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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

I ONIVI 3X	For	Other Thai	n An Authorize	d Commi	ttee		Office Use Only	
NAME OF COMMITTEE (in		E OR PRINT		ample: If ty er the lines.		12FE4M5		
CHARLOTTE-M	ECKLENBU	JRG HOSI	PITAL AUTHO	RITY/AT	RIUM HEAL	TH EMPLO	YEES FED	PAC
ADDRESS (number and	d street)	TTENTION: M	ARY ANN ROUSE					
Check if difference than previous reported. (AC	erent L	CHARLOTTE				NC	28203-2861	. , , ,
2. FEC IDENTIFIC	ATION NUMB	ER ▼	CITY ▲			STATE A	ZIP CO	DE 🛦
C C0042387	1		3. IS THIS REPORT	- x	NEW (N) OR	AME (A)	ENDED	
4. TYPE OF REF (Choose One) (a) Quarterly Rep	- ((b) Monthly Report Due On:	Feb 20 (M2 Mar 20 (M3 Apr 20 (M4		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep 2	0 (M8) 0 (M9) 0 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly October	Report (Q1) Report (Q2) 15 Report (Q3)			Primary (1:	2P)	General (1	2G)	Runoff (12R)
January			Election on	M = M	/ D D /	Y I Y I Y I Y	in the State o	f
Year On	Non-election y) (MY)		T-Election rt for the:	General (3	0G)	Runoff (30	PR)	Special (30S)
Terminat (TER)	ion Report		Election on	M = M	/ D D /	Y = Y = Y = Y	in the State o	f
5. Covering Period	07	01	2018	through	M M 09	30	2018	
I certify that I have ex Type or Print Name o	F	eport and to Rouse, Mary Ar		owledge and	d belief it is tru	e, correct and	complete.	
Signature of Treasure	Rouse, Ma	ry Ann, , ,		[Electronica	ully Filed] D	ate 10	03	2018
NOTE: Submission of f	alse, erroneous	, or incomplete	e information may s	ubject the p	erson signing th	is Report to the	e penalties of 52	U.S.C. § 30109
Office Use							FEC FOR Rev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HO	SPITAL AUTHORITY/ATRIUM HEALTI	H EMPLOYEES FED PAC
Report Covering the Period: From:	07	09 / 30 / 2018
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		178161.42
(b) Cash on Hand at Beginning of Reporting Period	148534.38	
(c) Total Receipts (from Line 19)	9159.53	42532.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	157693.91	220693.91
7. Total Disbursements (from Line 31)	0.00	63000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	157693.91	157693.91
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 multion	candidate 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)

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	8194.94	33812.00
(i) itemized (use schedule A)	4 4	
(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	45. 1 45. 1	
(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
2. Transfers From Affiliated/Other		0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
3. All Loans Received	4 4	45 45
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	4 4	4 4
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	00.07	236.21
(Dividends, Interest, etc.)	96.87	230.21
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
,	4 4	4 4
(b) Levin Funds (from Schedule H5)	0.00	0.00
(2) 2011111 1 111111 (111111111111111111111	45 45 45	4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	4 4	
9. 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
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	10101 11110 1 01100	Galeridai Tear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4	4 4
Expenditures	0.00	0.00
(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		26000.00
and Other Political Committees Independent Expenditures	0.00	26000.00
(use Schedule E)	0.00	0.00
 Coordinated Party Expenditures (52 U.S.C. § 30116(d)) 	4 4 4	
(use Schedule F)	0.00	0.00
S. Loan Repayments Made	0.00	0.00
Loan Hopaymonio Mado	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	4 4	
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	4 4
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements (Including		
Non-Federal Donations)	0.00	37000.00
. Federal Election Activity (52 U.S.C. § 30101)	(20))	
(a) Allocated Federal Election Activity	(-3/)	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	4 4 4	1 1 1 1 1 1 1 1
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	63000.00
	0.00	03000.00
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	200	
1011 Ellio 01/	0.00	63000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Dispursements	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				

