

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="186100.79"/>	<input type="text" value="186100.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="226497.76"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="48566.19"/>	<input type="text" value="85998.92"/>
(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="275063.95"/>	<input type="text" value="272099.71"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="577.89"/>	<input type="text" value="-2386.35"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="274486.06"/>	<input type="text" value="274486.06"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

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).....	45568.73	72852.50
(ii) Unitemized	2884.30	12844.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	48453.03	85696.75
(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)	48453.03	85696.75
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	94.23
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	113.16	207.94
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))..... ▶	48566.19	85998.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	48566.19	85998.92

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	77.89	113.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	77.89	113.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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	-500.00	-3500.00
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)) ..	577.89	-2386.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	577.89	-2386.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	48453.03	85696.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48453.03	85696.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	77.89	113.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	94.23
38. Net Operating Expenditures (subtract Line 37 from Line 36)	77.89	19.42

**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 124
<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

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. Peter Acker
 Full Name (Last, First, Middle Initial)
 Mailing Address 4105 Crepe Ridge Drive
 City State Zip Code
 Denver NC 28037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System ADMIN
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2013
Transaction ID : SA11AI.11548
 Amount of Each Receipt this Period
 350.00

B. C. Stephen Bale
 Full Name (Last, First, Middle Initial)
 Mailing Address 2613 Cole Creek Lane
 City State Zip Code
 Rock Hill SC 29732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System Physician
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2013
Transaction ID : SA11AI.11528
 Amount of Each Receipt this Period
 250.00

C. Pamela M Beckwith
 Full Name (Last, First, Middle Initial)
 Mailing Address 1709 Rosebank Lane
 City State Zip Code
 Charlotte NC 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1166.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.11094
 Amount of Each Receipt this Period
 166.67
 Payroll Deduction \$166.67 monthly

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Pamela M Beckwith		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	01	/	2013								
Mailing Address 1709 Rosebank Lane		Transaction ID : SA11AI.11316										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36											

Full Name (Last, First, Middle Initial) B. Pamela M Beckwith		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>30</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	30	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	30	/	2013								
Mailing Address 1709 Rosebank Lane		Transaction ID : SA11AI.11169										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03											

Full Name (Last, First, Middle Initial) C. Pamela M Beckwith		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	01	/	2013								
Mailing Address 1709 Rosebank Lane		Transaction ID : SA11AI.11242										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70											

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Pamela M Beckwith
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1833.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11390
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

B. Pamela M Beckwith
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11463
 Amount of Each Receipt this Period 166.63
 Payroll Deduction \$166.63 monthly

C. Todd B. Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address 5705 Hoover Avenue
 City Indian Trail State NC Zip Code 28079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11268
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	354.14
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 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Todd B. Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address 5705 Hoover Avenue
 City Indian Trail State NC Zip Code 28079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **229.24**

Date of Receipt **11 / 01 / 2013**
Transaction ID : SA11AI.11415
 Amount of Each Receipt this Period **20.84**
 Payroll Deduction \$20.84 monthly

B. Todd B. Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address 5705 Hoover Avenue
 City Indian Trail State NC Zip Code 28079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 29 / 2013**
Transaction ID : SA11AI.11490
 Amount of Each Receipt this Period **20.76**
 Payroll Deduction \$20.76 monthly

C. Connie C Bonebrake
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 Stirling Heights Lane
 City Ft Mill State SC Zip Code 29715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **12 / 02 / 2013**
Transaction ID : SA11AI.11533
 Amount of Each Receipt this Period **1500.00**

SUBTOTAL of Receipts This Page (optional).....▶	1541.60
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 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Judy L Booth
 Full Name (Last, First, Middle Initial)
 Mailing Address 11448 Terrill Ridge Dr
 City Davidson State NC Zip Code 28036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2013
Transaction ID : SA11AI.11532
 Amount of Each Receipt this Period
 500.00

B. Mr. Fred T Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 7427 Saint Clair Drive
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2013
Transaction ID : SA11AI.11563
 Amount of Each Receipt this Period
 500.00

C. Mr. Jerry L Bryson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6503 Elfreda Road
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11239
 Amount of Each Receipt this Period
 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	1020.84
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 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Jerry L Bryson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6503 Elfreda Road
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **229.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2013
Transaction ID : SA11AI.11387
 Amount of Each Receipt this Period
20.84
 Payroll Deduction \$20.84 monthly

B. Mr. Stephen C Burr
 Full Name (Last, First, Middle Initial)
 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 CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013
Transaction ID : SA11AI.11100
 Amount of Each Receipt this Period
50.00
 Payroll Deduction \$50 monthly

c. Mr. Stephen C Burr
 Full Name (Last, First, Middle Initial)
 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 CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2013
Transaction ID : SA11AI.11322
 Amount of Each Receipt this Period
50.00
 Payroll Deduction \$50 monthly

SUBTOTAL of Receipts This Page (optional).....▶	120.84
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 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Stephen C Burr		Date of Receipt
Mailing Address 203 Eslynn Road		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Mount Holly	NC	28120
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11175
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer		Payroll Deduction \$50 monthly
CarolinashHealthCareSystem	Occupation	
	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Stephen C Burr		Date of Receipt
Mailing Address 203 Eslynn Road		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Mount Holly	NC	28120
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11248
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer		Payroll Deduction \$50 monthly
CarolinashHealthCareSystem	Occupation	
	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Stephen C Burr		Date of Receipt
Mailing Address 203 Eslynn Road		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Mount Holly	NC	28120
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11395
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer		Payroll Deduction \$50 monthly
CarolinashHealthCareSystem	Occupation	
	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 124
	<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	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Mr. Stephen C Burr		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>29</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			29			2013			
M	M	/	D	D	/	Y	Y	Y	Y													
11			29			2013																
Mailing Address 203 Eslynn Road		Transaction ID : SA11AI.11468																				
City Mount Holly	State NC	Zip Code 28120																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>50.00</td> </tr> </table>	9	9	9	9	9	9	9	9	9	9										50.00
9	9	9	9	9	9	9	9	9	9													
									50.00													
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$50 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>600.00</td> </tr> </table>	9	9	9	9	9	9	9	9	9	9										600.00	
9	9	9	9	9	9	9	9	9	9													
									600.00													

Full Name (Last, First, Middle Initial) B. Nancy C. Butler		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>01</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	10			01			2013			
M	M	/	D	D	/	Y	Y	Y	Y													
10			01			2013																
Mailing Address 3821 Kitley Place		Transaction ID : SA11AI.11260																				
City Charlotte	State NC	Zip Code 28210																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>20.84</td> </tr> </table>	9	9	9	9	9	9	9	9	9	9										20.84
9	9	9	9	9	9	9	9	9	9													
									20.84													
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>208.40</td> </tr> </table>	9	9	9	9	9	9	9	9	9	9										208.40	
9	9	9	9	9	9	9	9	9	9													
									208.40													

Full Name (Last, First, Middle Initial) c. Nancy C. Butler		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>01</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			01			2013			
M	M	/	D	D	/	Y	Y	Y	Y													
11			01			2013																
Mailing Address 3821 Kitley Place		Transaction ID : SA11AI.11407																				
City Charlotte	State NC	Zip Code 28210																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>20.84</td> </tr> </table>	9	9	9	9	9	9	9	9	9	9										20.84
9	9	9	9	9	9	9	9	9	9													
									20.84													
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>229.24</td> </tr> </table>	9	9	9	9	9	9	9	9	9	9										229.24	
9	9	9	9	9	9	9	9	9	9													
									229.24													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>91.68</td> </tr> </table>	9	9	9	9	9	9	9	9	9	9										91.68
9	9	9	9	9	9	9	9	9	9												
									91.68												
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	9	9	9	9	9	9	9	9	9	9										
9	9	9	9	9	9	9	9	9	9												

**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 14 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Nancy C. Butler

Mailing Address 3821 Kitley Place

City Charlotte State NC Zip Code 28210

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
11 / 29 / 2013

Transaction ID : SA11AI.11482

Amount of Each Receipt this Period
20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)
B. Robert F. Carta

Mailing Address 4319 Wordsworth Lane

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: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
11 / 06 / 2013

Transaction ID : SA11AI.11551

Amount of Each Receipt this Period
300.00

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

Mailing Address 7112 Graybeard Court

City Charlotte State NC Zip Code 28226

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

Name of Employer CarolinasHealthCareSystem Occupation PHYS

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
08 / 30 / 2013

Transaction ID : SA11AI.11210

Amount of Each Receipt this Period
25.00

Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional).....▶	345.76
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Vincent P Casingal
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11283
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

B. Dr. Vincent P Casingal
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11430
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

C. Dr. Vincent P Casingal
 Full Name (Last, First, Middle Initial)
 Mailing Address 7112 Graybeard Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11505
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Peter M Cassidy
 Full Name (Last, First, Middle Initial)
 Mailing Address 9905 Grassy Crops Road
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11296
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Peter M Cassidy
 Full Name (Last, First, Middle Initial)
 Mailing Address 9905 Grassy Crops Road
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11443
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Peter M Cassidy
 Full Name (Last, First, Middle Initial)
 Mailing Address 9905 Grassy Crops Road
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11518
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional).....▶	62.44
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 17 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Jack F Chamblee			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		01		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
07		01		2013									
Mailing Address PO Box 550934			Transaction ID : SA11Al.11152										
City Gastonia	State NC	Zip Code 28055-0934	Amount of Each Receipt this Period <table border="1"> <tr> <td>41.67</td> </tr> </table>	41.67									
41.67													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN												
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>291.69</td> </tr> </table>	291.69											
291.69													

Full Name (Last, First, Middle Initial) B. Mr. Jack F Chamblee			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		01		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
08		01		2013									
Mailing Address PO Box 550934			Transaction ID : SA11Al.11374										
City Gastonia	State NC	Zip Code 28055-0934	Amount of Each Receipt this Period <table border="1"> <tr> <td>41.67</td> </tr> </table>	41.67									
41.67													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN												
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>333.36</td> </tr> </table>	333.36											
333.36													

Full Name (Last, First, Middle Initial) C. Mr. Jack F Chamblee			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>30</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		30		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
08		30		2013									
Mailing Address PO Box 550934			Transaction ID : SA11Al.11226										
City Gastonia	State NC	Zip Code 28055-0934	Amount of Each Receipt this Period <table border="1"> <tr> <td>41.67</td> </tr> </table>	41.67									
41.67													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN												
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>375.03</td> </tr> </table>	375.03											
375.03													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>125.01</td> </tr> </table>	125.01
125.01		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

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 18 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Jack F Chamblee
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 550934

City Gastonia	State NC	Zip Code 28055-0934
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FEC ID number of contributing federal political committee. **C**

Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
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Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2013

Transaction ID : SA11AI.11299

Amount of Each Receipt this Period
41.67

Payroll Deduction \$41.67 monthly

B. Mr. Jack F Chamblee
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 550934

City Gastonia	State NC	Zip Code 28055-0934
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FEC ID number of contributing federal political committee. **C**

Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
---	---------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **458.37**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2013

Transaction ID : SA11AI.11446

Amount of Each Receipt this Period
41.67

Payroll Deduction \$41.67 monthly

C. Mr. Jack F Chamblee
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 550934

City Gastonia	State NC	Zip Code 28055-0934
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FEC ID number of contributing federal political committee. **C**

Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
---	---------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2013

Transaction ID : SA11AI.11521

Amount of Each Receipt this Period
41.63

Payroll Deduction \$41.63 monthly

SUBTOTAL of Receipts This Page (optional).....▶	124.97
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Paul G Colavita
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Sedley Road

City	State	Zip Code
Charlotte	NC	28211

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

Name of Employer	Occupation
CarolinashHealthCareSystem	ADMIN

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013
Transaction ID : SA11AI.11106

Amount of Each Receipt this Period
41.67

Payroll Deduction \$41.67 monthly

B. Mr. Paul G Colavita
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Sedley Road

City	State	Zip Code
Charlotte	NC	28211

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

Name of Employer	Occupation
CarolinashHealthCareSystem	ADMIN

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2013
Transaction ID : SA11AI.11328

Amount of Each Receipt this Period
41.67

Payroll Deduction \$41.67 monthly

C. Mr. Paul G Colavita
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Sedley Road

City	State	Zip Code
Charlotte	NC	28211

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

Name of Employer	Occupation
CarolinashHealthCareSystem	ADMIN

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2013
Transaction ID : SA11AI.11181

Amount of Each Receipt this Period
41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Paul G Colavita		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	01	/	2013								
Mailing Address 2501 Sedley Road		Transaction ID : SA11AI.11254										
City Charlotte	State NC	Zip Code 28211										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70											

Full Name (Last, First, Middle Initial) B. Mr. Paul G Colavita		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	01	/	2013								
Mailing Address 2501 Sedley Road		Transaction ID : SA11AI.11401										
City Charlotte	State NC	Zip Code 28211										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37											

Full Name (Last, First, Middle Initial) C. Mr. Paul G Colavita		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>29</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	29	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	29	/	2013								
Mailing Address 2501 Sedley Road		Transaction ID : SA11AI.11475										
City Charlotte	State NC	Zip Code 28211										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.63											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.63 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

SUBTOTAL of Receipts This Page (optional).....▶	124.97
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 21 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ronald M Costanzo		Date of Receipt
Mailing Address 721 Governor Morrison St 234		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28211
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11561
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	Administrator	<input type="text" value="250.00"/>
Receipt For: 2014	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David L Dunlap		Date of Receipt
Mailing Address 54 Picard Way		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charleston	SC	29412
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11553
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	Administrator	<input type="text" value="1500.00"/>
Receipt For: 2014	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Ellerbe		Date of Receipt
Mailing Address 2331 Coley View Court		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11249
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	ADMIN	<input type="text" value="20.84"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$20.84 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.40"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1770.84"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David Ellerbe		Date of Receipt
Mailing Address 2331 Coley View Court		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11396
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	ADMIN	<input type="text" value="20.84"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$20.84 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="229.24"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael P Fabrizio		Date of Receipt
Mailing Address 18754 Greyton Lane		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Davidson	NC	28036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11173
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="25.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$25 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael P Fabrizio		Date of Receipt
Mailing Address 18754 Greyton Lane		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Davidson	NC	28036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11246
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="25.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$25 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="70.84"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 124
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michael P Fabrizio		Date of Receipt
Mailing Address 18754 Greyton Lane		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Davidson	NC	28036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11393
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="25.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$25 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael P Fabrizio		Date of Receipt
Mailing Address 18754 Greyton Lane		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Davidson	NC	28036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11466
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="25.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$25 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jesse Faile		Date of Receipt
Mailing Address 2014 Fairview Circle		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Wilkesboro	NC	28697
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11537
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas Healthcare System	President/WRMC	<input type="text" value="250.00"/>
Receipt For: 2014	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Arthur M Fisher
 Full Name (Last, First, Middle Initial)
 Mailing Address 2088 Cavendale Drive
 City State Zip Code
 Rock Hill SC 29732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System Administrator
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2013
Transaction ID : SA11AI.11542
 Amount of Each Receipt this Period
 250.00

B. Dr. Marsha D Ford
 Full Name (Last, First, Middle Initial)
 Mailing Address 6836 Alexander Road
 City State Zip Code
 Charlotte NC 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem PHYS
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.11131
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction \$100 monthly

C. Dr. Marsha D Ford
 Full Name (Last, First, Middle Initial)
 Mailing Address 6836 Alexander Road
 City State Zip Code
 Charlotte NC 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem PHYS
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2013
Transaction ID : SA11AI.11353
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Marsha D Ford
Full Name (Last, First, Middle Initial)

Mailing Address 6836 Alexander Road

City	State	Zip Code
Charlotte	NC	28270

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

Name of Employer	Occupation
CarolinashHealthCareSystem	PHYS

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : SA11Al.11205

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

B. Dr. Marsha D Ford
Full Name (Last, First, Middle Initial)

Mailing Address 6836 Alexander Road

City	State	Zip Code
Charlotte	NC	28270

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

Name of Employer	Occupation
CarolinashHealthCareSystem	PHYS

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2013

Transaction ID : SA11Al.11278

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

C. Dr. Marsha D Ford
Full Name (Last, First, Middle Initial)

Mailing Address 6836 Alexander Road

City	State	Zip Code
Charlotte	NC	28270

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

Name of Employer	Occupation
CarolinashHealthCareSystem	PHYS

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : SA11Al.11425

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Marsha D Ford
 Full Name (Last, First, Middle Initial)
 Mailing Address 6836 Alexander Road
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11500
 Amount of Each Receipt this Period 100.00
 Payroll Deduction \$100 monthly

B. Mr. Paul S Franz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Fillmore Avenue #413
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2916.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.11088
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

C. Mr. Paul S Franz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Fillmore Avenue #413
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2013
Transaction ID : SA11AI.11310
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	933.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Paul S Franz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Fillmore Avenue #413
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3750.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2013
Transaction ID : SA11AI.11163
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

B. Mr. Paul S Franz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Fillmore Avenue #413
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4166.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11236
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

C. Mr. Paul S Franz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1320 Fillmore Avenue #413
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11384
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	1250.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Paul S Franz		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td>/</td> <td>29</td><td></td><td>/</td> <td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11		/	29		/	2013			
M	M	/	D	D	/	Y	Y	Y	Y													
11		/	29		/	2013																
Mailing Address 1320 Fillmore Avenue #413		Transaction ID : SA11AI.11456																				
City Charlotte	State NC	Zip Code 28203																				
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.63																					
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.63 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00																					

Full Name (Last, First, Middle Initial) B. Steven A Gilgen		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td>/</td> <td>01</td><td></td><td>/</td> <td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	10		/	01		/	2013			
M	M	/	D	D	/	Y	Y	Y	Y													
10		/	01		/	2013																
Mailing Address 161 Jarrett Road		Transaction ID : SA11AI.11241																				
City Hayesville	State NC	Zip Code 28904																				
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.4																					
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40																					

Full Name (Last, First, Middle Initial) C. Steven A Gilgen		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td>/</td> <td>01</td><td></td><td>/</td> <td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11		/	01		/	2013			
M	M	/	D	D	/	Y	Y	Y	Y													
11		/	01		/	2013																
Mailing Address 161 Jarrett Road		Transaction ID : SA11AI.11389																				
City Hayesville	State NC	Zip Code 28904																				
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.84																					
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24																					

SUBTOTAL of Receipts This Page (optional).....▶	458.31
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 29 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Steven A Gilgen		Date of Receipt MM / DD / YYYY 11 / 29 / 2013 Transaction ID : SA11AI.11462
Mailing Address 161 Jarrett Road		Amount of Each Receipt this Period 20.76 Payroll Deduction \$20.76 monthly
City Hayesville	State NC	Zip Code 28904
FEC ID number of contributing federal political committee.	C	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Greg A Gombar		Date of Receipt MM / DD / YYYY 07 / 01 / 2013 Transaction ID : SA11AI.11118
Mailing Address 4625 Cotton Creek Drive		Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee.	C	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.69	

Full Name (Last, First, Middle Initial) c. Mr. Greg A Gombar		Date of Receipt MM / DD / YYYY 08 / 01 / 2013 Transaction ID : SA11AI.11340
Mailing Address 4625 Cotton Creek Drive		Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee.	C	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.36	

SUBTOTAL of Receipts This Page (optional).....▶	854.10
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 30 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Greg A Gombar		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>30</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	30	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	30	/	2013								
Mailing Address 4625 Cotton Creek Drive		Transaction ID : SA11Al.11193										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.03											

Full Name (Last, First, Middle Initial) B. Mr. Greg A Gombar		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	01	/	2013								
Mailing Address 4625 Cotton Creek Drive		Transaction ID : SA11Al.11266										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4166.70											

Full Name (Last, First, Middle Initial) c. Mr. Greg A Gombar		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	01	/	2013								
Mailing Address 4625 Cotton Creek Drive		Transaction ID : SA11Al.11413										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4583.37											

SUBTOTAL of Receipts This Page (optional).....▶	1250.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Greg A Gombar		Date of Receipt
Mailing Address 4625 Cotton Creek Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11488
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="416.63"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$416.63 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Clark E Goodwin		Date of Receipt
Mailing Address 6028 Alexa Road		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28277
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11274
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="208.84"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$20.84 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.40"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Clark E Goodwin		Date of Receipt
Mailing Address 6028 Alexa Road		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28277
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11421
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="20.84"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$20.84 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="229.24"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="458.31"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Mr. Clark E Goodwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 6028 Alexa Road
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11496
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

B. Kathleen Grew
 Full Name (Last, First, Middle Initial)
 Mailing Address 8603 Excalibur Way
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation VP
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11290
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Kathleen Grew
 Full Name (Last, First, Middle Initial)
 Mailing Address 8603 Excalibur Way
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation VP
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11437
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	62.44
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 33 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kathleen Grew		Date of Receipt MM / DD / YYYY 11 / 29 / 2013 Transaction ID : SA11AI.11512
Mailing Address 8603 Excalibur Way		Amount of Each Receipt this Period 20.76 Payroll Deduction \$20.76 monthly
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. C	Name of Employer Carolinas HealthCare System	Occupation VP
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mary N Hall		Date of Receipt MM / DD / YYYY 07 / 01 / 2013 Transaction ID : SA11AI.11081
Mailing Address 1040 Queens Road		Amount of Each Receipt this Period 41.67 Payroll Deduction \$41.67 monthly
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

Full Name (Last, First, Middle Initial) C. Dr. Mary N Hall		Date of Receipt MM / DD / YYYY 08 / 01 / 2013 Transaction ID : SA11AI.11303
Mailing Address 1040 Queens Road		Amount of Each Receipt this Period 41.67 Payroll Deduction \$41.67 monthly
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	104.10
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 34 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Mary N Hall		Date of Receipt MM / DD / YYYY 08 / 30 / 2013
Mailing Address 1040 Queens Road		Transaction ID : SA11AI.11156
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

