Ann, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Rouse, Mary Ann, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2018</span>		<span style="border: 1px solid black; padding: 2px;">178161.42</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">148534.38</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">9159.53</span>	<span style="border: 1px solid black; padding: 2px;">42532.49</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">157693.91</span>	<span style="border: 1px solid black; padding: 2px;">220693.91</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">63000.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">157693.91</span>	<span style="border: 1px solid black; padding: 2px;">157693.91</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2018

To:

M M / D D / Y Y Y Y Y  
09 30 2018

**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).....

8194.94

33812.00

(ii) Unitemized .....

867.72

8484.28

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

9062.66

42296.28

(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) .....

9062.66

42296.28

## 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.).....

96.87

236.21

## 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)) .....

9159.53

42532.49

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

9159.53

42532.49

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	26000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	37000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	63000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	63000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9062.66	42296.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9062.66	42296.28
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: PAGE 6 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beckwith, Pamela, M, ,

Mailing Address 1709 Rosebank Lane

City  
Charlotte

State  
NC

Zip Code  
28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2018

Transaction ID : SA11AI.17076

Amount of Each Receipt this Period

166.67

☐ Memo Item

Payroll Deduction \$166.67 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beckwith, Pamela, M, ,

Mailing Address 1709 Rosebank Lane

City  
Charlotte

State  
NC

Zip Code  
28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : SA11AI.17132

Amount of Each Receipt this Period

166.67

☐ Memo Item

Payroll Deduction \$166.67 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burr, Stephen C, , Mr.,

Mailing Address 203 Eslynn Road

City  
Mt. Holly

State  
NC

Zip Code  
28120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2018

Transaction ID : SA11AI.17081

Amount of Each Receipt this Period

125.00

☐ Memo Item

Payroll Deduction \$125 monthly

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

458.34

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 7 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burr, Stephen C, , Mr.,

Mailing Address 203 Eslynn Road

City

Mt. Holly

State

NC

Zip Code

28120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Carolinas HealthCare System

Occupation (for Individual)

Administrator

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : SA11AI.17137

Amount of Each Receipt this Period

125.00

☐ Memo Item

Payroll Deduction \$125 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carta, Robert F, , ,

Mailing Address 4319 Wordsworth Lane

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Carolinas HealthCare System

Occupation (for Individual)

Administrator

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

266.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2018

Transaction ID : SA11AI.17101

Amount of Each Receipt this Period

33.34

☐ Memo Item

Payroll Deduction \$33.34 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carta, Robert F, , ,

Mailing Address 4319 Wordsworth Lane

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Carolinas HealthCare System

Occupation (for Individual)

Administrator

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : SA11AI.17156

Amount of Each Receipt this Period

33.34

☐ Memo Item

Payroll Deduction \$33.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

191.68

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 8 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. D'Amico, Paul, A, ,

Mailing Address 3006 Stanbury Drive

City  
Matthews

State  
NC

Zip Code  
28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17092

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction \$83.34 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. D'Amico, Paul, A, ,

Mailing Address 3006 Stanbury Drive

City  
Matthews

State  
NC

Zip Code  
28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17147

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction \$83.34 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eichhorn, Jens, , ,

Mailing Address 2020 Greenbrook Parkway

City  
Weddington

State  
NC

Zip Code  
28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Physician

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17080

Amount of Each Receipt this Period

125.00

☐ Memo Item

Payroll Deduction \$125 monthly

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

291.68

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eichhorn, Jens, , ,

Mailing Address 2020 Greenbrook Parkway

City  
Weddington

State  
NC

Zip Code  
28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Physician

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : SA11AI.17136

Amount of Each Receipt this Period

125.00

☐ Memo Item

Payroll Deduction \$125 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Goodwin, Clark, E, Mr.,

Mailing Address 505 McAlway Rd

City  
Charlotte

State  
NC

Zip Code  
28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2018

Transaction ID : SA11AI.17102

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction \$30 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Goodwin, Clark, E, Mr.,

Mailing Address 505 McAlway Rd

City  
Charlotte

State  
NC

Zip Code  
28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17157

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction \$30 monthly

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

185.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grinton, Patricia, Wiegand, Dr.,

