

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 42

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

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

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/ATRIUM HEALTH EMPLOYEES FED PAC

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

A. Ray, Roger, A, Mr.,

Mailing Address 11029 Lederer Ave

City
Charlotte

State
NC

Zip Code
28277

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atrium Health

Occupation (for Individual)
Administrator

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 02 / 2019

Transaction ID : SA11AI.17435

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction \$250 monthly

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

B. Ray, Roger, A, Mr.,

Mailing Address 11029 Lederer Ave

City
Charlotte

State
NC

Zip Code
28277

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atrium Health

Occupation (for Individual)
Administrator

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2019

Transaction ID : SA11AI.17504

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction \$250 monthly

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

C. Ray, Roger, A, Mr.,

Mailing Address 11029 Lederer Ave

City
Charlotte

State
NC

Zip Code
28277

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atrium Health

Occupation (for Individual)
Administrator

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
03 / 01 / 2019

Transaction ID : SA11AI.17556

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction \$250 monthly

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

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

750.00