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

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(che	ck only	or	ne)					
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		13		14		15	16	6	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 Beckwith, Pamela, M,, Date of Receipt Mailing Address 1709 Rosebank Lane 2018 City Zip Code State Transaction ID: SA11AI.17076 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 166.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **ADMIN** CarolinasHealthCareSystem Payroll Deduction \$166.67 monthly Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1333.36 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Beckwith, Pamela, M, Date of Receipt Mailing Address 1709 Rosebank Lane 2018 City State Zip Code Transaction ID: SA11AI.17132 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 166.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CarolinasHealthCareSystem Payroll Deduction \$166.67 monthly **ADMIN** Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1500.03 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Burr, Stephen C., Mr., Date of Receipt Mailing Address 203 Eslynn Road 01 2018 City Zip Code State Transaction ID: SA11AI.17081 NC Mt. Holly 28120 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction \$125 monthly Carolinas HealthCare System Administrator Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 1000.00 Other (specify) 458.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	F	FOR LINE NUMBER: (check only one)	:	PAGE		7	OF		28			
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or for commercial purposes, other than using th	Statements may not be sold or used by any per e name and address of any political committee						
NAME OF COMMITTEE (In Full)	HOSPITAL AUTHORITY/ATRIUM F						
Full Name of Individual (Last, First, Middle In Burr, Stephen C, , Mr., Mailing Address 203 Eslynn Road	nitial) or Full Organization Name	Date of Receipt					
		08 31 2018					
City Mt. Holly	State Zip Code NC 28120	Transaction ID : SA11AI.17137					
	20120	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	125.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Carolinas HealthCare System	Administrator	Payroll Deduction \$125 monthly					
Receipt For: 2018	Aggregate Year-to-Date ▼						
Primary X General Other (specify) ▼	1125.00						
Full Name of Individual (Last, First, Middle In Carta, Robert F, , ,	itial) or Full Organization Name	Date of Receipt					
Mailing Address 4319 Wordsworth Lane		08 01 2018					
City	State Zip Code	Transaction ID : SA11AI.17101					
Charlotte	NC 28211	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	33.34					
Name of Employer (for Individual) Carolinas HealthCare System	Occupation (for Individual) Administrator	Memo Item Payroll Deduction \$33.34 monthly					
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 266.72						
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 4319 Wordsworth Lane		08 31 2018					
City	State Zip Code	Transaction ID : SA11AI.17156					
Charlotte	NC 28211	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	33.34					
Name of Employer (for Individual) Carolinas HealthCare System	Occupation (for Individual) Administrator	Memo Item Payroll Deduction \$33.34 monthly					
Receipt For: 2018	Aggregate Year-to-Date ▼	1					
Primary General Other (specify)	300.06						
SUBTOTAL of Receipts This Page (optional)		191.68					
TOTAL This Period (last page this line number	only)						

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				tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H	IOSPITAL	AUTHORITY/ATRIUN	M HEALTH EMPLOYEES FED PAC
Α.	Full Name of Individual (Last, First, Middle Init D'Amico, Paul, A, , Mailing Address 3006 Stanbury Drive City	tial) or Full Or	ganization Name	Date of Receipt 08 01 2018 Transaction ID: SA11AI.17092
	Matthews	NC	28104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	CarolinasHealthCareSystem	ADM	IIN	Payroll Deduction \$83.34 monthly
	Receipt For: 2018 Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 666.72	
В.	Full Name of Individual (Last, First, Middle Init D'Amico, Paul, A, , Mailing Address 3006 Stanbury Drive	tial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 3006 Stanbury Drive			08 31 2018
	City	State	Zip Code	Transaction ID : SA11AI.17147
	Matthews	NC	28104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	83.34		
	Name of Employer (for Individual) CarolinasHealthCareSystem	Occu ADM	pation (for Individual) IIN	Memo Item Payroll Deduction \$83.34 monthly
	Receipt For: 2018 Primary General Other (specify) ▼	Year-to-Date ▼ 750.06		
<u> </u>	Full Name of Individual (Last, First, Middle Init Eichhorn, Jens, , ,	tial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 2020 Greenbrook Parkway			08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Weddington	State NC	Zip Code 28104	Transaction ID : SA11AI.17080 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer (for Individual) Carolinas HealthCare System	Occu Physi	pation (for Individual) ician	Memo Item Payroll Deduction \$125 monthly
	Receipt For: 2018 Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 1000.00	
H	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of			291.68