Mailing Address 333 Cross Creek Drive

City  
Cherryville

State  
NC

Zip Code  
28021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Physician

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2018

Transaction ID : SA11AI.17098

Amount of Each Receipt this Period

41.67

☐ Memo Item

Payroll Deduction \$41.67 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grinton, Patricia, Wiegand, Dr.,

Mailing Address 333 Cross Creek Drive

City  
Cherryville

State  
NC

Zip Code  
28021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Physician

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : SA11AI.17153

Amount of Each Receipt this Period

41.67

☐ Memo Item

Payroll Deduction \$41.67 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hall, Mary N, , Dr.,

Mailing Address 1040 Queens Road

City  
Charlotte

State  
NC

Zip Code  
28207-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2018

Transaction ID : SA11AI.17070

Amount of Each Receipt this Period

208.34

☐ Memo Item

Payroll Deduction \$208.34 monthly

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

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

291.68

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

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

FOR LINE NUMBER: PAGE 11 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hall, Mary N, , Dr.,**

Mailing Address 1040 Queens Road

City  
Charlotte

State  
NC

Zip Code  
28207-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

**Transaction ID : SA11AI.17126**

Amount of Each Receipt this Period

208.34

☐ Memo Item

Payroll Deduction \$208.34 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hanley, Matthew, L., ,**

Mailing Address 2640 Beverwyck Road

City  
Charlotte

State  
NC

Zip Code  
28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2018

**Transaction ID : SA11AI.17087**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction \$250 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Haynes, Ken, D., Mr.,**

Mailing Address 6900 Ancient Oak Lane

City  
Charlotte

State  
NC

Zip Code  
28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2018

**Transaction ID : SA11AI.17111**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction \$250 monthly

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

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

708.34

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haynes, Ken, D., Mr.,

Mailing Address 6900 Ancient Oak Lane

City  
Charlotte

State  
NC

Zip Code  
28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : SA11Al.17165

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction \$250 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Heitbrink, Mark, , ,

Mailing Address 12011 Stoney Meadow Drive

City  
Mint Hill

State  
NC

Zip Code  
28227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Physician

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11Al.17073

Amount of Each Receipt this Period

41.67

☐ Memo Item

Payroll Deduction \$41.67 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Heitbrink, Mark, , ,

Mailing Address 12011 Stoney Meadow Drive

City  
Mint Hill

State  
NC

Zip Code  
28227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Physician

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11Al.17129

Amount of Each Receipt this Period

41.67

☐ Memo Item

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

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

333.34

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Herman, Andrew, C, Dr.,

Mailing Address 3021 Stanbury Drive

City  
Matthews

State  
NC

Zip Code  
28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
PHYS

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17094

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction \$83.34 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Herman, Andrew, C, Dr.,

Mailing Address 3021 Stanbury Drive

City  
Matthews

State  
NC

Zip Code  
28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
PHYS

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17149

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction \$83.34 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Herzberg, Jamalyn, J, ,

Mailing Address 6902 Lourdes Ct

City  
Charlotte

State  
NC

Zip Code  
28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : SA11AI.17166

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction \$25 monthly

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

191.68

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 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Higgins, Robert V, , Dr.,

Mailing Address 7112 Fairway Vista Dr.

City  
Charlotte

State  
NC

Zip Code  
28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Physician

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17115

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction \$83.34 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Higgins, Robert V, , Dr.,

Mailing Address 7112 Fairway Vista Dr.

