

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

ADDRESS (number and street) ATTENTION: DAVID S. THOMAS 1000 BLYTHE BOULEVARD CHARLOTTE NC 28203-2861

2. FEC IDENTIFICATION NUMBER C00423871 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 01 / 2022 through 11 / 28 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Thomas, David, , Mr., Type or Print Name of Treasurer

Signature of Treasurer Thomas, David, , Mr., [Electronically Filed] Date 12 / 08 / 2022

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>	<input type="text" value=""/>	<input type="text" value="104349.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="124174.78"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5185.42"/>	<input type="text" value="67010.61"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="129360.20"/>	<input type="text" value="171360.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="98500.00"/>	<input type="text" value="140500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="30860.20"/>	<input type="text" value="30860.20"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5156.90	64764.12
(ii) Unitemized	28.52	2200.03
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5185.42	66964.15
(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)	5185.42	66964.15
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.).....	0.00	46.46
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)).....▶	5185.42	67010.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5185.42	67010.61

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	32000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	78500.00	108500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	98500.00	140500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	98500.00	140500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5185.42	66964.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5185.42	66964.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. Armstrong, Marvin, Jeffrey, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 East Spring Street
 City Oxford State NC Zip Code 27565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.98

Date of Receipt
 11 / 01 / 2022
Transaction ID : SA11AI.19475
 Amount of Each Receipt this Period 357.14
 Memo Item
 Payroll Deduction \$357.14 monthly

B. Bowe, Christopher, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13342 Bally Bunnion Dr
 City Davidson State NC Zip Code 28036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 01 / 2022
Transaction ID : SA11AI.19476
 Amount of Each Receipt this Period 71.42
 Memo Item
 Payroll Deduction \$71.42 monthly

C. Catarella, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7008 Meadow Run Lane
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 11 / 01 / 2022
Transaction ID : SA11AI.19477
 Amount of Each Receipt this Period 142.84
 Memo Item
 Payroll Deduction \$142.84 monthly

SUBTOTAL of Receipts This Page (optional).....	571.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. Clark, Frieda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 5685
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2022
Transaction ID : SA11AI.19478
 Amount of Each Receipt this Period 71.42
 Memo Item
 Payroll Deduction \$71.42 monthly

B. Denton, Brett, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 Metropolitan Ave Ste 600
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2999.99

Date of Receipt 11 / 01 / 2022
Transaction ID : SA11AI.19479
 Amount of Each Receipt this Period 428.57
 Memo Item
 Payroll Deduction \$428.57 monthly

C. Finley, Delvecchio, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 893 Indian Lake Trail
 City Macon State GA Zip Code 31220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 01 / 2022
Transaction ID : SA11AI.19480
 Amount of Each Receipt this Period 714.26
 Memo Item
 Payroll Deduction \$714.26 monthly

SUBTOTAL of Receipts This Page (optional).....	1214.25
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/TRIUM HEALTH EMPLOYEES FED PAC

A. Franklin, Gwendolynn, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 814 Emerald Bay Drive
 City Salisbury State NC Zip Code 28146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2022
Transaction ID : SA11AI.19481
 Amount of Each Receipt this Period 71.42
 Memo Item
 Payroll Deduction \$71.42 monthly

B. Frederick, Angela, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4514 Columbine Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2022
Transaction ID : SA11AI.19482
 Amount of Each Receipt this Period 357.14
 Memo Item
 Payroll Deduction \$357.14 monthly

C. Hall, Mary N, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 Queens Road
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2022
Transaction ID : SA11AI.19500
 Amount of Each Receipt this Period 171.42
 Memo Item
 Payroll Deduction \$171.42 monthly

SUBTOTAL of Receipts This Page (optional).....	599.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. Jordan, Michael, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4324 Stack Rd
 City Monroe State NC Zip Code 28112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 01 / 2022
Transaction ID : SA11AI.19487
 Amount of Each Receipt this Period 142.84
 Memo Item
 Payroll Deduction \$142.84 monthly

B. Kish, Inga, Hawfield, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 Berry Mountain Rd
 City Cramerton State NC Zip Code 28032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 01 / 2022
Transaction ID : SA11AI.19488
 Amount of Each Receipt this Period 42.84
 Memo Item
 Payroll Deduction \$42.84 monthly

