

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

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

FOR LINE NUMBER: PAGE 34 OF 56
(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. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

01 / 30 / 2015

Transaction ID : SA11AI.13015

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.13105

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2015

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 01 / 2015

Transaction ID : SA11AI.13196

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

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

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

1200.00