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

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

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Eichhorn, Jens, , , Date of Receipt Mailing Address 2020 Greenbrook Parkway 2018 City Zip Code State Transaction ID: SA11AI.17136 Weddington NC 28104 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Carolinas HealthCare System Physician Payroll Deduction \$125 monthly Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1125.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goodwin, Clark, E, Mr., Date of Receipt Mailing Address 505 McAlway Rd 2018 City State Zip Code Transaction ID: SA11AI.17102 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CarolinasHealthCareSystem Payroll Deduction \$30 monthly **ADMIN** Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Goodwin, Clark, E, Mr., Date of Receipt Mailing Address 505 McAlway Rd 2018 City Zip Code State Transaction ID: SA11AI.17157 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction \$30 monthly CarolinasHealthCareSystem **ADMIN** Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 270.00 Other (specify) 185.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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or for commercial purposes, other than using th		to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG I	HOSPITAL AUTHORITY/ATRIUM F	HEALTH EMPLOYEES FED PAC				
Full Name of Individual (Last, First, Middle In Grinton, Patricia, Wiegand, Dr.,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 333 Cross Creek Drive		08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.17098				
Cherryville	NC 28021	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	41.67				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Carolinas HealthCare System	Physician	Payroll Deduction \$41.67 monthly				
Receipt For: 2018	Aggregate Year-to-Date ▼					
Primary X General	00 0					
Other (specify) ▼	333.36					
Full Name of Individual (Last, First, Middle Ir 3. Grinton, Patricia, Wiegand, Dr.,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 333 Cross Creek Drive		08 31 2018				
City	State Zip Code	Transaction ID : SA11AI.17153				
Cherryville	NC 28021	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	41.67				
Name of Employer (for Individual) Carolinas HealthCare System	Occupation (for Individual) Physician	Memo Item Payroll Deduction \$41.67 monthly				
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03					
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 1040 Queens Road		08 01 2018				
City	State Zip Code	Transaction ID : SA11AI.17070				
Charlotte	NC 28207-1848	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	208.34				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Carolinas HealthCare System	Administrator	Payroll Deduction \$208.34 monthly				
Receipt For: 2018	Aggregate Year-to-Date ▼					
Primary X General	4666.70					
Other (specify)	1666.72					
SUBTOTAL of Receipts This Page (optional)		291.68				
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	for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H	OSPITAL	AUTHORITY/ATRIUM H	HEALTH EMPLOYEES FED PAC
Α.	Full Name of Individual (Last, First, Middle Initi Hall, Mary N, , Dr., Mailing Address 1040 Queens Road	al) or Full Or	ganization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Charlotte	State NC	Zip Code 28207-1848	Transaction ID : SA11AI.17126
	FEC ID number of contributing federal political committee.	C	20207 1040	Amount of Each Receipt this Period 208.34
	Name of Employer (for Individual) Carolinas HealthCare System Receipt For: 2018	Admi	pation (for Individual) inistrator Year-to-Date ▼	Memo Item Payroll Deduction \$208.34 monthly
	Primary ✓ General Other (specify) ✓		1875.06	
В.	Full Name of Individual (Last, First, Middle Initi Hanley, Matthew, L., , Mailing Address 2640 Beverwyck Road	al) or Full Or	ganization Name	Date of Receipt 08 01 2018
	City Charlotte	State NC	Zip Code 28211	Transaction ID : SA11AI.17087 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Carolinas HealthCare System		pation (for Individual) inistrator	Memo Item Payroll Deduction \$250 monthly
	Receipt For: 2018 Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1000.00	
<u>С</u> .	Full Name of Individual (Last, First, Middle Initi Haynes, Ken, D., Mr.,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 6900 Ancient Oak Lane			08
	City Charlotte	State NC	Zip Code 28277	Transaction ID : SA11AI.17111 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) Carolinas HealthCare System Receipt For: 2018	Admi	pation (for Individual) nistrator	Memo Item Payroll Deduction \$250 monthly
	Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	
S	SUBTOTAL of Receipts This Page (optional)		>	708.34
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	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H	IOSPITAL	AUTHORITY/ATRIUM H	HEALTH EMPLOYEES FED PAC
Α.	Full Name of Individual (Last, First, Middle Init Haynes, Ken, D., Mr.,	tial) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 6900 Ancient Oak Lane			08 31 2018
	City	State	Zip Code	Transaction ID : SA11AI.17165
	Charlotte	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	Carolinas HealthCare System		nistrator	Payroll Deduction \$250 monthly
	Receipt For: 2018 Primary General Other (specify)	Aggregate Y	∕ear-to-Date ▼ 2250.00	
В.	Full Name of Individual (Last, First, Middle Init Heitbrink, Mark, , ,	tial) or Full Org	ganization Name	Date of Receipt
	Mailing Address 12011 Stoney Meadow Drive			08 01 2018
	City	State	Zip Code	Transaction ID : SA11AI.17073
	Mint Hill	NC	28227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	41.67		
	Name of Employer (for Individual) Carolinas HealthCare System	Occu Phys	pation (for Individual) ician	Memo Item Payroll Deduction \$41.67 monthly
	Receipt For: 2018	Aggregate Y	∕ear-to-Date ▼	
	Primary		333.36	
— С.	Full Name of Individual (Last, First, Middle Init Heitbrink, Mark, , ,	tial) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 12011 Stoney Meadow Drive			08 31 2018
	City Mint Hill	State NC	Zip Code 28227	Transaction ID : SA11AI.17129 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
	Carolinas HealthCare System	Physi	,	Payroll Deduction \$41.67 monthly
	Receipt For: 2018 Primary General Other (specify)	Aggregate Y	∕ear-to-Date ▼ 375.03	
H	COTAL This Period (last page this line number of		•	333.34