C. Krepshaw, John, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Honeysuckle Court
 City lake Wylie State SC Zip Code 29710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2022
Transaction ID : SA11AI.19489
 Amount of Each Receipt this Period 71.42
 Memo Item
 Payroll Deduction \$71.42 monthly

SUBTOTAL of Receipts This Page (optional).....	257.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. Little, Gary, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3410 Bellebue Ln
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.98

Date of Receipt 11 / 01 / 2022
Transaction ID : SA11AI.19490
 Amount of Each Receipt this Period 357.14
 Memo Item
 Payroll Deduction \$357.14 monthly

B. Lovin, Carol, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7023 Conservatory Lane
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 01 / 2022
Transaction ID : SA11AI.19491
 Amount of Each Receipt this Period 714.26
 Memo Item
 Payroll Deduction \$714.26 monthly

C. Marenic, Zahide, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5811 Old Well House
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2022
Transaction ID : SA11AI.19492
 Amount of Each Receipt this Period 71.42
 Memo Item
 Payroll Deduction \$71.42 monthly

SUBTOTAL of Receipts This Page (optional).....▶	1142.82
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. Morris, Kristen, D. W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33700 Woodleigh Road
 City Pepper Pike State OH Zip Code 44124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 11 / 01 / 2022
Transaction ID : SA11AI.19493
 Amount of Each Receipt this Period
 714.26
 Memo Item
 Payroll Deduction \$714.26 monthly

B. Nicholson, Henry, Stacy, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 714 Sainte Rose Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2499.98

Date of Receipt
 11 / 01 / 2022
Transaction ID : SA11AI.19494
 Amount of Each Receipt this Period
 357.14
 Memo Item
 Payroll Deduction \$357.14 monthly

C. Smith, Kempton, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2844 Blue Creek Road
 City Lenoir State NC Zip Code 28645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 599.97

Date of Receipt
 11 / 01 / 2022
Transaction ID : SA11AI.19495
 Amount of Each Receipt this Period
 85.71
 Memo Item
 Payroll Deduction \$85.71 monthly

SUBTOTAL of Receipts This Page (optional).....	1157.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Thomas, David, , Mr.,			Date of Receipt MM / DD / YYYY 11 / 01 / 2022 Transaction ID : SA11AI.19496		
Mailing Address 1609 Penderlea Lane			Amount of Each Receipt this Period 142.84		
City Matthews	State NC	Zip Code 28105	Memo Item Payroll Deduction \$142.84 monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Atrium Health		Occupation (for Individual) ADMIN			
Receipt For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tregear, Kathleen, , ,			Date of Receipt MM / DD / YYYY 11 / 01 / 2022 Transaction ID : SA11AI.19497		
Mailing Address 6023 Tindall Park Dr Apt 106			Amount of Each Receipt this Period 357.14		
City Charlotte	State NC	Zip Code 28210	Memo Item Payroll Deduction \$357.14 monthly		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Atrium Health		Occupation (for Individual) Administrator			
Receipt For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.98			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Williams, Terry, , ,			Date of Receipt MM / DD / YYYY 11 / 01 / 2022 Transaction ID : SA11AI.19498		
Mailing Address 8381 Tuscany Drive			Amount of Each Receipt this Period - 1000.00		
City Lewisville	State NC	Zip Code 27023	Memo Item REFUND ISSUED VIA PAYROLL 11/1/22		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Atrium Health		Occupation (for Individual) Administrator			
Receipt For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 5000.00			

SUBTOTAL of Receipts This Page (optional).....▶	- 500.02
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/TRIUM HEALTH EMPLOYEES FED PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Woods, Eugene, Antonio, ,

Mailing Address 2748 Beretania Circle

City Charlotte State NC Zip Code 28211

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

Name of Employer (for Individual) Atrium Health Occupation (for Individual) Administrator

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2022

Transaction ID : SA11AI.19499

Amount of Each Receipt this Period
714.26

Memo Item
Payroll Deduction \$714.26 monthly

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	714.26
TOTAL This Period (last page this line number only).....▶	5156.90

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial) A. ALMA ADAMS FOR CONGRESS			Date of Disbursement MM / DD / YYYY 10 / 27 / 2022
Mailing Address P.O. BOX 31473			FEC Identification Number C 000546358 Transaction ID : SB23.19513
City CHARLOTTE	State NC	Zip Code 28231	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	Memo Item
Candidate Name ADAMS, ALMA SHEALEY, , ,		Disbursement For: 2022	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC	District: 12		