Full Name (Last, First, Middle Initial) B. Dr. Mary N Hall		Date of Receipt MM / DD / YYYY 10 / 01 / 2013
Mailing Address 1040 Queens Road		Transaction ID : SA11AI.11230
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) C. Dr. Mary N Hall		Date of Receipt MM / DD / YYYY 11 / 01 / 2013
Mailing Address 1040 Queens Road		Transaction ID : SA11AI.11378
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Mary N Hall		Date of Receipt MM / DD / YYYY 11 / 29 / 2013 Transaction ID : SA11AI.11450
Mailing Address 1040 Queens Road		Amount of Each Receipt this Period 41.63 Payroll Deduction \$41.63 monthly
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 500.00	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Janet D Handy		Date of Receipt MM / DD / YYYY 10 / 01 / 2013 Transaction ID : SA11AI.11287
Mailing Address 8044 Silver Jade Lane		Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
City Denver	State NC	Zip Code 28037
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 208.40	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Janet D Handy		Date of Receipt MM / DD / YYYY 11 / 01 / 2013 Transaction ID : SA11AI.11434
Mailing Address 8044 Silver Jade Lane		Amount of Each Receipt this Period 20.84 Payroll Deduction \$20.84 monthly
City Denver	State NC	Zip Code 28037
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 229.24	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	83.31
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 36 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Ms. Janet D Handy
 Full Name (Last, First, Middle Initial)
 Mailing Address 8044 Silver Jade Lane
 City State Zip Code
 Denver NC 28037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11509
 Amount of Each Receipt this Period
 20.76
 Payroll Deduction \$20.76 monthly

B. Matthew L. Hanley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2640 Beverwyck Road
 City State Zip Code
 Charlotte NC 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System Administrator
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2013
Transaction ID : SA11AI.11545
 Amount of Each Receipt this Period
 250.00

C. Dr. Frank Harrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 3741 Hearthstone Court
 City State Zip Code
 Charlotte NC 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolinas HealthCare System Physician
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2013
Transaction ID : SA11AI.11547
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	520.76
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 37 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Henry C Hawthorne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 James B White Hwy N
 City Whiteville State NC Zip Code 28472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **700.00**
 Date of Receipt **07 / 01 / 2013**
Transaction ID : SA11AI.11087
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction \$100 monthly

B. Henry C Hawthorne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 James B White Hwy N
 City Whiteville State NC Zip Code 28472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **800.00**
 Date of Receipt **08 / 01 / 2013**
Transaction ID : SA11AI.11309
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction \$100 monthly

c. Henry C Hawthorne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 James B White Hwy N
 City Whiteville State NC Zip Code 28472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **900.00**
 Date of Receipt **08 / 30 / 2013**
Transaction ID : SA11AI.11162
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Henry C Hawthorne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 James B White Hwy N
 City Whiteville State NC Zip Code 28472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 10 / 01 / 2013
Transaction ID : SA11AI.11235
 Amount of Each Receipt this Period 100.00
 Payroll Deduction \$100 monthly

B. Henry C Hawthorne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 James B White Hwy N
 City Whiteville State NC Zip Code 28472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00
 Date of Receipt 11 / 01 / 2013
Transaction ID : SA11AI.11383
 Amount of Each Receipt this Period 100.00
 Payroll Deduction \$100 monthly

c. Henry C Hawthorne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 James B White Hwy N
 City Whiteville State NC Zip Code 28472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00
 Date of Receipt 11 / 29 / 2013
Transaction ID : SA11AI.11455
 Amount of Each Receipt this Period 100.00
 Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 39 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sara J Herron
 Full Name (Last, First, Middle Initial)
 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 Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **583.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013
Transaction ID : SA11AI.11145
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

B. Sara J Herron
 Full Name (Last, First, Middle Initial)
 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 Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **666.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2013
Transaction ID : SA11AI.11367
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

C. Sara J Herron
 Full Name (Last, First, Middle Initial)
 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 Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2013
Transaction ID : SA11AI.11219
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... **250.02**
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: (check only one)	PAGE 40 OF 124
	<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	

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

Full Name (Last, First, Middle Initial) A. Sara J Herron		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		01		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
10		01		2013								
Mailing Address 9422 Briarwick Lane		Transaction ID : SA11AI.11292										
City Charlotte	State NC	Zip Code 28277-1673										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34											
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$83.34 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.40											

Full Name (Last, First, Middle Initial) B. Sara J Herron		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		01		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11		01		2013								
Mailing Address 9422 Briarwick Lane		Transaction ID : SA11AI.11439										
City Charlotte	State NC	Zip Code 28277-1673										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34											
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$83.34 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74											

Full Name (Last, First, Middle Initial) C. Sara J Herron		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>29</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		29		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11		29		2013								
Mailing Address 9422 Briarwick Lane		Transaction ID : SA11AI.11514										
City Charlotte	State NC	Zip Code 28277-1673										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.26											
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$83.26 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

SUBTOTAL of Receipts This Page (optional).....▶	249.94
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 41 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Laurence C Hinsdale		Date of Receipt
Mailing Address 7117 Stirewalt Road		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Concord	NC	28027
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11137
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	ADMIN	<input type="text" value="250.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$250 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Laurence C Hinsdale		Date of Receipt
Mailing Address 7117 Stirewalt Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Concord	NC	28027
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11359
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	ADMIN	<input type="text" value="250.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$250 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Laurence C Hinsdale		Date of Receipt
Mailing Address 7117 Stirewalt Road		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Concord	NC	28027
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11211
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	ADMIN	<input type="text" value="250.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$250 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Laurence C Hinsdale		Date of Receipt
Mailing Address 7117 Stirewalt Road		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Concord	NC	28027
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11284
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	ADMIN	<input type="text" value="250.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$250 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Laurence C Hinsdale		Date of Receipt
Mailing Address 7117 Stirewalt Road		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Concord	NC	28027
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11431
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	ADMIN	<input type="text" value="250.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$250 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Laurence C Hinsdale		Date of Receipt
Mailing Address 7117 Stirewalt Road		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Concord	NC	28027
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11506
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	ADMIN	<input type="text" value="250.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$250 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Colleen D. Hole
 Full Name (Last, First, Middle Initial)
 Mailing Address 4147 French Fields 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11263
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Colleen D. Hole
 Full Name (Last, First, Middle Initial)
 Mailing Address 4147 French Fields 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11410
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Colleen D. Hole
 Full Name (Last, First, Middle Initial)
 Mailing Address 4147 French Fields 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: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 479.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2013
Transaction ID : SA11AI.11549
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	291.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Colleen D. Hole

Mailing Address 4147 French Fields Lane

City	State	Zip Code
Harrisburg	NC	28075

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

Name of Employer	Occupation
CarolinashHealthCareSystem	ADMIN

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
11 / 29 / 2013

Transaction ID : SA11AI.11485

Amount of Each Receipt this Period
20.76

Payroll Deduction \$20.76 monthly

Full Name (Last, First, Middle Initial)
B. Kent C Holtzmuller

Mailing Address PO Box 220248

City	State	Zip Code
Charlotte	NC	28222-0248

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

Name of Employer	Occupation
Carolinash HealthCare System	Physician

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
11 / 20 / 2013

Transaction ID : SA11AI.11544

Amount of Each Receipt this Period
250.00

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

Mailing Address 215 Hillside Avenue

City	State	Zip Code
Charlotte	NC	28209

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

Name of Employer	Occupation
CarolinashHealthCareSystem	ADMIN

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.38**

Date of Receipt
07 / 01 / 2013

Transaction ID : SA11AI.11103

Amount of Each Receipt this Period
83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional).....▶	354.10
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: PAGE 45 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Christopher R Hummer
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **666.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2013
Transaction ID : SA11AI.11325
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

B. Mr. Christopher R Hummer
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2013
Transaction ID : SA11AI.11178
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

c. Mr. Christopher R Hummer
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **833.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11251
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... **250.02**
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 46 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mr. Christopher R Hummer			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>01</td><td></td><td></td> <td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			01			2013			
M	M	/	D	D	/	Y	Y	Y	Y														
11			01			2013																	
Mailing Address 215 Hillside Avenue			Transaction ID : SA11AI.11398																				
City Charlotte	State NC	Zip Code 28209	Amount of Each Receipt this Period <table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>83.34</td> </tr> </table>	9	9	9	9	9	9	9	9	9	9										83.34
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									83.34														
FEC ID number of contributing federal political committee. C		Payroll Deduction \$83.34 monthly																					
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>916.74</td> </tr> </table>		9	9	9	9	9	9	9	9	9	9										916.74
9	9	9	9	9	9	9	9	9	9														
									916.74														
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

Full Name (Last, First, Middle Initial) B. Mr. Christopher R Hummer			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>29</td><td></td><td></td> <td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			29			2013			
M	M	/	D	D	/	Y	Y	Y	Y														
11			29			2013																	
Mailing Address 215 Hillside Avenue			Transaction ID : SA11AI.11472																				
City Charlotte	State NC	Zip Code 28209	Amount of Each Receipt this Period <table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>83.26</td> </tr> </table>	9	9	9	9	9	9	9	9	9	9										83.26
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FEC ID number of contributing federal political committee. C		Payroll Deduction \$83.26 monthly																					
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1000.00</td> </tr> </table>		9	9	9	9	9	9	9	9	9	9										1000.00
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									1000.00														
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

Full Name (Last, First, Middle Initial) C. James C Hunter			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>07</td><td></td><td></td> <td>01</td><td></td><td></td> <td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	07			01			2013			
M	M	/	D	D	/	Y	Y	Y	Y														
07			01			2013																	
Mailing Address 1506 Providence Drive			Transaction ID : SA11AI.11107																				
City Charlotte	State NC	Zip Code 28211	Amount of Each Receipt this Period <table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>166.67</td> </tr> </table>	9	9	9	9	9	9	9	9	9	9										166.67
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									166.67														
FEC ID number of contributing federal political committee. C		Payroll Deduction \$166.67 monthly																					
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1166.69</td> </tr> </table>		9	9	9	9	9	9	9	9	9	9										1166.69
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									1166.69														
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>333.27</td> </tr> </table>	9	9	9	9	9	9	9	9	9	9										333.27
9	9	9	9	9	9	9	9	9	9												
									333.27												
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	9	9	9	9	9	9	9	9	9	9										
9	9	9	9	9	9	9	9	9	9												

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 47 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1506 Providence 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: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1333.36**

Date of Receipt **08 / 01 / 2013**

Transaction ID : SA11AI.11329

Amount of Each Receipt this Period **166.67**

Payroll Deduction \$166.67 monthly

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

Mailing Address 1506 Providence 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: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.03**

