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/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ADDRESS (number and street) ▼

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

☐ Check if different than previously reported. (ACC)

CITY ▲ CHARLOTTE STATE ▲ NC ZIP CODE ▲ 28203-2861 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00423871

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 01 / 01 / 2016 through 03 / 31 / 2016

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

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer *Mary Ann Rouse* ***[Electronically Filed]*** Date 04 / 07 / 2016

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

Office Use Only							

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		179569.37
(b) Cash on Hand at Beginning of Reporting Period	179569.37	
(c) Total Receipts (from Line 19)	23841.16	23841.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	203410.53	203410.53
7. Total Disbursements (from Line 31)	62500.00	62500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	140910.53	140910.53
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

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)	14875.05	14875.05
(ii) Unitemized	8923.83	8923.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	23798.88	23798.88
(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) ▶	23798.88	23798.88
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.)	42.28	42.28
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)) ▶	23841.16	23841.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	23841.16	23841.16

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	62500.00	62500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	62500.00	62500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	62500.00	62500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	23798.88	23798.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23798.88	23798.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Pamela M Beckwith
Mailing Address: 1709 Rosebank Lane
City: Charlotte | State: NC | Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 333.34

Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14294
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Pamela M Beckwith
Mailing Address: 1709 Rosebank Lane
City: Charlotte | State: NC | Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.01

Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14393
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial): Daniel J. Birach
Mailing Address: 355 W MLK Blvd Unit 1807
City: Charlotte | State: NC | Zip Code: 28202
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14322
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: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Daniel J. Birach
Mailing Address: 355 W MLK Blvd Unit 1807
City: Charlotte State: NC Zip Code: 28202
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14421
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Mr. Stephen C Burr
Mailing Address: 203 Eslynn Road
City: Mount Holly State: NC Zip Code: 28120
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14301
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Mr. Stephen C Burr
Mailing Address: 203 Eslynn Road
City: Mount Holly State: NC Zip Code: 28120
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14400
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Paul A D'Amico
Mailing Address: 3006 Stanbury Drive
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14317
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Paul A D'Amico
Mailing Address: 3006 Stanbury Drive
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14416
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Mr. Paul S Franz
Mailing Address: 1320 Fillmore Avenue #505
City: Charlotte State: NC Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 416.67

Date of Receipt: 01 / 04 / 2016
Transaction ID : SA11AI.14177
Amount of Each Receipt this Period: 416.67
[ ] Memo Item
Payroll Deduction $416.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 666.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Mr. Paul S Franz
Mailing Address: 1320 Fillmore Avenue #505
City: Charlotte State: NC Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 833.34
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14289
Amount of Each Receipt this Period: 416.67
[ ] Memo Item
Payroll Deduction $416.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. Paul S Franz
Mailing Address: 1320 Fillmore Avenue #505
City: Charlotte State: NC Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.01
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14388
Amount of Each Receipt this Period: 416.67
[ ] Memo Item
Payroll Deduction $416.67 monthly

C. Full Name (Last, First, Middle Initial): Mr. Greg A Gombar
Mailing Address: 4625 Cotton Creek Drive
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 416.67
Date of Receipt: 01 / 04 / 2016
Transaction ID : SA11AI.14232
Amount of Each Receipt this Period: 416.67
[ ] Memo Item
Payroll Deduction $416.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 1250.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Mr. Greg A Gombar
Mailing Address: 4625 Cotton Creek Drive
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 833.34

Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14333
Amount of Each Receipt this Period: 416.67
[ ] Memo Item
Payroll Deduction $416.67 monthly

B. Full Name (Last, First, Middle Initial): Mr. Greg A Gombar
Mailing Address: 4625 Cotton Creek Drive
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.01

Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14432
Amount of Each Receipt this Period: 416.67
[ ] Memo Item
Payroll Deduction $416.67 monthly

C. Full Name (Last, First, Middle Initial): Dr. Mary N Hall
Mailing Address: 1040 Queens Road
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 333.34

Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14279
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 1000.01

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/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Dr. Mary N Hall
Mailing Address: 1040 Queens Road
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.01
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14378
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Matthew L. Hanley
Mailing Address: 2640 Beverwyck Road
City: Charlotte State: NC Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14312
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Matthew L. Hanley
Mailing Address: 2640 Beverwyck Road
City: Charlotte State: NC Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14411
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 416.67