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

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or	for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	OSPITAL A	AUTHORITY/ATRIUM F	HEALTH EMPLOYEES FED PAC
Α.		ial) or Full Org	anization Name	Date of Receipt
	Mailing Address 3021 Stanbury Drive			08 01 2018
	City	State	Zip Code	Transaction ID : SA11AI.17094
	Matthews	NC	28104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	CarolinasHealthCareSystem	PHYS		Payroll Deduction \$83.34 monthly
	Receipt For: 2018	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼		666.72	
В.	Full Name of Individual (Last, First, Middle Initi Herman, Andrew, C, Dr.,	ial) or Full Org	anization Name	Date of Receipt
	Mailing Address 3021 Stanbury Drive			08 31 2018
	City	State	Zip Code	Transaction ID : SA11AI.17149
	Matthews	NC	28104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34
	Name of Employer (for Individual) CarolinasHealthCareSystem	Occup PHYS	ation (for Individual)	Memo Item Payroll Deduction \$83.34 monthly
	Receipt For: 2018 Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 750.06	
<u> </u>	Full Name of Individual (Last, First, Middle Initi Herzberg, Jamalyn, J, ,	ial) or Full Org	anization Name	Date of Receipt
	Mailing Address 6902 Lourdes Ct			08 31 2018
	City Charlotte	State NC	Zip Code 28277	Transaction ID : SA11AI.17166 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	Carolinas HealthCare System	istrator	Payroll Deduction \$25 monthly	
	Receipt For: 2018 Primary General Other (specify)	ear-to-Date ▼ 225.00		
H	SUBTOTAL of Receipts This Page (optional)			191.68