Date of Receipt **08 / 30 / 2013**

Transaction ID : SA11AI.11182

Amount of Each Receipt this Period **166.67**

Payroll Deduction \$166.67 monthly

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

Mailing Address 1506 Providence 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: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.70**

Date of Receipt **10 / 01 / 2013**

Transaction ID : SA11AI.11255

Amount of Each Receipt this Period **166.67**

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)	PAGE 48 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1506 Providence 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: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1833.37**

Date of Receipt **11 / 01 / 2013**
Transaction ID : SA11AI.11402

Amount of Each Receipt this Period **166.67**

Payroll Deduction \$166.67 monthly

B. Mr. W. Christopher Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 445 Forest Hill Circle

City Rutherfordton State NC Zip Code 28139

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.69**

Date of Receipt **07 / 01 / 2013**
Transaction ID : SA11AI.11117

Amount of Each Receipt this Period **41.67**

Payroll Deduction \$41.67 monthly

c. Mr. W. Christopher Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 445 Forest Hill Circle

City Rutherfordton State NC Zip Code 28139

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

Name of Employer CarolinasHealthCareSystem Occupation ADMIN

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **08 / 01 / 2013**
Transaction ID : SA11AI.11339

Amount of Each Receipt this Period **41.67**

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... **250.01**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. W. Christopher Johnson		Date of Receipt
Mailing Address 445 Forest Hill Circle		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rutherfordton	NC	28139
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.11192
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="375.03"/>	<input type="text" value="41.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial) B. Mr. W. Christopher Johnson		Date of Receipt
Mailing Address 445 Forest Hill Circle		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rutherfordton	NC	28139
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.11265
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="416.70"/>	<input type="text" value="41.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial) C. Mr. W. Christopher Johnson		Date of Receipt
Mailing Address 445 Forest Hill Circle		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rutherfordton	NC	28139
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.11412
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="458.37"/>	<input type="text" value="41.67"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. W. Christopher Johnson		Date of Receipt
Mailing Address 445 Forest Hill Circle		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rutherfordton	NC	28139
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.11487
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="500.00"/>	<input type="text" value="41.63"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$41.63 monthly

Full Name (Last, First, Middle Initial) B. Scott Robertson Jones		Date of Receipt
Mailing Address 9707 Welwyn Lane		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.11295
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.40"/>	<input type="text" value="20.84"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial) C. Scott Robertson Jones		Date of Receipt
Mailing Address 9707 Welwyn Lane		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.11442
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="229.24"/>	<input type="text" value="20.84"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="83.31"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Scott Robertson Jones		Date of Receipt
Mailing Address 9707 Welwyn Lane		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11517
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.76"/>
Name of Employer		Payroll Deduction \$20.76 monthly
CarolinashHealthCareSystem	Occupation	
	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen Dennis Jones		Date of Receipt
Mailing Address 125 Lake Mist Drive		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Belmont	NC	28012
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11234
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.84"/>
Name of Employer		Payroll Deduction \$20.84 monthly
Carolinash HealthCare System	Occupation	
	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.40"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stephen Dennis Jones		Date of Receipt
Mailing Address 125 Lake Mist Drive		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Belmont	NC	28012
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11382
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.84"/>
Name of Employer		Payroll Deduction \$20.84 monthly
Carolinash HealthCare System	Occupation	
	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="229.24"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.44"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Stephen Dennis Jones		Date of Receipt
Mailing Address 125 Lake Mist Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Belmont	NC	28012
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11454
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.76"/>
Name of Employer		Payroll Deduction \$20.76 monthly
CarolinassHealthCareSystem	Occupation	
	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Kathleen Ann Kaney		Date of Receipt
Mailing Address 2316 Vail Avenue		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11253
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.84"/>
Name of Employer		Payroll Deduction \$20.84 monthly
CarolinassHealthCareSystem	Occupation	
	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.40"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Kathleen Ann Kaney		Date of Receipt
Mailing Address 2316 Vail Avenue		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11400
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.84"/>
Name of Employer		Payroll Deduction \$20.84 monthly
CarolinassHealthCareSystem	Occupation	
	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="229.24"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.44"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 124
	<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	

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

Full Name (Last, First, Middle Initial) A. Ms. Kathleen Ann Kaney		Date of Receipt
Mailing Address 2316 Vail Avenue		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11474
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="20.76"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$20.76 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Robert M Keener		Date of Receipt
Mailing Address 625 Club Drive		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Stanley	NC	28164
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11202
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="25.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$25 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Robert M Keener		Date of Receipt
Mailing Address 625 Club Drive		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Stanley	NC	28164
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11275
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="25.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$25 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="70.76"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Robert M Keener		Date of Receipt
Mailing Address 625 Club Drive		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Stanley	NC	28164
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11422
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="25.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$25 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Robert M Keener		Date of Receipt
Mailing Address 625 Club Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Stanley	NC	28164
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11497
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="25.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$25 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Scott Kerr		Date of Receipt
Mailing Address 2027 Ferncliff Road		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28211
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11212
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	Administrator	<input type="text" value="25.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$25 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 55 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Scott Kerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 2027 Ferncliff 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11285
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

B. Scott Kerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 2027 Ferncliff 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11432
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

C. Scott Kerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 2027 Ferncliff 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11507
 Amount of Each Receipt this Period 25.00
 Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John C Kiser
 Full Name (Last, First, Middle Initial)
 Mailing Address 811 Sellerstown Road
 City Cherryville State NC Zip Code 28021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2013
Transaction ID : SA11AI.11564
 Amount of Each Receipt this Period
 250.00

B. John C Kiser
 Full Name (Last, First, Middle Initial)
 Mailing Address 811 Sellerstown Road
 City Cherryville State NC Zip Code 28021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11510
 Amount of Each Receipt this Period
 10.00
 Payroll Deduction \$10 monthly

C. Mr. John J Knox
 Full Name (Last, First, Middle Initial)
 Mailing Address 6530 Boykin Spaniel Road
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.11130
 Amount of Each Receipt this Period
 41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	301.67
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. John J Knox		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	01	/	2013								
Mailing Address 6530 Boykin Spaniel Road		Transaction ID : SA11AI.11352										
City Charlotte	State NC	Zip Code 28277										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36											

Full Name (Last, First, Middle Initial) B. Mr. John J Knox		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>30</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	30	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	30	/	2013								
Mailing Address 6530 Boykin Spaniel Road		Transaction ID : SA11AI.11204										
City Charlotte	State NC	Zip Code 28277										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03											

Full Name (Last, First, Middle Initial) C. Mr. John J Knox		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	01	/	2013								
Mailing Address 6530 Boykin Spaniel Road		Transaction ID : SA11AI.11277										
City Charlotte	State NC	Zip Code 28277										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$41.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70											

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. John J Knox
 Full Name (Last, First, Middle Initial)
 Mailing Address 6530 Boykin Spaniel Road
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 01 / 2013
Transaction ID : SA11AI.11424
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

B. Mr. John J Knox
 Full Name (Last, First, Middle Initial)
 Mailing Address 6530 Boykin Spaniel Road
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 29 / 2013
Transaction ID : SA11AI.11499
 Amount of Each Receipt this Period 41.63
 Payroll Deduction \$41.63 monthly

C. Joyce Korzen
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 Northside PI
 City Fayetteville State NC Zip Code 28303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 10 / 01 / 2013
Transaction ID : SA11AI.11250
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

SUBTOTAL of Receipts This Page (optional).....▶	104.14
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 59 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joyce Korzen		Date of Receipt
Mailing Address 204 Northside Pl		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fayetteville	NC	28303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.11397
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="20.84"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$20.84 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="229.24"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joyce Korzen		Date of Receipt
Mailing Address 204 Northside Pl		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fayetteville	NC	28303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.11471
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="20.76"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$20.76 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert G Larrison		Date of Receipt
Mailing Address 1008 Biggers Farm Ct		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indian Trail	NC	28079
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.11529
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	Administrator	<input type="text" value="250.00"/>
Receipt For: 2014	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="291.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 60 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. F Scott Leighty
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 Governor Morrison St
 Apt 214
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2013
Transaction ID : SA11AI.11559
 Amount of Each Receipt this Period
 1500.00

B. Mr. Frank S Letherby
 Full Name (Last, First, Middle Initial)
 Mailing Address 5234 Lancelot Drive
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11267
 Amount of Each Receipt this Period
 22.73
 Payroll Deduction \$22.73 monthly

C. Mr. Frank S Letherby
 Full Name (Last, First, Middle Initial)
 Mailing Address 5234 Lancelot Drive
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11414
 Amount of Each Receipt this Period
 22.73
 Payroll Deduction \$22.73 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1545.46
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 61 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Frank S Letherby		Date of Receipt MM / DD / YYYY 11 / 29 / 2013 Transaction ID : SA11AI.11489
Mailing Address 5234 Lancelot Drive		Amount of Each Receipt this Period 22.70 Payroll Deduction \$22.7 monthly
City Charlotte	State NC	Zip Code 28270
FEC ID number of contributing federal political committee. C		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. W. Spencer Lilly		Date of Receipt MM / DD / YYYY 07 / 01 / 2013 Transaction ID : SA11AI.11144
Mailing Address 9306 Copans Glen Lane		Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. C		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

Full Name (Last, First, Middle Initial) C. Mr. W. Spencer Lilly		Date of Receipt MM / DD / YYYY 08 / 01 / 2013 Transaction ID : SA11AI.11366
Mailing Address 9306 Copans Glen Lane		Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. C		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

SUBTOTAL of Receipts This Page (optional).....▶	189.38
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 62 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. W. Spencer Lilly
 Full Name (Last, First, Middle Initial)
 Mailing Address 9306 Copans Glen Lane
 City State Zip Code
 Huntersville NC 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2013
Transaction ID : SA11AI.11218
 Amount of Each Receipt this Period
 83.34
 Payroll Deduction \$83.34 monthly

B. Mr. W. Spencer Lilly
 Full Name (Last, First, Middle Initial)
 Mailing Address 9306 Copans Glen Lane
 City State Zip Code
 Huntersville NC 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11291
 Amount of Each Receipt this Period
 83.34
 Payroll Deduction \$83.34 monthly

C. Mr. W. Spencer Lilly
 Full Name (Last, First, Middle Initial)
 Mailing Address 9306 Copans Glen Lane
 City State Zip Code
 Huntersville NC 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 916.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11438
 Amount of Each Receipt this Period
 83.34
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02
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: (check only one)	PAGE 63 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. W. Spencer Lilly		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>29</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	29	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	29	/	2013								
Mailing Address 9306 Copans Glen Lane		Transaction ID : SA11AI.11513										
City Huntersville	State NC	Zip Code 28078										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.26										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.26 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

Full Name (Last, First, Middle Initial) B. Carol A Lovin		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	01	/	2013								
Mailing Address 7023 Conservatory Lane		Transaction ID : SA11AI.11134										
City Charlotte	State NC	Zip Code 28210										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38											