City  
Charlotte

State  
NC

Zip Code  
28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Physician

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17169

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction \$83.34 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hummer, Christopher, R, Mr.,

Mailing Address 215 Hillside Avenue

City  
Charlotte

State  
NC

Zip Code  
28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2018

Transaction ID : SA11AI.17084

Amount of Each Receipt this Period

125.00

☐ Memo Item

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

291.68

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hummer, Christopher, R, Mr.,**

Mailing Address 215 Hillside Avenue

City  
Charlotte

State  
NC

Zip Code  
28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

**Transaction ID : SA11AI.17140**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Payroll Deduction \$125 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hunter, James, C, ,**

Mailing Address 2701 Rothwood Drive

City  
Charlotte

State  
NC

Zip Code  
28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2018

**Transaction ID : SA11AI.17088**

Amount of Each Receipt this Period

166.67

☐ Memo Item

Payroll Deduction \$166.67 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hunter, James, C, ,**

Mailing Address 2701 Rothwood Drive

City  
Charlotte

State  
NC

Zip Code  
28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

**Transaction ID : SA11AI.17143**

Amount of Each Receipt this Period

166.67

☐ Memo Item

Payroll Deduction \$166.67 monthly

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

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

458.34



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Keener, Robert M, , Mr.,

Mailing Address 7871 Ballentrae Place

City  
Stanley

State  
NC

Zip Code  
28164

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : SA11AI.17171

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction \$25 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Krepshaw, John, D., ,

Mailing Address 38 Honeysuckle Court

City  
lake Wylie

State  
SC

Zip Code  
29710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : SA11AI.17155

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction \$25 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Krystopolski, Ruth, A, ,

Mailing Address 346 Wonderwood Dr

City  
Charlotte

State  
NC

Zip Code  
28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17099

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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



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

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Krystopolski, Ruth, A, ,**

Mailing Address 346 Wonderwood Dr

City  
Charlotte

State  
NC

Zip Code  
28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 31 / 2018

Transaction ID : SA11AI.17154

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction \$100 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lovin, Carol, A, ,**

Mailing Address 7023 Conservatory Lane

City  
Charlotte

State  
NC

Zip Code  
28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 01 / 2018

Transaction ID : SA11AI.17113

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction \$250 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Lovin, Carol, A, ,**

Mailing Address 7023 Conservatory Lane

City  
Charlotte

State  
NC

Zip Code  
28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

08 / 31 / 2018

Transaction ID : SA11AI.17167

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction \$250 monthly

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

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

600.00

# **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 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lowder, Frieda, M, ,

Mailing Address PO Box 5685

City  
Concord

State  
NC

Zip Code  
28027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17124

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction \$83.34 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lowder, Frieda, M, ,

Mailing Address PO Box 5685

City  
Concord

State  
NC

Zip Code  
28027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17178

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction \$83.34 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marenic, Zahide, , ,

Mailing Address 5811 Old Well House

City  
Charlotte

State  
NC

Zip Code  
28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17107

Amount of Each Receipt this Period

41.67

☐ Memo Item

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 19 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marenic, Zahide, , ,**

Mailing Address 5811 Old Well House

City  
Charlotte

State  
NC

Zip Code  
28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

08 / 31 / 2018

Transaction ID : SA11AI.17161

Amount of Each Receipt this Period

41.67

☐ Memo Item

Payroll Deduction \$41.67 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martin, Steven, Boyd, ,**

Mailing Address 1904 DeArmon Drive

City  
Charlotte

State  
NC

Zip Code  
28205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 31 / 2018

Transaction ID : SA11AI.17135

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction \$25 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mikus, Sara, J, ,**

Mailing Address 9422 Briarwick Lane

City  
Charlotte

State  
NC

Zip Code  
28277-1673

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 01 / 2018

Transaction ID : SA11AI.17121

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction \$83.34 monthly

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

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

150.01

# **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 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mikus, Sara, J, ,**

Mailing Address 9422 Briarwick Lane

City  
Charlotte

State  
NC

Zip Code  
28277-1673

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2018

**Transaction ID : SA11Al.17175**

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction \$83.34 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nicholson, Henry, Stacy, ,**

Mailing Address 714 Sainte Rose Lane

City  
Charlotte

State  
NC

Zip Code  
28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2018

**Transaction ID : SA11Al.17116**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction \$250 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nicholson, Henry, Stacy, ,**

Mailing Address 714 Sainte Rose Lane

City  
Charlotte

State  
NC

Zip Code  
28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2018

**Transaction ID : SA11Al.17170**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction \$250 monthly

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

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

583.34

# **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 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nordberg, Tye, Jeffrey, ,**