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

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.				
/	G HOSPITAL AUTHORITY/ATRIUM F	HEALTH EMPLOYEES FED PAC				
Full Name of Individual (Last, First, Middle Higgins, Robert V, , Dr.,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 7112 Fairway Vista Dr.		08				
City	State Zip Code	Transaction ID : SA11AI.17115				
Charlotte	NC 28226	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	83.34				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Carolinas HealthCare System	Physician	Payroll Deduction \$83.34 monthly				
Receipt For: 2018	Aggregate Year-to-Date ▼					
Primary X General						
Other (specify) ▼	666.72					
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	+				
Higgins, Robert V, , Dr.,		Date of Receipt				
Mailing Address 7112 Fairway Vista Dr.		08 31 2018				
City	State Zip Code	Transaction ID : SA11AI.17169				
Charlotte	NC 28226	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	83.34				
Name of Employer (for Individual) Carolinas HealthCare System	Occupation (for Individual) Physician	Memo Item Payroll Deduction \$83.34 monthly				
Receipt For: 2018 Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	750.06					
Full Name of Individual (Last, First, Middle Hummer, Christopher, R, Mr.,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 215 Hillside Avenue		Date of Receipt				
		08 01 2018				
City	State Zip Code	Transaction ID : SA11AI.17084				
Charlotte	NC 28209	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
CarolinasHealthCareSystem	ADMIN	Payroll Deduction \$125 monthly				
Receipt For: 2018	Aggregate Year-to-Date ▼					
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Other (specify)	1000.00					
SUBTOTAL of Receipts This Page (optiona	n -	291.68				
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	for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	OSPITAL	AUTHORITY/ATRIUM H	HEALTH EMPLOYEES FED PAC
Α.	Full Name of Individual (Last, First, Middle Initial Hummer, Christopher, R, Mr., Mailing Address 215 Hillside Avenue	al) or Full Or	ganization Name	Date of Receipt
	City	State	Zip Code	08 31 2018 Transaction ID : SA11AI.17140
	Charlotte FEC ID number of contributing federal political committee.	C	28209	Amount of Each Receipt this Period 125.00
	Name of Employer (for Individual) CarolinasHealthCareSystem Receipt For: 2018	ADM	pation (for Individual) IN /ear-to-Date ▼	Memo Item Payroll Deduction \$125 monthly
	Primary X General Other (specify) ▼	riggrogato	1125.00	
В.	Full Name of Individual (Last, First, Middle Initial Hunter, James, C, , Mailing Address 2701 Rothwood Drive	al) or Full Or	ganization Name	Date of Receipt 08 01 2018
	City Charlotte	State NC	Zip Code 28211	Transaction ID : SA11AI.17088 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		166.67
	Name of Employer (for Individual) CarolinasHealthCareSystem	Occu ADM	pation (for Individual) IIN	Memo Item Payroll Deduction \$166.67 monthly
	Receipt For: 2018 Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 1333.36	
С .	Full Name of Individual (Last, First, Middle Initial Hunter, James, C, ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 2701 Rothwood Drive			08 31 2018
	Charlotte	State NC	Zip Code 28211	Transaction ID : SA11AI.17143 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		166.67
	Name of Employer (for Individual) CarolinasHealthCareSystem Receipt For: 2018	ADMI		Memo Item Payroll Deduction \$166.67 monthly
	Primary Seneral Other (specify)	Aggregate \	∕ear-to-Date ▼ 1500.03	
s	SUBTOTAL of Receipts This Page (optional)			458.34
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or for commercial purposes, other than using		ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG	HOSPITAL AUTHORITY/ATRIUM	I HEALTH EMPLOYEES FED PAC
Full Name of Individual (Last, First, Middle Keener, Robert M, , Mr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 7871 Ballentrae Place	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code NC 28164	Transaction ID : SA11AI.17171
Stanley	20104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Carolinas HealthCare System	Administrator	Payroll Deduction \$25 monthly
Receipt For: 2018	Aggregate Year-to-Date ▼	
Primary ✓ General Other (specify) ✓	225.00	
Full Name of Individual (Last, First, Middle Krepshaw, John, D., ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 38 Honeysuckle Court		08 31 2018
City	State Zip Code	Transaction ID : SA11AI.17155
lake Wylie	SC 29710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	25.00	
Name of Employer (for Individual) CarolinasHealthCareSystem	Occupation (for Individual) ADMIN	Memo Item Payroll Deduction \$25 monthly
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle C. Krystopolski, Ruth, A, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 346 Wonderwood Dr		08 01 2018
City	State Zip Code	Transaction ID : SA11AI.17099
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Carolinas HealthCare System Receipt For: 2018	Administrator	Payroll Deduction \$100 monthly
Primary X General	Aggregate Year-to-Date ▼	_
Other (specify)	800.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG F	HOSPITAL AUTHORITY/ATRIUM HI	EALTH EMPLOYEES FED PAC
Full Name of Individual (Last, First, Middle In Krystopolski, Ruth, A, , Mailing Address 346 Wonderwood Dr City	state Zip Code	Date of Receipt M M
City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Carolinas HealthCare System Receipt For: 2018 Primary General Other (specify)	State Zlp Code NC 28211 C Occupation (for Individual) Administrator Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 100.00 Memo Item Payroll Deduction \$100 monthly
Full Name of Individual (Last, First, Middle In Lovin, Carol, A, , Mailing Address 7023 Conservatory Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) CarolinasHealthCareSystem Receipt For: 2018 Primary General Other (specify)	State Zip Code NC 28210 C Occupation (for Individual) ADMIN Aggregate Year-to-Date 2000,00	Date of Receipt M M M
Full Name of Individual (Last, First, Middle In Lovin, Carol, A, , Mailing Address 7023 Conservatory Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) CarolinasHealthCareSystem Receipt For: 2018 Primary General Other (specify)	State Zip Code NC 28210 C Occupation (for Individual) ADMIN Aggregate Year-to-Date 2250.00	Date of Receipt M M M / 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)		600.00
TOTAL This Period (last page this line number	only)	7 7