Full Name (Last, First, Middle Initial) C. Carol A Lovin		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	01	/	2013								
Mailing Address 7023 Conservatory Lane		Transaction ID : SA11AI.11356										
City Charlotte	State NC	Zip Code 28210										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34										
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72											

SUBTOTAL of Receipts This Page (optional).....▶	249.94
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 64 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Carol A Lovin		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : SA11AI.11208
Mailing Address 7023 Conservatory Lane		Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 750.06	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carol A Lovin		Date of Receipt MM / DD / YYYY 10 / 01 / 2013 Transaction ID : SA11AI.11281
Mailing Address 7023 Conservatory Lane		Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 833.40	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Carol A Lovin		Date of Receipt MM / DD / YYYY 11 / 01 / 2013 Transaction ID : SA11AI.11428
Mailing Address 7023 Conservatory Lane		Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 916.74	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	250.02
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: (check only one)	PAGE 65 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Carol A Lovin		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>29</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			29			2013			
M	M	/	D	D	/	Y	Y	Y	Y													
11			29			2013																
Mailing Address 7023 Conservatory Lane		Transaction ID : SA11AI.11503																				
City Charlotte	State NC	Zip Code 28210																				
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.26																					
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.26 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00																					

Full Name (Last, First, Middle Initial) B. Toni G Lovingood		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>01</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	10			01			2013			
M	M	/	D	D	/	Y	Y	Y	Y													
10			01			2013																
Mailing Address 406 Long Branch Road		Transaction ID : SA11AI.11261																				
City Marble	State NC	Zip Code 28905																				
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.84																					
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40																					

Full Name (Last, First, Middle Initial) C. Toni G Lovingood		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>01</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			01			2013			
M	M	/	D	D	/	Y	Y	Y	Y													
11			01			2013																
Mailing Address 406 Long Branch Road		Transaction ID : SA11AI.11408																				
City Marble	State NC	Zip Code 28905																				
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.84																					
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$20.84 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24																					

SUBTOTAL of Receipts This Page (optional).....▶	124.94
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 66 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Toni G Lovingood		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2013 Transaction ID : SA11AI.11483
Mailing Address 406 Long Branch Road		Amount of Each Receipt this Period 20.76 Payroll Deduction \$20.76 monthly
City Marble	State NC	Zip Code 28905
FEC ID number of contributing federal political committee. C	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Thomas Magraw		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 Transaction ID : SA11AI.11546
Mailing Address 3238 Tatting Road		Amount of Each Receipt this Period 250.00
City Matthews	State NC	Zip Code 28105
FEC ID number of contributing federal political committee. C	Name of Employer Carolinas Healthcare System	Occupation Vice President, MMG
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Zahide Marenic		Date of Receipt M M / D D / Y Y Y Y Y 11 / 16 / 2013 Transaction ID : SA11AI.11554
Mailing Address 5811 Old Well House		Amount of Each Receipt this Period 250.00
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C	Name of Employer Carolinas HealthCare System	Occupation Administrator
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	520.76
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 67 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. James T McDevitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **583.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013
Transaction ID : SA11AI.11142
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

B. Mr. James T McDevitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **666.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2013
Transaction ID : SA11AI.11364
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

C. Mr. James T McDevitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2013
Transaction ID : SA11AI.11216
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.02**
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 68 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. James T McDevitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **833.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11289
 Amount of Each Receipt this Period **83.34**
 Payroll Deduction \$83.34 monthly

B. Mr. James T McDevitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **916.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11436
 Amount of Each Receipt this Period **83.34**
 Payroll Deduction \$83.34 monthly

C. Mr. James T McDevitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 826 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11511
 Amount of Each Receipt this Period **83.26**
 Payroll Deduction \$83.26 monthly

SUBTOTAL of Receipts This Page (optional)..... **249.94**
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 69 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Marcia G. Messer
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 77248

City Charlotte	State NC	Zip Code 28271
-------------------	-------------	-------------------

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

Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
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Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11298

Amount of Each Receipt this Period
 20.84

Payroll Deduction \$20.84 monthly

B. Marcia G. Messer
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 77248

City Charlotte	State NC	Zip Code 28271
-------------------	-------------	-------------------

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

Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
---	---------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11445

Amount of Each Receipt this Period
 20.84

Payroll Deduction \$20.84 monthly

C. Marcia G. Messer
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 77248

City Charlotte	State NC	Zip Code 28271
-------------------	-------------	-------------------

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

Name of Employer CarolinasHealthCareSystem	Occupation ADMIN
---	---------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11520

Amount of Each Receipt this Period
 20.76

Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional).....▶	62.44
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 70 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John G Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 1116 Waynewood Dr
 City Waxhaw State NC Zip Code 28173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11232
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. John G Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 1116 Waynewood Dr
 City Waxhaw State NC Zip Code 28173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11380
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. John G Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 1116 Waynewood Dr
 City Waxhaw State NC Zip Code 28173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11452
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional).....▶	62.44
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 71 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Michael Mullowney			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td> <td>01</td><td></td><td></td> <td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	10			01			2013			
M	M	/	D	D	/	Y	Y	Y	Y														
10			01			2013																	
Mailing Address 709 Galway Court			Transaction ID : SA11AI.11282																				
City Matthews	State NC	Zip Code 28104	Amount of Each Receipt this Period <table border="1"> <tr> <td>208.4</td> </tr> </table>	208.4																			
208.4																							
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly																						
Name of Employer Carolinas HealthCare System	Occupation Administrator	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>208.40</td> </tr> </table>		208.40																			
208.40																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

Full Name (Last, First, Middle Initial) B. Michael Mullowney			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>01</td><td></td><td></td> <td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			01			2013			
M	M	/	D	D	/	Y	Y	Y	Y														
11			01			2013																	
Mailing Address 709 Galway Court			Transaction ID : SA11AI.11429																				
City Matthews	State NC	Zip Code 28104	Amount of Each Receipt this Period <table border="1"> <tr> <td>20.84</td> </tr> </table>	20.84																			
20.84																							
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.84 monthly																						
Name of Employer Carolinas HealthCare System	Occupation Administrator	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>229.24</td> </tr> </table>		229.24																			
229.24																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

Full Name (Last, First, Middle Initial) C. Michael Mullowney			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>29</td><td></td><td></td> <td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			29			2013			
M	M	/	D	D	/	Y	Y	Y	Y														
11			29			2013																	
Mailing Address 709 Galway Court			Transaction ID : SA11AI.11504																				
City Matthews	State NC	Zip Code 28104	Amount of Each Receipt this Period <table border="1"> <tr> <td>20.76</td> </tr> </table>	20.76																			
20.76																							
FEC ID number of contributing federal political committee. C	Payroll Deduction \$20.76 monthly																						
Name of Employer Carolinas HealthCare System	Occupation Administrator	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																			
250.00																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>62.44</td> </tr> </table>	62.44
62.44		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 72 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. F Del Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2824 Winding Oak Drive
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11258
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Mr. F Del Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2824 Winding Oak Drive
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11405
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Mr. F Del Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2824 Winding Oak Drive
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11480
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional).....▶	62.44
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 73 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. James C Olsen		Date of Receipt MM / DD / YYYY 07 / 01 / 2013 Transaction ID : SA11AI.11124
Mailing Address 5900 Summerston Place		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.69	

Full Name (Last, First, Middle Initial) B. Mr. James C Olsen		Date of Receipt MM / DD / YYYY 08 / 01 / 2013 Transaction ID : SA11AI.11346
Mailing Address 5900 Summerston Place		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36	

Full Name (Last, First, Middle Initial) C. Mr. James C Olsen		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : SA11AI.11198
Mailing Address 5900 Summerston Place		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C		
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. James C Olsen		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	01	/	2013								
Mailing Address 5900 Summerston Place		Transaction ID : SA11AI.11271										
City Charlotte	State NC	Zip Code 28277										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70											

Full Name (Last, First, Middle Initial) B. Mr. James C Olsen		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	01	/	2013								
Mailing Address 5900 Summerston Place		Transaction ID : SA11AI.11418										
City Charlotte	State NC	Zip Code 28277										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37											

Full Name (Last, First, Middle Initial) C. Mr. James C Olsen		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>29</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	29	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	29	/	2013								
Mailing Address 5900 Summerston Place		Transaction ID : SA11AI.11493										
City Charlotte	State NC	Zip Code 28277										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.63											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.63 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00											

SUBTOTAL of Receipts This Page (optional).....▶	499.97
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 75 OF 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Jerry A Parrish
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Nottingham Court
 City Anderson State SC Zip Code 29621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : SA11AI.11530
 Amount of Each Receipt this Period
 500.00

B. Mr. Dennis Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 4310 4th Street Circle NW
 City Hickory State NC Zip Code 28601-9021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Administrator
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2013
Transaction ID : SA11AI.11550
 Amount of Each Receipt this Period
 500.00

C. Mr. Joseph G Piemont
 Full Name (Last, First, Middle Initial)
 Mailing Address 2028 Hopedale Avenue
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.11099
 Amount of Each Receipt this Period
 400.00
 Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Joseph G Piemont		Date of Receipt
Mailing Address 2028 Hopedale Avenue		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11321
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="400.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$400 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="3200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Joseph G Piemont		Date of Receipt
Mailing Address 2028 Hopedale Avenue		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11174
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="400.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$400 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="3600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Joseph G Piemont		Date of Receipt
Mailing Address 2028 Hopedale Avenue		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11247
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="400.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$400 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="4000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Joseph G Piemont
 Full Name (Last, First, Middle Initial)
 Mailing Address 2028 Hopedale Avenue
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11394
 Amount of Each Receipt this Period 400.00
 Payroll Deduction \$400 monthly

B. Mr. Joseph G Piemont
 Full Name (Last, First, Middle Initial)
 Mailing Address 2028 Hopedale Avenue
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11467
 Amount of Each Receipt this Period 400.00
 Payroll Deduction \$400 monthly

C. Debra Plousha Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 6935 Conservatory Lane
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.11133
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional).....▶	925.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Debra Plousha Moore		Date of Receipt
Mailing Address 6935 Conservatory Lane		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11355
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	ADMIN	<input type="text" value="125.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$125 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Debra Plousha Moore		Date of Receipt
Mailing Address 6935 Conservatory Lane		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11207
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	ADMIN	<input type="text" value="125.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$125 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1125.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Debra Plousha Moore		Date of Receipt
Mailing Address 6935 Conservatory Lane		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11280
Name of Employer	Occupation	Amount of Each Receipt this Period
Carolinas HealthCare System	ADMIN	<input type="text" value="125.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$125 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Debra Plousha Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 6935 Conservatory Lane
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 11 / 01 / 2013
Transaction ID : SA11AI.11427
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

B. Debra Plousha Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 6935 Conservatory Lane
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 11 / 29 / 2013
Transaction ID : SA11AI.11502
 Amount of Each Receipt this Period 125.00
 Payroll Deduction \$125 monthly