Mailing Address 219 Dellwood Avenue

City  
Charlotte

State  
NC

Zip Code  
28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2018

**Transaction ID : SA11AI.17085**

Amount of Each Receipt this Period

166.67

☐ Memo Item

Payroll Deduction \$166.67 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nordberg, Tye, Jeffrey, ,**

Mailing Address 219 Dellwood Avenue

City  
Charlotte

State  
NC

Zip Code  
28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

**Transaction ID : SA11AI.17141**

Amount of Each Receipt this Period

166.67

☐ Memo Item

Payroll Deduction \$166.67 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Olsen, James C., , Mr.,**

Mailing Address 5900 Summerston Place

City  
Charlotte

State  
NC

Zip Code  
28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2018

**Transaction ID : SA11AI.17108**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction \$250 monthly

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

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

583.34

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

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

FOR LINE NUMBER: PAGE 22 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Olsen, James C., , Mr.,

Mailing Address 5900 Summerston Place

City  
Charlotte

State  
NC

Zip Code  
28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : SA11AI.17162

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction \$250 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ray, Roger, A, Mr.,

Mailing Address 11029 Lederer Ave

City  
Charlotte

State  
NC

Zip Code  
28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2018

Transaction ID : SA11AI.17071

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction \$250 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ray, Roger, A, Mr.,

Mailing Address 11029 Lederer Ave

City  
Charlotte

State  
NC

Zip Code  
28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : SA11AI.17127

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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 23 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Roush, Douglas C, , ,**

Mailing Address 2710 Normandy Road

City  
Charlotte

State  
NC

Zip Code  
28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2018

**Transaction ID : SA11AI.17089**

Amount of Each Receipt this Period

41.67

☐ Memo Item

Payroll Deduction \$41.67 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roush, Douglas C, , ,**

Mailing Address 2710 Normandy Road

City  
Charlotte

State  
NC

Zip Code  
28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

**Transaction ID : SA11AI.17144**

Amount of Each Receipt this Period

41.67

☐ Memo Item

Payroll Deduction \$41.67 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schmale, Rebecca, , ,**

Mailing Address 3238 Park Road

City  
Charlotte

State  
NC

Zip Code  
28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

**Transaction ID : SA11AI.17151**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction \$25 monthly

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

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

108.34



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

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

FOR LINE NUMBER: PAGE 24 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Kempton, S, ,

Mailing Address 2844 Blue Creek Road

City  
Lenoir

State  
NC

Zip Code  
28645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17091

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction \$83.34 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Kempton, S, ,

Mailing Address 2844 Blue Creek Road

City  
Lenoir

State  
NC

Zip Code  
28645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17146

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction \$83.34 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tubaugh, Daniel, , Mr.,

Mailing Address 5307 Greyfriar Ct

City  
Waxhaw

State  
NC

Zip Code  
28173

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2018

Transaction ID : SA11AI.17104

Amount of Each Receipt this Period

42.00

☐ Memo Item

Payroll Deduction \$42 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

208.68

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 25 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tubaugh, Daniel, , Mr.,

Mailing Address 5307 Greyfriar Ct

City  
Waxhaw

State  
NC

Zip Code  
28173

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

Transaction ID : SA11AI.17158

Amount of Each Receipt this Period

42.00

☐ Memo Item

Payroll Deduction \$42 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Whitecotton, Martha J, , Ms.,

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 (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17122

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction \$83.34 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Whitecotton, Martha J, , Ms.,

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 (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ 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 / 2018

Transaction ID : SA11AI.17176

Amount of Each Receipt this Period

83.34

☐ Memo Item

Payroll Deduction \$83.34 monthly

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

208.68

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 26 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wingate, Phyllis, Anne, Ms.,**

Mailing Address 6005 Willowood Road

City  
Kannapolis

State  
NC

Zip Code  
28081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

08 / 01 / 2018

**Transaction ID : SA11AI.17109**

Amount of Each Receipt this Period

166.67

☐ Memo Item

Payroll Deduction \$166.67 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wingate, Phyllis, Anne, Ms.,**