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			to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBUR	G HOSPITAL AUT	THORITY/ATRIUM I	HEALTH EMPLOYEES FED PAC
Full Name of Individual (Last, First, Middle Lowder, Frieda, M, , Mailing Address PO Box 5685 City Concord FEC ID number of contributing	State Z	ation Name ip Code 28027	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: 2018 Primary Other (specify) ▼ Rederal political committee. Receipt For: 2018 Other (specify) ▼		o-Date ▼	Memo Item Payroll Deduction \$83.34 monthly
B. Lowder, Frieda, M, , Mailing Address PO Box 5685	e Initial) or Full Organiza	ation Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Concord FEC ID number of contributing federal political committee. Name of Employer (for Individual) CarolinasHealthCareSystem Receipt For: 2018 Primary ★ General Other (specify) ▼	Occupation ADMIN Aggregate Year-t	750.06	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 Marenic, Zahide, , , Mailing Address 5811 Old Well House City Charlotte FEC ID number of contributing federal political committee. Name of Employer (for Individual) Carolinas HealthCare System Receipt For: 2018 Primary General Other (specify)	State Z NC Z	ip Code 28226 n (for Individual) tor	Date of Receipt M M M / D D / 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

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

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or for commercial purposes, other than using	the name and ad	dress of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG	HOSPITAL	AUTHORITY/ATRIUM H	EALTH EMPLOYEES FED PAC
Full Name of Individual (Last, First, Middle Marenic, Zahide, , , Mailing Address 5811 Old Well House	Initial) or Full Org	ganization Name	Date of Receipt
City	Ctata	Zin Codo	08 31 2018
City Charlotte	State NC	Zip Code 28226	Transaction ID : SA11AI.17161
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 41.67
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
Carolinas HealthCare System	Admi	nistrator	Payroll Deduction \$41.67 monthly
Receipt For: 2018 Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼	
Carlot (openity) 🔻		F 45	
Full Name of Individual (Last, First, Middle	Initial) or Full Ord	ganization Name	
B. Martin, Steven, Boyd, ,	,		Date of Receipt
Mailing Address 1904 DeArmon Drive			08 31 2018
City	State	Zip Code	Transaction ID : SA11AI.17135
Charlotte	NC	28205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) CarolinasHealthCareSystem	Occu ADM	pation (for Individual) IIN	Memo Item Payroll Deduction \$25 monthly
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle C. Mikus, Sara, J, ,	Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 9422 Briarwick Lane			08 01 2018
City Charlotte	State NC	Zip Code 28277-1673	Transaction ID : SA11AI.17121 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer (for Individual) CarolinasHealthCareSystem	Occup ADMI	pation (for Individual) N	Memo Item Payroll Deduction \$83.34 monthly
Receipt For: 2018 Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 666.72	
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb		<u> </u>	150.01

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mikus, Sara, J,, Date of Receipt Mailing Address 9422 Briarwick Lane 2018 City Zip Code State Transaction ID: SA11AI.17175 NC Charlotte 28277-1673 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **ADMIN** CarolinasHealthCareSystem Payroll Deduction \$83.34 monthly Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 750.06 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nicholson, Henry, Stacy, , Date of Receipt Mailing Address 714 Sainte Rose Lane 2018 City State Zip Code Transaction ID: SA11AI.17116 Charlotte NC 28226 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Carolinas HealthCare System Payroll Deduction \$250 monthly Administrator Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Nicholson, Henry, Stacy, , Date of Receipt Mailing Address 714 Sainte Rose Lane 2018 City State Zip Code Transaction ID: SA11AI.17170 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction \$250 monthly Carolinas HealthCare System Administrator Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 2250.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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or for commercial purposes, other than using the	ne name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG	HOSPITAL AUTHORITY/ATRIUM H	EALTH EMPLOYEES FED PAC
Full Name of Individual (Last, First, Middle In Nordberg, Tye, Jeffrey, , Mailing Address 219 Dellwood Avenue	nitial) or Full Organization Name	Date of Receipt
		08 01 2018
City	State Zip Code	Transaction ID : SA11AI.17085
Charlotte	NC 28209	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Carolinas HealthCare System	Administrator	Payroll Deduction \$166.67 monthly
Receipt For: 2018	Aggregate Year-to-Date ▼	
Primary ★ General Other (specify) ▼	1333.36	
Full Name of Individual (Last, First, Middle In Nordberg, Tye, Jeffrey, ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 219 Dellwood Avenue		08 31 2018
City	State Zip Code	
Charlotte	NC 28209	Transaction ID : SA11AI.17141 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer (for Individual) Carolinas HealthCare System	Occupation (for Individual) Administrator	Memo Item Payroll Deduction \$166.67 monthly
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03	
Full Name of Individual (Last, First, Middle In Olsen, James C., , Mr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 5900 Summerston Place		08 01 2018
City	State Zip Code	Transaction ID : SA11AI.17108
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Carolinas HealthCare System	Occupation (for Individual) Administrator	Memo Item Payroll Deduction \$250 monthly
Receipt For: 2018	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	2000.00	
SUBTOTAL of Receipts This Page (optional)	•	583.34
TOTAL This Period (last page this line number	r only)	