C. Allison M. Prinz
 Full Name (Last, First, Middle Initial)
 Mailing Address 5855 Tipperary Drive
 City Denver State NC Zip Code 28037-7676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Physician
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 12 / 03 / 2013
Transaction ID : SA11AI.11556
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Thomas J Pulliam
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Fawnbrook Road
 City Lewisville State NC Zip Code 27023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.11083
 Amount of Each Receipt this Period 300.00
 Payroll Deduction \$300 monthly

B. Thomas J Pulliam
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Fawnbrook Road
 City Lewisville State NC Zip Code 27023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2013
Transaction ID : SA11AI.11305
 Amount of Each Receipt this Period 300.00
 Payroll Deduction \$300 monthly

C. Thomas J Pulliam
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Fawnbrook Road
 City Lewisville State NC Zip Code 27023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation PHYS
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2013
Transaction ID : SA11AI.11158
 Amount of Each Receipt this Period 300.00
 Payroll Deduction \$300 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 81 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mr. James A Ramsey			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>01</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.11286			M	M	/	D	D	/	Y	Y	Y	Y	10			01			2013			
M	M	/	D	D	/	Y	Y	Y	Y																
10			01			2013																			
Mailing Address 8028 Water View Drive			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10">20.84</td> </tr> </table>			20.84																			
20.84																									
City Belmont	State NC	Zip Code 28012	Payroll Deduction \$20.84 monthly																						
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10">208.40</td> </tr> </table>				208.40																			
208.40																									
Name of Employer Carolinas HealthCare System		Occupation ADMIN																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

Full Name (Last, First, Middle Initial) B. Mr. James A Ramsey			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>01</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.11433			M	M	/	D	D	/	Y	Y	Y	Y	11			01			2013			
M	M	/	D	D	/	Y	Y	Y	Y																
11			01			2013																			
Mailing Address 8028 Water View Drive			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10">20.84</td> </tr> </table>			20.84																			
20.84																									
City Belmont	State NC	Zip Code 28012	Payroll Deduction \$20.84 monthly																						
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10">229.24</td> </tr> </table>				229.24																			
229.24																									
Name of Employer Carolinas HealthCare System		Occupation ADMIN																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

Full Name (Last, First, Middle Initial) C. Mr. James A Ramsey			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>29</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.11508			M	M	/	D	D	/	Y	Y	Y	Y	11			29			2013			
M	M	/	D	D	/	Y	Y	Y	Y																
11			29			2013																			
Mailing Address 8028 Water View Drive			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10">20.76</td> </tr> </table>			20.76																			
20.76																									
City Belmont	State NC	Zip Code 28012	Payroll Deduction \$20.76 monthly																						
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10">250.00</td> </tr> </table>				250.00																			
250.00																									
Name of Employer Carolinas HealthCare System		Occupation ADMIN																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10">62.44</td> </tr> </table>	62.44									
62.44											
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10"> </td> </tr> </table>										

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Adam G Ravin

Mailing Address 20220 Nighthawk Circle

City Davidson State NC Zip Code 28036

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

Name of Employer Carolinas HealthCare System Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
12 / 09 / 2013

Transaction ID : SA11AI.11539

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. 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: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1166.69**

Date of Receipt
07 / 01 / 2013

Transaction ID : SA11AI.11082

Amount of Each Receipt this Period
166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)
C. 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: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1333.36**

Date of Receipt
08 / 01 / 2013

Transaction ID : SA11AI.11304

Amount of Each Receipt this Period
166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ **833.34**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Roger A Ray		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>30</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	30	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	30	/	2013								
Mailing Address 11029 Lederer Ave		Transaction ID : SA11AI.11157										
City Charlotte	State NC	Zip Code 28277										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03											

Full Name (Last, First, Middle Initial) B. Mr. Roger A Ray		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	01	/	2013								
Mailing Address 11029 Lederer Ave		Transaction ID : SA11AI.11231										
City Charlotte	State NC	Zip Code 28277										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70											

Full Name (Last, First, Middle Initial) C. Mr. Roger A Ray		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	01	/	2013								
Mailing Address 11029 Lederer Ave		Transaction ID : SA11AI.11379										
City Charlotte	State NC	Zip Code 28277										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.67											
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37											

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Roger A Ray		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>29</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			29			2013			
M	M	/	D	D	/	Y	Y	Y	Y													
11			29			2013																
Mailing Address 11029 Lederer Ave		Transaction ID : SA11AI.11451																				
City Charlotte	State NC	Zip Code 28277																				
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.63																					
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.63 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00																					

Full Name (Last, First, Middle Initial) B. Kathy Rhyne		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>01</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	10			01			2013			
M	M	/	D	D	/	Y	Y	Y	Y													
10			01			2013																
Mailing Address 1001 Pier Point Drive		Transaction ID : SA11AI.11227																				
City Belmont	State NC	Zip Code 28012																				
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.84																					
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$20.84 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40																					

Full Name (Last, First, Middle Initial) C. Kathy Rhyne		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>01</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			01			2013			
M	M	/	D	D	/	Y	Y	Y	Y													
11			01			2013																
Mailing Address 1001 Pier Point Drive		Transaction ID : SA11AI.11375																				
City Belmont	State NC	Zip Code 28012																				
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.84																					
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$20.84 monthly																				
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24																					

SUBTOTAL of Receipts This Page (optional).....▶	208.31
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 85 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kathy Rhyne		Date of Receipt MM / DD / YYYY 11 / 29 / 2013 Transaction ID : SA11AI.11447
Mailing Address 1001 Pier Point Drive		Amount of Each Receipt this Period 20.76 Payroll Deduction \$20.76 monthly
City Belmont	State NC	Zip Code 28012
FEC ID number of contributing federal political committee.	C	
Name of Employer Carolinas HealthCare System	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	250.00

Full Name (Last, First, Middle Initial) B. Mr. Craig D. Richardville		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : SA11AI.11171
Mailing Address 17235 Glassfield Drive		Amount of Each Receipt this Period 25.00 Payroll Deduction \$25 monthly
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee.	C	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	225.00

Full Name (Last, First, Middle Initial) c. Mr. Craig D. Richardville		Date of Receipt MM / DD / YYYY 10 / 01 / 2013 Transaction ID : SA11AI.11244
Mailing Address 17235 Glassfield Drive		Amount of Each Receipt this Period 25.00 Payroll Deduction \$25 monthly
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee.	C	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	250.00

SUBTOTAL of Receipts This Page (optional).....▶	70.76
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 86 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Craig D. Richardville
 Full Name (Last, First, Middle Initial)
 Mailing Address 17235 Glassfield Drive
 City State Zip Code
 Huntersville NC 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11392
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction \$25 monthly

B. Mr. Craig D. Richardville
 Full Name (Last, First, Middle Initial)
 Mailing Address 17235 Glassfield Drive
 City State Zip Code
 Huntersville NC 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11465
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction \$25 monthly

C. Mr. Michael L Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 6901 Foxglove Drive
 City State Zip Code
 Charlotte NC 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CarolinasHealthCareSystem ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.11132
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. Michael L Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 6901 Foxglove Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2013
Transaction ID : SA11AI.11354
 Amount of Each Receipt this Period
100.00
 Payroll Deduction \$100 monthly

B. Mr. Michael L Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 6901 Foxglove Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2013
Transaction ID : SA11AI.11206
 Amount of Each Receipt this Period
100.00
 Payroll Deduction \$100 monthly

C. Mr. Michael L Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 6901 Foxglove Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2013
Transaction ID : SA11AI.11279
 Amount of Each Receipt this Period
100.00
 Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Michael L Rose		Date of Receipt
Mailing Address 6901 Foxglove Drive		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.11426
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	Payroll Deduction \$100 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Michael L Rose		Date of Receipt
Mailing Address 6901 Foxglove Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.11501
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	Payroll Deduction \$100 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Douglas C Roush		Date of Receipt
Mailing Address 2710 Normandy Road		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28209
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.11256
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
		<input type="text" value="20.84"/>
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.40"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="220.84"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Douglas C Roush
 Full Name (Last, First, Middle Initial)
 Mailing Address 2710 Normandy Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11403
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

B. Douglas C Roush
 Full Name (Last, First, Middle Initial)
 Mailing Address 2710 Normandy Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11478
 Amount of Each Receipt this Period 20.76
 Payroll Deduction \$20.76 monthly

C. Pamela M Rowell
 Full Name (Last, First, Middle Initial)
 Mailing Address 9702 Heritage Lane
 City Indian Trail State NC Zip Code 28079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.11147
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	83.27
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 90 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial) A. Pamela M Rowell		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	01	/	2013								
Mailing Address 9702 Heritage Lane		Transaction ID : SA11AI.11369										
City Indian Trail	State NC	Zip Code 28079										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67											
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$41.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36											

Full Name (Last, First, Middle Initial) B. Pamela M Rowell		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>30</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	30	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	30	/	2013								
Mailing Address 9702 Heritage Lane		Transaction ID : SA11AI.11221										
City Indian Trail	State NC	Zip Code 28079										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67											
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$41.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03											

Full Name (Last, First, Middle Initial) C. Pamela M Rowell		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	01	/	2013								
Mailing Address 9702 Heritage Lane		Transaction ID : SA11AI.11294										
City Indian Trail	State NC	Zip Code 28079										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67											
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$41.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70											

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 124
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Pamela M Rowell		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>01</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	01	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	01	/	2013								
Mailing Address 9702 Heritage Lane		Transaction ID : SA11AI.11441										
City Indian Trail	State NC	Zip Code 28079										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67											
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$41.67 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37											

Full Name (Last, First, Middle Initial) B. Pamela M Rowell		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>29</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	29	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	29	/	2013								
Mailing Address 9702 Heritage Lane		Transaction ID : SA11AI.11516										
City Indian Trail	State NC	Zip Code 28079										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.63											
Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$41.63 monthly										
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) C. Michael Ruhlen		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>20</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	20	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	20	/	2013								
Mailing Address 7216 Graybeard Court		Transaction ID : SA11AI.11562										
City Charlotte	State NC	Zip Code 28226										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00											
Name of Employer Carolinas Healthcare System	Occupation VP/CMO CMC -Mercy & CMC - Pine											
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00											

SUBTOTAL of Receipts This Page (optional).....▶	333.30
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 92 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Nykola Samilo		Date of Receipt
Mailing Address 408 Imperial Way		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Albemarle NC 28001		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.11262
Name of Employer Occupation CarolinasHealthCareSystem ADMIN		Amount of Each Receipt this Period
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="208.84"/>
Aggregate Year-to-Date ▼ <input type="text" value="208.40"/>		Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial) B. Nykola Samilo		Date of Receipt
Mailing Address 408 Imperial Way		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Albemarle NC 28001		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.11409
Name of Employer Occupation CarolinasHealthCareSystem ADMIN		Amount of Each Receipt this Period
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="208.84"/>
Aggregate Year-to-Date ▼ <input type="text" value="229.24"/>		Payroll Deduction \$20.84 monthly