Full Name (Last, First, Middle Initial) B. CHUCK EDWARDS FOR CONGRESS			Date of Disbursement MM / DD / YYYY 10 / 27 / 2022
Mailing Address 337 NORTH MAIN STREET			FEC Identification Number C 000796433 Transaction ID : SB23.19502
City HENDERSONVILLE	State NC	Zip Code 28792	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	Memo Item
Candidate Name EDWARDS, CHUCK, , ,		Disbursement For: 2022	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NC	District: 11		

Full Name (Last, First, Middle Initial) C. DAVID ROUZER FOR CONGRESS			Date of Disbursement MM / DD / YYYY 10 / 27 / 2022
Mailing Address PO BOX 3142			FEC Identification Number C 000501643 Transaction ID : SB23.19507
City WILMINGTON	State NC	Zip Code 28406	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	Memo Item
Candidate Name ROUZER, DAVID CHESTON, , ,		Disbursement For: 2022	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC	District: 07		

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS TO ELECT DR. GREG MURPHY TO CONGRESS

Mailing Address PO BOX 1131

City GREENVILLE State NC Zip Code 27835

Purpose of Disbursement
Contribution

Candidate Name
MURPHY, GREGORY FRANCIS DR., , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NC District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2022

FEC Identification Number

C C00697649

Transaction ID : SB23.19503

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City CONCORD State NC Zip Code 28027

Purpose of Disbursement
Contribution

Candidate Name
HUDSON, RICHARD L. JR., , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NC District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2022

FEC Identification Number

C C00504522

Transaction ID : SB23.19509

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATHY MANNING FOR CONGRESS

Mailing Address PO BOX 41197

City GREENSBORO State NC Zip Code 27404

Purpose of Disbursement
Contribution

Candidate Name
MANNING, KATHY, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NC District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2022

FEC Identification Number

C C00662577

Transaction ID : SB23.19504

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 2165

City GASTONIA State NC Zip Code 28053

Purpose of Disbursement Contribution

Candidate Name MCHENRY, PATRICK TIMOTHY, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: NC District: 10

Date of Disbursement: 10 / 27 / 2022

FEC Identification Number: C00393629
Transaction ID : SB23.19508
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. VIRGINIA FOXX FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 2676

City BOONE State NC Zip Code 28607

Purpose of Disbursement Contribution

Candidate Name FOXX, VIRGINIA ANN, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: NC District: 05

Date of Disbursement: 10 / 27 / 2022

FEC Identification Number: C00386748
Transaction ID : SB23.19510
Amount of Each Disbursement this Period: 1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	20000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. Williams, Terry, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8381 Tuscany Drive

City Lewisville State NC Zip Code 27023

Purpose of Disbursement Refund issued via payroll 11/1/22

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 11 / 01 / 2022

FEC Identification Number C

Transaction ID : SB28A.19501

Amount of Each Disbursement this Period 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial) A. Bill Brawley Committee		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022	
Mailing Address 13612 O'Toole Drive		FEC Identification Number C [] Transaction ID : SB29.19515 Amount of Each Disbursement this Period [] 2500.00	
City Matthews	State NC	Zip Code 28105	Category/ Type []
Purpose of Disbursement Nonfederal Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: NC	District:		

Full Name (Last, First, Middle Initial) B. Carla Cunningham Campaign Committee		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022	
Mailing Address 6129 Sunbridge Court		FEC Identification Number C [] Transaction ID : SB29.19521 Amount of Each Disbursement this Period [] 2500.00	
City Charlotte	State NC	Zip Code 28269	Category/ Type []
Purpose of Disbursement Nonfederal Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State:	District:		

Full Name (Last, First, Middle Initial) C. Citizens for Dan Blue		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022	
Mailing Address PO Box 287		FEC Identification Number C [] Transaction ID : SB29.19524 Amount of Each Disbursement this Period [] 2500.00	
City Raleigh	State NC	Zip Code 27602	Category/ Type []
Purpose of Disbursement Nonfederal Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 7500.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. Climer for Senate

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4898

City Rock Hill State SC Zip Code 29732

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19579

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Committee to Elect Brenden Jones

Full Name (Last, First, Middle Initial)

Mailing Address 607 Hickman Rd

City Tabor City State NC Zip Code 28463

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19519

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Committee to Elect Carl Ford

Full Name (Last, First, Middle Initial)

Mailing Address 320 Ketchie Estate Road

City China Grove State NC Zip Code 28023

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19520

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. Committee to Elect Carolyn Logan

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 257
Paw Creek

City Charlotte State NC Zip Code 28214

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19522

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Committee to Elect Diamond Staton-Williams

Full Name (Last, First, Middle Initial)

Mailing Address 6012 Bayfield Pkwy
Ste. 316

City Concord State NC Zip Code 28027

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19532

Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Committee to Elect Donny Lambeth

Full Name (Last, First, Middle Initial)

Mailing Address 4627 S. Main St.