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/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Mr. Christopher R Hummer
Mailing Address: 215 Hillside Avenue
City: Charlotte State: NC Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14303
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Mr. Christopher R Hummer
Mailing Address: 215 Hillside Avenue
City: Charlotte State: NC Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14402
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): James C Hunter
Mailing Address: 2701 Rothwood Drive
City: Charlotte State: NC Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 333.34
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14315
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 416.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): James C Hunter
Mailing Address: 2701 Rothwood Drive
City: Charlotte State: NC Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.01
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14414
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Stephen J. Lawler
Mailing Address: 4810 Ashley Park Ln #1624
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14334
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Stephen J. Lawler
Mailing Address: 4810 Ashley Park Ln #1624
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14433
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 416.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Thomas F Laymon
Mailing Address: 2004 Garden View Lane
City: Weddington State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14398
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

B. Full Name (Last, First, Middle Initial): Mr. W. Spencer Lilly
Mailing Address: 9306 Copans Glen Lane
City: Huntersville State: NC Zip Code: 28078
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 208.33
Date of Receipt: 01 / 04 / 2016
Transaction ID : SA11AI.14264
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

C. Full Name (Last, First, Middle Initial): Mr. W. Spencer Lilly
Mailing Address: 9306 Copans Glen Lane
City: Huntersville State: NC Zip Code: 28078
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 416.66
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14362
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 516.66

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Mr. W. Spencer Lilly
Mailing Address: 9306 Copans Glen Lane
City: Huntersville State: NC Zip Code: 28078
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 624.99

Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14461
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

B. Full Name (Last, First, Middle Initial): Carol A Lovin
Mailing Address: 7023 Conservatory Lane
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14451
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

C. Full Name (Last, First, Middle Initial): Michael J Lutes
Mailing Address: 4025 Camrose Crossing
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14326
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 433.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Michael J Lutes
Mailing Address: 4025 Camrose Crossing
City: Matthews State: NC Zip Code: 28104
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14425
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Ms. Martha Ann B McConnell
Mailing Address: 3617 Charolais Lane
City: Harrisburg State: NC Zip Code: 28075
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 01 / 04 / 2016
Transaction ID : SA11AI.14218
Amount of Each Receipt this Period: 2000.00
[ ] Memo Item
Payroll Deduction $2000 monthly

C. Full Name (Last, First, Middle Initial): Sara J Mikus
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: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14363
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Sara J Mikus
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: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14462
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

B. Full Name (Last, First, Middle Initial): Tye Jeffrey Nordberg
Mailing Address: 219 Dellwood Avenue
City: Charlotte | State: NC | Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System | Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14305
Amount of Each Receipt this Period: 150.00
[ ] Memo Item
Payroll Deduction $150 monthly

C. Full Name (Last, First, Middle Initial): Tye Jeffrey Nordberg
Mailing Address: 219 Dellwood Avenue
City: Charlotte | State: NC | Zip Code: 28209
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System | Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14404
Amount of Each Receipt this Period: 150.00
[ ] Memo Item
Payroll Deduction $150 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 425.00

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/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Mr. James C Olsen
Mailing Address: 5900 Summerston Place
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14344
Amount of Each Receipt this Period: 200.00
[ ] Memo Item
Payroll Deduction $200 monthly

B. Full Name (Last, First, Middle Initial): Mr. James C Olsen
Mailing Address: 5900 Summerston Place
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14443
Amount of Each Receipt this Period: 200.00
[ ] Memo Item
Payroll Deduction $200 monthly

C. Full Name (Last, First, Middle Initial): Mr. Dennis Phillips
Mailing Address: 1252 Dilworth Cres Row
City: Charlotte State: NC Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 333.34
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14287
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 566.67

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Mr. Dennis Phillips
Mailing Address: 1252 Dilworth Cres Row
City: Charlotte State: NC Zip Code: 28203
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.01
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14386
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Debra Plousha Moore
Mailing Address: 6935 Conservatory Lane
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 291.67
Date of Receipt: 01 / 04 / 2016
Transaction ID : SA11AI.14253
Amount of Each Receipt this Period: 291.67
[ ] Memo Item
Payroll Deduction $291.67 monthly

C. Full Name (Last, First, Middle Initial): Debra Plousha Moore
Mailing Address: 6935 Conservatory Lane
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 583.34
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14351
Amount of Each Receipt this Period: 291.67
[ ] Memo Item
Payroll Deduction $291.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 750.01