Full Name (Last, First, Middle Initial) C. Nykola Samilo		Date of Receipt
Mailing Address 408 Imperial Way		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Albemarle NC 28001		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.11484
Name of Employer Occupation CarolinasHealthCareSystem ADMIN		Amount of Each Receipt this Period
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="207.6"/>
Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		Payroll Deduction \$20.76 monthly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.44"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 124
	<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	<input type="checkbox"/> 17

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

A. Ms. Virginia Ellen Sheppard
 Full Name (Last, First, Middle Initial)
 Mailing Address 5345 Hillingdon 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: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2013
Transaction ID : SA11AI.11552
 Amount of Each Receipt this Period
 250.00

B. Kenneth A Shull
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Greenstoke Loop
 City Tryon State NC Zip Code 28782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.11125
 Amount of Each Receipt this Period
 41.67
 Payroll Deduction \$41.67 monthly

C. Kenneth A Shull
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Greenstoke Loop
 City Tryon State NC Zip Code 28782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2013
Transaction ID : SA11AI.11347
 Amount of Each Receipt this Period
 41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	333.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 94 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kenneth A Shull
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Greenstoke Loop
 City Tryon State NC Zip Code 28782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **375.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2013
Transaction ID : SA11AI.11199
 Amount of Each Receipt this Period
41.67
 Payroll Deduction \$41.67 monthly

B. Kenneth A Shull
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Greenstoke Loop
 City Tryon State NC Zip Code 28782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2013
Transaction ID : SA11AI.11272
 Amount of Each Receipt this Period
41.67
 Payroll Deduction \$41.67 monthly

C. Kenneth A Shull
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Greenstoke Loop
 City Tryon State NC Zip Code 28782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **458.37**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2013
Transaction ID : SA11AI.11419
 Amount of Each Receipt this Period
41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ► **125.01**
TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Kenneth A Shull		Date of Receipt MM / DD / YYYY 11 / 29 / 2013 Transaction ID : SA11AI.11494
Mailing Address 60 Greenstoke Loop		Amount of Each Receipt this Period 41.63 Payroll Deduction \$41.63 monthly
City Tryon	State NC	Zip Code 28782
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 500.00	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Ronald M Smidt		Date of Receipt MM / DD / YYYY 07 / 01 / 2013 Transaction ID : SA11AI.11150
Mailing Address P O Box 901		Amount of Each Receipt this Period 30.00 Payroll Deduction \$30 monthly
City Troutman	State NC	Zip Code 28166
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 210.00	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Ronald M Smidt		Date of Receipt MM / DD / YYYY 08 / 01 / 2013 Transaction ID : SA11AI.11372
Mailing Address P O Box 901		Amount of Each Receipt this Period 30.00 Payroll Deduction \$30 monthly
City Troutman	State NC	Zip Code 28166
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 240.00	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	101.63
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 96 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mr. Ronald M Smidt			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.11224			M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
0	8		3	0		2	0	1	3																
Mailing Address P O Box 901			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>30.00</td> </tr> </table>			30.00																			
30.00																									
City Troutman	State NC	Zip Code 28166	Payroll Deduction \$30 monthly																						
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>270.00</td> </tr> </table>				270.00																			
270.00																									
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

Full Name (Last, First, Middle Initial) B. Mr. Ronald M Smidt			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.11297			M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
1	0		0	1		2	0	1	3																
Mailing Address P O Box 901			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>30.00</td> </tr> </table>			30.00																			
30.00																									
City Troutman	State NC	Zip Code 28166	Payroll Deduction \$30 monthly																						
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>300.00</td> </tr> </table>				300.00																			
300.00																									
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

Full Name (Last, First, Middle Initial) C. Mr. Ronald M Smidt			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table> Transaction ID : SA11AI.11444			M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y																
1	1		0	1		2	0	1	3																
Mailing Address P O Box 901			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>30.00</td> </tr> </table>			30.00																			
30.00																									
City Troutman	State NC	Zip Code 28166	Payroll Deduction \$30 monthly																						
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>330.00</td> </tr> </table>				330.00																			
330.00																									
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																									

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td>90.00</td> </tr> </table>	90.00
90.00		
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td> </td> </tr> </table>	

**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 97 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Ronald M Smidt
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 901
 City Troutman State NC Zip Code 28166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11519
 Amount of Each Receipt this Period 30.00
 Payroll Deduction \$30 monthly

B. Keith A Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 2122 Dilworth Road West
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas HealthCare System Occupation Attorney
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 12 / 2013
Transaction ID : SA11AI.11543
 Amount of Each Receipt this Period 1500.00

C. GRACE SOTOMAYOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 6506 Donnegan Farm Road
 City CHARLOTTE State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAROLINAS HEALTHCARE SYSTEM Occupation ADMINISTRATION
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 06 / 2013
Transaction ID : SA11AI.11558
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1780.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 98 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. James Michael Stevenson			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		01		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
07		01		2013									
Mailing Address 1711 Mission Road			Transaction ID : SA11AI.11095										
City Murphy	State NC	Zip Code 28906	Amount of Each Receipt this Period <table border="1"> <tr> <td>83.34</td> </tr> </table>	83.34									
83.34													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN												
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>583.38</td> </tr> </table>	583.38											
583.38													

Full Name (Last, First, Middle Initial) B. James Michael Stevenson			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		01		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
08		01		2013									
Mailing Address 1711 Mission Road			Transaction ID : SA11AI.11317										
City Murphy	State NC	Zip Code 28906	Amount of Each Receipt this Period <table border="1"> <tr> <td>83.34</td> </tr> </table>	83.34									
83.34													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN												
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>666.72</td> </tr> </table>	666.72											
666.72													

Full Name (Last, First, Middle Initial) C. James Michael Stevenson			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>30</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		30		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
08		30		2013									
Mailing Address 1711 Mission Road			Transaction ID : SA11AI.11170										
City Murphy	State NC	Zip Code 28906	Amount of Each Receipt this Period <table border="1"> <tr> <td>83.34</td> </tr> </table>	83.34									
83.34													
FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly												
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN												
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>750.06</td> </tr> </table>	750.06											
750.06													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>250.02</td> </tr> </table>	250.02
250.02		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 99 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James Michael Stevenson		Date of Receipt
Mailing Address 1711 Mission Road		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Murphy	NC	28906
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11243
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="83.34"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$83.34 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="833.40"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James Michael Stevenson		Date of Receipt
Mailing Address 1711 Mission Road		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Murphy	NC	28906
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11391
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="83.34"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$83.34 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="916.74"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. James Michael Stevenson		Date of Receipt
Mailing Address 1711 Mission Road		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Murphy	NC	28906
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11464
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="83.26"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$83.26 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.94"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Jody Jay Stock			Date of Receipt
Mailing Address 3466 Blue Jay Pass			<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.11259
Fort Mill	SC	29708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.84"/>
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly	
CarolinasHealthCareSystem	ADMIN		
Receipt For: 2013	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="208.40"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Jody Jay Stock			Date of Receipt
Mailing Address 3466 Blue Jay Pass			<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.11406
Fort Mill	SC	29708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.84"/>
Name of Employer	Occupation	Payroll Deduction \$20.84 monthly	
CarolinasHealthCareSystem	ADMIN		
Receipt For: 2013	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="229.24"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Jody Jay Stock			Date of Receipt
Mailing Address 3466 Blue Jay Pass			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.11481
Fort Mill	SC	29708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.76"/>
Name of Employer	Occupation	Payroll Deduction \$20.76 monthly	
CarolinasHealthCareSystem	ADMIN		
Receipt For: 2013	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.44"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 101 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Daniel W Sweat
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Twin Lake Drive
 City Shelby State NC Zip Code 28152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013
Transaction ID : SA11AI.11089
 Amount of Each Receipt this Period
100.00
 Payroll Deduction \$100 monthly

B. Daniel W Sweat
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Twin Lake Drive
 City Shelby State NC Zip Code 28152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2013
Transaction ID : SA11AI.11311
 Amount of Each Receipt this Period
100.00
 Payroll Deduction \$100 monthly

C. Daniel W Sweat
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Twin Lake Drive
 City Shelby State NC Zip Code 28152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2013
Transaction ID : SA11AI.11164
 Amount of Each Receipt this Period
100.00
 Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Daniel W Sweat		Date of Receipt
Mailing Address 133 Twin Lake Drive		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Shelby	NC	28152
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11237
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="100.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$100 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Daniel W Sweat		Date of Receipt
Mailing Address 133 Twin Lake Drive		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Shelby	NC	28152
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11385
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="100.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$100 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel W Sweat		Date of Receipt
Mailing Address 133 Twin Lake Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Shelby	NC	28152
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11457
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="100.00"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$100 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 103 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Michael C Tarwater
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 Biltmore Drive
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2916.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.11090
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

B. Mr. Michael C Tarwater
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 Biltmore Drive
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2013
Transaction ID : SA11AI.11312
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

C. Mr. Michael C Tarwater
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 Biltmore Drive
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3750.03

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2013
Transaction ID : SA11AI.11165
 Amount of Each Receipt this Period 416.67
 Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.01
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Michael C Tarwater		Date of Receipt
Mailing Address 1414 Biltmore Drive		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11238
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="416.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$416.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="4166.70"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Michael C Tarwater		Date of Receipt
Mailing Address 1414 Biltmore Drive		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11386
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="416.67"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$416.67 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="4583.37"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Michael C Tarwater		Date of Receipt
Mailing Address 1414 Biltmore Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11458
Name of Employer	Occupation	Amount of Each Receipt this Period
CarolinasHealthCareSystem	ADMIN	<input type="text" value="416.63"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	Payroll Deduction \$416.63 monthly
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1249.97"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. David Thomas		Date of Receipt MM / DD / YYYY 08 / 30 / 2013
Mailing Address 1609 Penderlea Lane		Transaction ID : SA11AI.11167
City Matthews	State NC	Zip Code 28105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$25 monthly
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Mr. David Thomas		Date of Receipt MM / DD / YYYY 10 / 01 / 2013
Mailing Address 1609 Penderlea Lane		Transaction ID : SA11AI.11240
City Matthews	State NC	Zip Code 28105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$25 monthly
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. David Thomas		Date of Receipt MM / DD / YYYY 11 / 01 / 2013
Mailing Address 1609 Penderlea Lane		Transaction ID : SA11AI.11388
City Matthews	State NC	Zip Code 28105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$25 monthly
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 106 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. David Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Penderlea Lane
 City State Zip Code
 Matthews NC 28105
 Date of Receipt: 11 / 29 / 2013
Transaction ID : SA11Al.11461
 Amount of Each Receipt this Period: 250.00
 Payroll Deduction \$25 monthly
 FEC ID number of contributing federal political committee: C
 Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date: 300.00

B. Joan Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Summermore Drive
 City State Zip Code
 Charlotte NC 28270
 Date of Receipt: 07 / 01 / 2013
Transaction ID : SA11Al.11104
 Amount of Each Receipt this Period: 250.00
 Payroll Deduction \$250 monthly
 FEC ID number of contributing federal political committee: C
 Name of Employer: Carolinas HealthCare System Occupation: Administrator
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date: 1750.00