City Winston-Salem State NC Zip Code 27127

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19534

Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Jeff Zenger to NC House

Mailing Address PO Box 451

City Lewisville State NC Zip Code 27023

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2022

FEC Identification Number

C
Transaction ID : SB29.19539
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2022

FEC Identification Number

C
Transaction ID : SB29.19545
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Kristin Baker

Mailing Address 6012 Bayfield Pkwy, #178

City Concord State NC Zip Code 28027

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2022

FEC Identification Number

C
Transaction ID : SB29.19547
Amount of Each Disbursement this Period
2500.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial) A. Committee to Elect Mark Brody		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022
Mailing Address PO BOX 723		FEC Identification Number C [] Transaction ID : SB29.19555 Amount of Each Disbursement this Period [] 1000.00
City Mineral Springs	State NC	Zip Code 28108
Purpose of Disbursement Nonfederal Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Committee to Elect Mark Jerrell		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022
Mailing Address 10936 Gold Pan Rd		FEC Identification Number C [] Transaction ID : SB29.19556 Amount of Each Disbursement this Period [] 2000.00
City Charlotte	State NC	Zip Code 28215-5079
Purpose of Disbursement Nonfederal Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Committee to Elect Mary Belk		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022
Mailing Address PO BOX 33115		FEC Identification Number C [] Transaction ID : SB29.19557 Amount of Each Disbursement this Period [] 1000.00
City Charlotte	State NC	Zip Code 28233-3115
Purpose of Disbursement Nonfederal Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial) A. Committee to Elect Matthew Ridenhour		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 28 / 2022	
Mailing Address 3117 Goneaway Rd		FEC Identification Number C [] Transaction ID : SB29.19558 Amount of Each Disbursement this Period [] 1000.00	
City Charlotte	State NC	Zip Code 28210	Category/ Type []
Purpose of Disbursement Nonfederal Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) B. Committee to Elect Robert T Reives II		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 28 / 2022	
Mailing Address PO Box 36		FEC Identification Number C [] Transaction ID : SB29.19567 Amount of Each Disbursement this Period [] 2500.00	
City Sanford	State NC	Zip Code 27331	Category/ Type []
Purpose of Disbursement Nonfederal Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) C. Committee to Elect Vilma D Leake		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 28 / 2022	
Mailing Address PO BOX 34244		FEC Identification Number C [] Transaction ID : SB29.19576 Amount of Each Disbursement this Period [] 1000.00	
City Charlotte	State NC	Zip Code 28234-4244	Category/ Type []
Purpose of Disbursement Nonfederal Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			
SUBTOTAL of Disbursements This Page (optional)..... ▶		[] 4500.00	
TOTAL This Period (last page this line number only)..... ▶		[]	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Wayne Sasser House Seat 67

Mailing Address 33637A Mann Rd

City Albemarle State NC Zip Code 28001

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2022

FEC Identification Number

C
Transaction ID : SB29.19577
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Re-Elect Becky Carney

Mailing Address PO BOX 32873

City Charlotte State NC Zip Code 28232

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2022

FEC Identification Number

C
Transaction ID : SB29.19514
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Danny Britt for NC Senate

Mailing Address 1101 North Walnut St

City Lumberton State NC Zip Code 28358

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2022

FEC Identification Number

C
Transaction ID : SB29.19526
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. Dave Craven for NC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 487

City Asheville State NC Zip Code 27204

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19527

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Dean Arp for NC House

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1511

City Monroe State NC Zip Code 28000

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19529

Amount of Each Disbursement this Period: 2500.00

Memo Item

C. DeAndrea Salvador for NC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 39365

City Charlotte State NC Zip Code 28278

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19530

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. Friend of Tim Moore

Full Name (Last, First, Middle Initial)
Mailing Address 305 E King St.