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	ts and Statements may not be sold or used by any per using the name and address of any political committee	
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBU	JRG HOSPITAL AUTHORITY/ATRIUM H	IEALTH EMPLOYEES FED PAC
Full Name of Individual (Last, First, M Olsen, James C., , Mr., Mailing Address 5900 Summerston Plants	iddle Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	08 31 2018 Transaction ID : SA11AI.17162
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Carolinas HealthCare System	Administrator	Payroll Deduction \$250 monthly
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name of Individual (Last, First, MB. Ray, Roger, A, Mr., Mailing Address 11029 Lederer Ave	iddle Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	08 01 2018
Charlotte	NC 28277	Transaction ID : SA11AI.17071 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) CarolinasHealthCareSystem	Occupation (for Individual) ADMIN	Memo Item Payroll Deduction \$250 monthly
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name of Individual (Last, First, MC. Ray, Roger, A, Mr.,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 11029 Lederer Ave		08 31 2018
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.17127 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) CarolinasHealthCareSystem	Occupation (for Individual) ADMIN	Memo Item Payroll Deduction \$250 monthly
Receipt For: 2018 Primary General Other (specify)	Aggregate Year-to-Date ▼ 2250.00	
	number only)	750.00

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Roush, Douglas C, , , Date of Receipt Mailing Address 2710 Normandy Road 2018 City Zip Code State Transaction ID: SA11AI.17089 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Carolinas HealthCare System Administrator Payroll Deduction \$41.67 monthly Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 333.36 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Roush, Douglas C, , , Date of Receipt Mailing Address 2710 Normandy Road 2018 City State Zip Code Transaction ID: SA11AI.17144 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Carolinas HealthCare System Payroll Deduction \$41.67 monthly Administrator Receipt For: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 375.03 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Schmale, Rebecca, , , Date of Receipt Mailing Address 3238 Park Road 2018 City Zip Code State Transaction ID : SA11AI.17151 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction \$25 monthly Carolinas HealthCare System Administrator Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 225.00 Other (specify) 108.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Kempton, S,, Date of Receipt Mailing Address 2844 Blue Creek Road 2018 City Zip Code State Transaction ID: SA11AI.17091 NC Lenoir 28645 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Carolinas HealthCare System Administrator Payroll Deduction \$83.34 monthly Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 666.72 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smith, Kempton, S., Date of Receipt Mailing Address 2844 Blue Creek Road 2018 City State Zip Code Transaction ID: SA11AI.17146 NC Lenoir 28645 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Carolinas HealthCare System Payroll Deduction \$83.34 monthly Administrator Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 750.06 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Tubaugh, Daniel, , Mr., Date of Receipt Mailing Address 5307 Greyfriar Ct 01 2018 City Zip Code State Transaction ID: SA11AI.17104 NC Waxhaw 28173 Amount of Each Receipt this Period FEC ID number of contributing C 42.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction \$42 monthly Carolinas HealthCare System Administrator Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **X** General 336.00 Other (specify) 208.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG H	IOSPITAL A	AUTHORITY/ATRIUM H	HEALTH EMPLOYEES FED PAC
Α.	Full Name of Individual (Last, First, Middle Init Tubaugh, Daniel, , Mr.,	tial) or Full Org	ganization Name	Date of Receipt
	Mailing Address 5307 Greyfriar Ct			08 31 2018
	City Waxhaw	State NC	Zip Code 28173	Transaction ID : SA11AI.17158
		INC	20173	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	Carolinas HealthCare System	Admir	nistrator	Payroll Deduction \$42 monthly
	Receipt For: 2018 Primary General Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Init Whitecotton, Martha J, , Ms.,	tial) or Full Org	ganization Name	Date of Receipt
	Mailing Address 9526 Greyson Ridge Drive		08 01 2018	
	City	State	Zip Code	Transaction ID : SA11AI.17122
	Charlotte	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	83.34		
	Name of Employer (for Individual) Carolinas HealthCare System	1	pation (for Individual) nistrator	Memo Item Payroll Deduction \$83.34 monthly
	Receipt For: 2018	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) ▼			
-	Full Name of Individual (Last, First, Middle Init Whitecotton, Martha J, , Ms.,	tial) or Full Org	ganization Name	Date of Receipt
	Mailing Address 9526 Greyson Ridge Drive	08 31 2018		
	City Charlotte	State NC	Zip Code 28277	Transaction ID : SA11AI.17176 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	Carolinas HealthCare System	Admir	nistrator	Payroll Deduction \$83.34 monthly
	Receipt For: 2018 Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 750.06	
H	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number)		>	208.68