Mailing Address 6005 Willowood Road

City  
Kannapolis

State  
NC

Zip Code  
28081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarolinasHealthCareSystem

Occupation (for Individual)  
ADMIN

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

08 / 31 / 2018

**Transaction ID : SA11AI.17163**

Amount of Each Receipt this Period

166.67

☐ Memo Item

Payroll Deduction \$166.67 monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Woods, Eugene, Antonio, ,**

Mailing Address 2748 Beretania Circle

City  
Charlotte

State  
NC

Zip Code  
28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
Administrator

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3181.85

Date of Receipt

08 / 01 / 2018

**Transaction ID : SA11AI.17090**

Amount of Each Receipt this Period

454.55

☐ Memo Item

Payroll Deduction \$454.55 monthly

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

787.89

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

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

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

FOR LINE NUMBER: PAGE 27 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Woods, Eugene, Antonio, ,</b></p> <p>Mailing Address 2748 Beretania Circle</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City Charlotte</td> <td style="width: 33%;">State NC</td> <td style="width: 33%;">Zip Code 28211</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) Carolinas HealthCare System</td> <td style="width: 66%;">Occupation (for Individual) Administrator</td> </tr> </table> <p>Receipt For: 2018  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">3636.40</span></p>			City Charlotte	State NC	Zip Code 28211	Name of Employer (for Individual) Carolinas HealthCare System	Occupation (for Individual) Administrator	<p>Date of Receipt</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">M M / D D / Y Y Y Y Y Y 08 / 31 / 2018</td> </tr> </table> <p><b>Transaction ID : SA11AL17145</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">454.55</span></p> <p><input type="checkbox"/> Memo Item Payroll Deduction \$454.55 monthly</p>			M M / D D / Y Y Y Y Y Y 08 / 31 / 2018
City Charlotte	State NC	Zip Code 28211									
Name of Employer (for Individual) Carolinas HealthCare System	Occupation (for Individual) Administrator										
M M / D D / Y Y Y Y Y Y 08 / 31 / 2018											
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B.</b></p> <p>Mailing Address</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name of Employer (for Individual)</td> <td style="width: 66%;">Occupation (for Individual)</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;"></span></p>			City	State	Zip Code	Name of Employer (for Individual)	Occupation (for Individual)	<p>Date of Receipt</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">M M / D D / Y Y Y Y Y Y</td> </tr> </table> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;"></span></p> <p><input type="checkbox"/> Memo Item</p>			M M / D D / Y Y Y Y Y Y
City	State	Zip Code									
Name of Employer (for Individual)	Occupation (for Individual)										
M M / D D / Y Y Y Y Y Y											
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C.</b></p> <p>Mailing Address</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name of Employer (for Individual)</td> <td style="width: 66%;">Occupation (for Individual)</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;"></span></p>			City	State	Zip Code	Name of Employer (for Individual)	Occupation (for Individual)	<p>Date of Receipt</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">M M / D D / Y Y Y Y Y Y</td> </tr> </table> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;"></span></p> <p><input type="checkbox"/> Memo Item</p>			M M / D D / Y Y Y Y Y Y
City	State	Zip Code									
Name of Employer (for Individual)	Occupation (for Individual)										
M M / D D / Y Y Y Y Y Y											
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">454.55</span>								
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">8194.94</span>								

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

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

FOR LINE NUMBER: PAGE 28 OF 28

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Wells Fargo Bank, N.A.**

Mailing Address PO Box 63020

City  
San Francisco

State  
CA

Zip Code  
94163

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.72

Date of Receipt

MM / DD / YYYY  
08 / 31 / 2018

**Transaction ID : SA17.17179**

Amount of Each Receipt this Period

32.69

☐ Memo Item  
August 2018 interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Wells Fargo Bank, N.A.**

Mailing Address PO Box 63020

City  
San Francisco

State  
CA

Zip Code  
94163

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.21

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2018

**Transaction ID : SA17.17180**

Amount of Each Receipt this Period

32.49

☐ Memo Item  
September 2018 interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

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

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

65.18

65.18