City Kings Mountain State NC Zip Code 28086

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C
Transaction ID : SB29.19572
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Friends of Kelly Hastings

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 488

City Cherryville State NC Zip Code 28021

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C
Transaction ID : SB29.19546
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Friends of Natasha Marcus

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 24

City Davidson State NY Zip Code 28036-0024

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C
Transaction ID : SB29.19561
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial) A. Friends of Ted Alexander		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022	
Mailing Address 409 Beaumonde Ave		FEC Identification Number C [] Transaction ID : SB29.19569 Amount of Each Disbursement this Period [] 1000.00	
City Shelby	State NC	Zip Code 28150	Category/ Type []
Purpose of Disbursement Nonfederal Contribution		Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District: 04			

Full Name (Last, First, Middle Initial) B. George Dunlap for County Commission		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022	
Mailing Address PO BOX 621182		FEC Identification Number C [] Transaction ID : SB29.19537 Amount of Each Disbursement this Period [] 2500.00	
City Charlotte	State NC	Zip Code 28262	Category/ Type []
Purpose of Disbursement Nonfederal Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Jason Saine Committee		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022	
Mailing Address 417 E Main Street Suite 103		FEC Identification Number C [] Transaction ID : SB29.19538 Amount of Each Disbursement this Period [] 2500.00	
City Lincolnton	State NC	Zip Code 28092	Category/ Type []
Purpose of Disbursement Nonfederal Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. Joyce Krawiec for NC Senate

Full Name (Last, First, Middle Initial)

Mailing Address 7030 Interlaken Dr.

City Kernersville State NC Zip Code 27284

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19542

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Joyce Waddell Senate 40 Campaign Committee

Full Name (Last, First, Middle Initial)

Mailing Address 8105-251 Old Concord Road

City Newell State NC Zip Code 28126

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19544

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Kyle Hall Committee

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2024

City King State NC Zip Code 27021

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19551

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Laura Meier for County Commission

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2022			

Mailing Address 1235 East Blvd
Ste. E152

City Charlotte State NC Zip Code 28203

Purpose of Disbursement
Nonfederal Contribution

FEC Identification Number

C

Transaction ID : SB29.19553
Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Lofton for North Carolina

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2022			

Mailing Address PO BOX 30037

City Charlotte State NC Zip Code 28230

Purpose of Disbursement
Nonfederal Contribution

FEC Identification Number

C

Transaction ID : SB29.19518
Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Majeed Campaign

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2022			

Mailing Address PO Box 42848

City Charlotte State NC Zip Code 28215

Purpose of Disbursement
Nonfederal Contribution

FEC Identification Number

C

Transaction ID : SB29.19560
Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. McInnis for State Senate

Full Name (Last, First, Middle Initial)

Mailing Address 326 Northside Drive

City Rockingham State NC Zip Code 28379

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19574

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Mohammed for North Carolina

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30773

City Charlotte State NC Zip Code 28150

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19559

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Newton for Senate

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 145

City Mount Pleasant State NC Zip Code 28124

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19564

Amount of Each Disbursement this Period: 3000.00

Memo Item

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. Paul Lowe NC Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 20262

City Winston-Salem State NC Zip Code 27120

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C
Transaction ID : SB29.19562
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Phil Berger Committee

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1309

City Eden State NC Zip Code 27289

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C
Transaction ID : SB29.19565
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. Rabon for Senate

Full Name (Last, First, Middle Initial)
Mailing Address 404 W. Brunswick St

City Southport State NC Zip Code 28461

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C
Transaction ID : SB29.19516
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. Russo for NC State Senate

Full Name (Last, First, Middle Initial)

Mailing Address 3029 Carmel Rd.

City Charlotte State NC Zip Code 28226

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19523

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Terry Brown for North Carolina

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 668364

City Charlotte State NC Zip Code 28226

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19570

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. The Committee to Elect Garland Pierce

Full Name (Last, First, Middle Initial)

Mailing Address 21981 Buie Street

City Wagram State NC Zip Code 28396

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19536

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

A. The John R Bradford III Committee

Full Name (Last, First, Middle Initial)

Mailing Address 18632 Nantz Road

City Cornelius State NC Zip Code 28031

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19541

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Tricia Cotham Committee

Full Name (Last, First, Middle Initial)

Mailing Address 107 Sardis Grove Lane

City Matthews State NC Zip Code 28105

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19575

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Wesley Harris for NC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 77764

City Charlotte State NC Zip Code 77764

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB29.19578

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	78500.00