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Debra Plousha Moore
Mailing Address: 6935 Conservatory Lane
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 875.01
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14450
Amount of Each Receipt this Period: 291.67
[ ] Memo Item
Payroll Deduction $291.67 monthly

B. Full Name (Last, First, Middle Initial): Derek Raghavan
Mailing Address: 9440 Heydon Hall Circle
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14365
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Derek Raghavan
Mailing Address: 9440 Heydon Hall Circle
City: Charlotte State: NC Zip Code: 28210
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14464
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 541.67

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Mr. Roger A Ray
Mailing Address: 11029 Lederer Ave
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 01 / 04 / 2016
Transaction ID : SA11AI.14167
Amount of Each Receipt this Period: 250.00
[ ] Memo Item
Payroll Deduction $250 monthly

B. Full Name (Last, First, Middle Initial): Mr. Roger A Ray
Mailing Address: 11029 Lederer Ave
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14281
Amount of Each Receipt this Period: 250.00
[ ] Memo Item
Payroll Deduction $250 monthly

C. Full Name (Last, First, Middle Initial): Mr. Roger A Ray
Mailing Address: 11029 Lederer Ave
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14380
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): James Michael Stevenson
Mailing Address: 1711 Mission Road
City: Murphy State: NC Zip Code: 28906
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14394
Amount of Each Receipt this Period: 83.33
[ ] Memo Item
Payroll Deduction $83.33 monthly

B. Full Name (Last, First, Middle Initial): Mr. Michael C Tarwater
Mailing Address: 2301 Queens Road East
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 / 04 / 2016
Transaction ID : SA11AI.14198
Amount of Each Receipt this Period: 500.00
[ ] Memo Item
Payroll Deduction $500 monthly

C. Full Name (Last, First, Middle Initial): Mr. Michael C Tarwater
Mailing Address: 2301 Queens Road East
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14309
Amount of Each Receipt this Period: 500.00
[ ] Memo Item
Payroll Deduction $500 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 1083.33

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/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): Mr. Michael C Tarwater
Mailing Address: 2301 Queens Road East
City: Charlotte State: NC Zip Code: 28207
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14408
Amount of Each Receipt this Period: 500.00
[ ] Memo Item
Payroll Deduction $500 monthly

B. Full Name (Last, First, Middle Initial): Joan Thomas
Mailing Address: 230 Summermore Drive
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14308
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 monthly

C. Full Name (Last, First, Middle Initial): Joan Thomas
Mailing Address: 230 Summermore Drive
City: Charlotte State: NC Zip Code: 28270
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14407
Amount of Each Receipt this Period: 125.00
[ ] Memo Item
Payroll Deduction $125 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

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

A. Full Name (Last, First, Middle Initial): Ms. Martha J Whitecotton
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: Carolinas HealthCare System | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 333.34

Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14366
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Ms. Martha J Whitecotton
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: Carolinas HealthCare System | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.01

Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14465
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial): Mary Ann Wilcox
Mailing Address: 5314 Wingedfoot Road
City: Charlotte | State: NC | Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem | Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 333.34

Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14339
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 500.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Mary Ann Wilcox
Mailing Address: 5314 Wingedfoot Road
City: Charlotte State: NC Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.01
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14438
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

B. Full Name (Last, First, Middle Initial): Ms. Phyllis Anne Wingate
Mailing Address: 6005 Willowood Road
City: Kannapolis State: NC Zip Code: 28081
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 333.34
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14346
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

C. Full Name (Last, First, Middle Initial): Ms. Phyllis Anne Wingate
Mailing Address: 6005 Willowood Road
City: Kannapolis State: NC Zip Code: 28081
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.01
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14445
Amount of Each Receipt this Period: 166.67
[ ] Memo Item
Payroll Deduction $166.67 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 500.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Jean Wright
Mailing Address: 8636 Carly Lane
City: Mint Hill State: NC Zip Code: 28227
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas Healthcare System
Occupation: Physician
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14460
Amount of Each Receipt this Period: 83.33
[ ] Memo Item
Payroll Deduction $83.33 monthly

B. Full Name (Last, First, Middle Initial): Mr. John E Young
Mailing Address: 809 E. King Street
City: Kings Mountain State: NC Zip Code: 28086
FEC ID number of contributing federal political committee: C
Name of Employer: CarolinasHealthCareSystem
Occupation: ADMIN
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14457
Amount of Each Receipt this Period: 100.00
[ ] Memo Item
Payroll Deduction $100 monthly