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

FOR LINE NUMBER:					PAGE	2	26	OF		28	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

or for commercial purposes, other than using the	e name and address of any political committee	to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG I	HOSPITAL AUTHORITY/ATRIUM H	EALTH EMPLOYEES FED PAC						
Full Name of Individual (Last, First, Middle In Wingate, Phyllis, Anne, Ms., Mailing Address 6005 Willowood Road	nitial) or Full Organization Name	Date of Receipt						
	08 01 2018							
City	State Zip Code NC 28081	Transaction ID : SA11AI.17109						
Kannapolis	NC 28081	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	166.67						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
CarolinasHealthCareSystem	ADMIN	Payroll Deduction \$166.67 monthly						
Receipt For: 2018	Aggregate Year-to-Date ▼							
Other (specify) General	Primary ✓ General Other (specify) ✓ 1333.36							
Full Name of Individual (Last, First, Middle In Wingate, Phyllis, Anne, Ms.,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 6005 Willowood Road	Mailing Address 6005 Willowood Road							
City	State Zip Code	Transaction ID : SA11AI.17163						
Kannapolis	NC 28081	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	166.67						
Name of Employer (for Individual) CarolinasHealthCareSystem	Occupation (for Individual) ADMIN	Memo Item Payroll Deduction \$166.67 monthly						
Receipt For: 2018 Primary ★ General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03							
Full Name of Individual (Last, First, Middle In Woods, Eugene, Antonio, ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 2748 Beretania Circle		08 01 2018						
City	State Zip Code	Transaction ID : SA11AI.17090						
Charlotte	NC 28211	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	454.55						
Name of Employer (for Individual) Carolinas HealthCare System	Occupation (for Individual) Administrator	Memo Item Payroll Deduction \$454.55 monthly						
Receipt For: 2018	Aggregate Year-to-Date ▼	1						
Primary General Other (specify)	3181.85							
SUBTOTAL of Receipts This Page (optional)		787.89						
TOTAL This Period (last page this line number	· only)							

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

I OIT LINE HOMBLIN					PAGE	2	27	OF		28	
(check only one)											
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		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 Woods, Eugene, Antonio, , Date of Receipt Mailing Address 2748 Beretania Circle 31 2018 City Zip Code State Transaction ID: SA11AI.17145 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 454.55 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Carolinas HealthCare System Administrator Payroll Deduction \$454.55 monthly Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 3636.40 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 454.55 SUBTOTAL of Receipts This Page (optional)..... 8194.94 TOTAL This Period (last page this line number only).....

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Detailed Summary Page			11a		11b		11c		12		
, 3			13		14		15		16		K 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 Wells Fargo Bank, N.A. Date of Receipt Mailing Address PO Box 63020 2018 31 City Zip Code State Transaction ID: SA17.17179 CA 94163 San Francisco Amount of Each Receipt this Period FEC ID number of contributing C 32.69 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) August 2018 interest Receipt For: Aggregate Year-to-Date ▼ Primary General 203.72 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wells Fargo Bank, N.A. Date of Receipt Mailing Address PO Box 63020 09 2018 City State Zip Code Transaction ID: SA17.17180 CA San Francisco 94163 Amount of Each Receipt this Period FEC ID number of contributing 32.49 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) September 2018 interest Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 236.21 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 65.18 SUBTOTAL of Receipts This Page (optional)..... 65.18 TOTAL This Period (last page this line number only).....