C. Joan Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 Summermore Drive
 City State Zip Code
 Charlotte NC 28270
 Date of Receipt: 08 / 01 / 2013
Transaction ID : SA11Al.11326
 Amount of Each Receipt this Period: 250.00
 Payroll Deduction \$250 monthly
 FEC ID number of contributing federal political committee: C
 Name of Employer: Carolinas HealthCare System Occupation: Administrator
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date: 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joan Thomas
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2013
Transaction ID : SA11AI.11179
 Amount of Each Receipt this Period 250.00
 Payroll Deduction \$250 monthly

B. Joan Thomas
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11252
 Amount of Each Receipt this Period 250.00
 Payroll Deduction \$250 monthly

C. Joan Thomas
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11399
 Amount of Each Receipt this Period 250.00
 Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joan Thomas
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11473
 Amount of Each Receipt this Period 250.00
 Payroll Deduction \$250 monthly

B. Mr. Dennie R Underwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 18324 Turnberry Court
 City Davidson State NC Zip Code 28036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11245
 Amount of Each Receipt this Period 20.84
 Payroll Deduction \$20.84 monthly

C. Ms. Martha J Whitecotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9526 Greyson Ridge Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.11146
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	312.51
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 109 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Martha J Whitecotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9526 Greyson Ridge Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 01 / 2013
Transaction ID : SA11AI.11368
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

B. Ms. Martha J Whitecotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9526 Greyson Ridge Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 08 / 30 / 2013
Transaction ID : SA11AI.11220
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

C. Ms. Martha J Whitecotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9526 Greyson Ridge Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 01 / 2013
Transaction ID : SA11AI.11293
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Martha J Whitecotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9526 Greyson Ridge Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.11440
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

B. Ms. Martha J Whitecotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9526 Greyson Ridge Drive
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.11515
 Amount of Each Receipt this Period 41.63
 Payroll Deduction \$41.63 monthly

C. Mr. Daniel L Wiens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 Milton Hall Place
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.11085
 Amount of Each Receipt this Period 83.34
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional).....▶	166.64
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 111 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Daniel L Wiens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 Milton Hall Place
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **666.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2013
Transaction ID : SA11AI.11307
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

B. Mr. Daniel L Wiens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 Milton Hall Place
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2013
Transaction ID : SA11AI.11160
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

C. Mr. Daniel L Wiens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 Milton Hall Place
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **833.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2013
Transaction ID : SA11AI.11233
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... **250.02**
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: (check only one)	PAGE 112 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Daniel L Wiens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 Milton Hall Place
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **916.74**

Date of Receipt **11 / 01 / 2013**
Transaction ID : SA11AI.11381
 Amount of Each Receipt this Period **83.34**
 Payroll Deduction \$83.34 monthly

B. Mr. Daniel L Wiens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 Milton Hall Place
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 29 / 2013**
Transaction ID : SA11AI.11453
 Amount of Each Receipt this Period **83.26**
 Payroll Deduction \$83.26 monthly

C. Mr. Robert H Wiggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 Seton House Lane
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **291.69**

Date of Receipt **07 / 01 / 2013**
Transaction ID : SA11AI.11129
 Amount of Each Receipt this Period **41.67**
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... **208.27**
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 113 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Robert H Wiggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 Seton House Lane
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2013
Transaction ID : SA11AI.11351
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

B. Mr. Robert H Wiggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 Seton House Lane
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2013
Transaction ID : SA11AI.11203
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

C. Mr. Robert H Wiggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 Seton House Lane
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.11276
 Amount of Each Receipt this Period 41.67
 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 114 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mr. Robert H Wiggins			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>01</td><td></td><td></td> <td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			01			2013			
M	M	/	D	D	/	Y	Y	Y	Y														
11			01			2013																	
Mailing Address 6417 Seton House Lane			Transaction ID : SA11AI.11423																				
City Charlotte	State NC	Zip Code 28277	Amount of Each Receipt this Period <table border="1"> <tr> <td>41.67</td> </tr> </table>	41.67																			
41.67																							
FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.67 monthly																						
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>458.37</td> </tr> </table>		458.37																			
458.37																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

Full Name (Last, First, Middle Initial) B. Mr. Robert H Wiggins			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>29</td><td></td><td></td> <td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			29			2013			
M	M	/	D	D	/	Y	Y	Y	Y														
11			29			2013																	
Mailing Address 6417 Seton House Lane			Transaction ID : SA11AI.11498																				
City Charlotte	State NC	Zip Code 28277	Amount of Each Receipt this Period <table border="1"> <tr> <td>41.63</td> </tr> </table>	41.63																			
41.63																							
FEC ID number of contributing federal political committee. C	Payroll Deduction \$41.63 monthly																						
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																			
500.00																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

Full Name (Last, First, Middle Initial) C. Mary Ann Wilcox			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>07</td><td></td><td></td> <td>01</td><td></td><td></td> <td>2013</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	07			01			2013			
M	M	/	D	D	/	Y	Y	Y	Y														
07			01			2013																	
Mailing Address 2719 Phillips Gate Drive			Transaction ID : SA11AI.11109																				
City Charlotte	State NC	Zip Code 28210	Amount of Each Receipt this Period <table border="1"> <tr> <td>83.34</td> </tr> </table>	83.34																			
83.34																							
FEC ID number of contributing federal political committee. C	Payroll Deduction \$83.34 monthly																						
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>583.38</td> </tr> </table>		583.38																			
583.38																							
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>166.64</td> </tr> </table>	166.64
166.64		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 115 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mary Ann Wilcox
 Full Name (Last, First, Middle Initial)
 Mailing Address 2719 Phillips Gate Drive
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **666.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2013
Transaction ID : SA11AI.11331
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

B. Mary Ann Wilcox
 Full Name (Last, First, Middle Initial)
 Mailing Address 2719 Phillips Gate Drive
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2013
Transaction ID : SA11AI.11184
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

C. Mary Ann Wilcox
 Full Name (Last, First, Middle Initial)
 Mailing Address 2719 Phillips Gate Drive
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinasHealthCareSystem Occupation ADMIN
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **833.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2013
Transaction ID : SA11AI.11257
 Amount of Each Receipt this Period
83.34
 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... **250.02**
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: (check only one)	PAGE 116 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mary Ann Wilcox		Date of Receipt
Mailing Address 2719 Phillips Gate Drive		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11404
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer		Payroll Deduction \$83.34 monthly
CarolinashHealthCareSystem	Occupation	
	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="916.74"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mary Ann Wilcox		Date of Receipt
Mailing Address 2719 Phillips Gate Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11479
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.26"/>
Name of Employer		Payroll Deduction \$83.26 monthly
CarolinashHealthCareSystem	Occupation	
	ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stephen Wilhoit		Date of Receipt
Mailing Address 5933 Deveron Drive		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28211
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11557
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer		
Carolinash HealthCare System	Occupation	
	Healthcare Executive	
Receipt For: 2014	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="666.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Phyllis Anne Wingate		Date of Receipt
Mailing Address 6005 Willowood Road		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Kannapolis	NC	28081
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11126
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="166.67"/>
Name of Employer		Payroll Deduction \$166.67 monthly
CarolinashHealthCareSystem	Occupation ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1166.69"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Phyllis Anne Wingate		Date of Receipt
Mailing Address 6005 Willowood Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Kannapolis	NC	28081
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11348
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="166.67"/>
Name of Employer		Payroll Deduction \$166.67 monthly
CarolinashHealthCareSystem	Occupation ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1333.36"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Phyllis Anne Wingate		Date of Receipt
Mailing Address 6005 Willowood Road		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Kannapolis	NC	28081
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11200
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="166.67"/>
Name of Employer		Payroll Deduction \$166.67 monthly
CarolinashHealthCareSystem	Occupation ADMIN	
Receipt For: 2013	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1500.03"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="500.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 118 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ms. Phyllis Anne Wingate
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.70
 Date of Receipt 10 / 01 / 2013
Transaction ID : SA11AI.11273
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

B. Ms. Phyllis Anne Wingate
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1833.37
 Date of Receipt 11 / 01 / 2013
Transaction ID : SA11AI.11420
 Amount of Each Receipt this Period 166.67
 Payroll Deduction \$166.67 monthly

C. Ms. Phyllis Anne Wingate
 Full Name (Last, First, Middle Initial)
 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: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00
 Date of Receipt 11 / 29 / 2013
Transaction ID : SA11AI.11495
 Amount of Each Receipt this Period 166.63
 Payroll Deduction \$166.63 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 499.97
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 119 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Gregory Wood

Mailing Address 12641 Woodwinds Circle

City Laurinburg State NC Zip Code 28352

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

Name of Employer Carolinas Healthcare System Occupation President/SMH

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2013
Transaction ID : SA11AI.11534

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. 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: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.11079

Amount of Each Receipt this Period
 166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)
C. 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: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2013
Transaction ID : SA11AI.11301

Amount of Each Receipt this Period
 166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 124
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Zachary Zapack		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : SA11AI.11154
Mailing Address 1015 Charlotte Ave #351		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
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: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03	

Full Name (Last, First, Middle Initial) B. Zachary Zapack		Date of Receipt MM / DD / YYYY 10 / 01 / 2013 Transaction ID : SA11AI.11228
Mailing Address 1015 Charlotte Ave #351		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
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: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70	

Full Name (Last, First, Middle Initial) C. Zachary Zapack		Date of Receipt MM / DD / YYYY 11 / 01 / 2013 Transaction ID : SA11AI.11376
Mailing Address 1015 Charlotte Ave #351		Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
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: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37	

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

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

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

FOR LINE NUMBER: PAGE 121 OF 124
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
 Rock Hill SC 29732

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

Name of Employer Occupation
 Carolinas HealthCare System Administrator

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11A1.11448

Amount of Each Receipt this Period
 166.63

Payroll Deduction \$166.63 monthly

Full Name (Last, First, Middle Initial)
B.

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 Y Y

Amount of Each Receipt this Period

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

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 Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	166.63
TOTAL This Period (last page this line number only).....▶	45568.73

**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 122 OF 124
<input 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 checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Wachovia Bank		Date of Receipt
Mailing Address 401 S. Tryon Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28288
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.11568
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="20.91"/>
Receipt For:	Aggregate Year-to-Date ▼	December 2013 interest
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="207.94"/>	

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

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

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="20.91"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="20.91"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Pittenger for Congress

Mailing Address PO Box 11207

City Charlotte State NC Zip Code 28220

Purpose of Disbursement
campaign contribution

011

Candidate Name

Robert Pittenger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : SB23.11566

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

1000.00

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Don East for NC Senate

Mailing Address 971 Longhill Road

City Pilot Mountain State NC Zip Code 27401

Purpose of Disbursement
stop payment

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SB29.11567

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

-500.00

-500.00