C. Full Name (Last, First, Middle Initial): Zachary Zapack
Mailing Address: 1015 Charlotte Ave #351
City: Rock Hill State: SC Zip Code: 29732
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 208.33
Date of Receipt: 01 / 04 / 2016
Transaction ID : SA11AI.14163
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

SUBTOTAL of Receipts This Page (optional) ▶ 391.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Zachary Zapack
Mailing Address: 1015 Charlotte Ave #351
City: Rock Hill | State: SC | Zip Code: 29732
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 416.66
Date of Receipt: 02 / 01 / 2016
Transaction ID : SA11AI.14277
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

B.
Full Name (Last, First, Middle Initial): Zachary Zapack
Mailing Address: 1015 Charlotte Ave #351
City: Rock Hill | State: SC | Zip Code: 29732
FEC ID number of contributing federal political committee: C
Name of Employer: Carolinas HealthCare System
Occupation: Administrator
Receipt For: 2016
[ ] Primary [X] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 624.99
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.14376
Amount of Each Receipt this Period: 208.33
[ ] Memo Item
Payroll Deduction $208.33 monthly

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City | State | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 416.66

TOTAL This Period (last page this line number only) ▶ 14875.05

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Beverly Earle Campaign Committee
Mailing Address: 230 Kingsway Circle
City: Charlotte State: NC Zip Code: 28214
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 09 / Y Y Y Y 2016
Transaction ID : SB29.14479
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Bumgardner for NC House
Mailing Address: P.O. Box 55072
City: Gastonia State: NC Zip Code: 28055
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 09 / Y Y Y Y 2016
Transaction ID : SB29.14480
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Charles Jeter Committee
Mailing Address: 15806 Brookway Drive; Suite 600
City: Huntersville State: NC Zip Code: 28078
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 07 / Y Y Y Y 2016
Transaction ID : SB29.14474
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Committee to Elect Kelly Alexander
Mailing Address: PO BOX 16896
City: Charlotte State: NC Zip Code: 28297-6896
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 09 / 2016
Transaction ID : SB29.14484
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Committee to Elect Larry Pittman
Mailing Address: PO Box 6311
City: Concord State: NC Zip Code: 28027
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 09 / 2016
Transaction ID : SB29.14476
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Committee to Elect Linda P. Johnson
Mailing Address: 1205 Berkshire Drive
City: Kannapolis State: NC Zip Code: 28081
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 09 / 2016
Transaction ID : SB29.14486
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 12500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Cooper for North Carolina
Mailing Address: 434 Fayetteville Street Suite 2020
City: Raleigh State: NC Zip Code: 27601
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 09 / Y Y Y Y 2016
Transaction ID : SB29.14492
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): David Curtis Campaign
Mailing Address: P.O. Box 278
City: Denver State: NC Zip Code: 28037
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 09 / Y Y Y Y 2016
Transaction ID : SB29.14481
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Friends of Tim Moore
Mailing Address: 305 E King Steet
City: Kings Mountain State: NC Zip Code: 28086
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 09 / Y Y Y Y 2016
Transaction ID : SB29.14483
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Joyce Waddell Senate Campaign Committee
Mailing Address: 8105-251 Old Concord Road
City: Newell State: NC Zip Code: 28126
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 16 / Y Y Y Y 2016
Transaction ID : SB29.14477
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Justin Burr for NC House
Mailing Address: P.O. BOX 1966
City: Albermarle State: NC Zip Code: 28002
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 09 / Y Y Y Y 2016
Transaction ID : SB29.14475
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Pat McCrory Committee
Mailing Address: 1235 East Blvd #179
City: Charlotte State: NC Zip Code: 28203
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 09 / Y Y Y Y 2016
Transaction ID : SB29.14494
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial): The Joel Ford Committee
Mailing Address: P.O. Box 36391
City: Charlotte State: NC Zip Code: 28236
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 09 / 2016
Transaction ID : SB29.14482
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Tommy Tucker for NC Senate
Mailing Address: 1206 Rosehill Drive
City: Waxhaw State: NC Zip Code: 28173
Purpose of Disbursement: nonfederal contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 09 / 2016
Transaction ID : SB29.14485
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: / /
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

TOTAL This Period (last page this line number only) ▶ 62500.00