

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**North Carolina Hospital Association Political Action Committee - Federal**

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

**A. Lambert, Brent, R., Dr.,**

Mailing Address 8401 Getalong Road

City  
Charlotte

State  
NC

Zip Code  
28213-5148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carolinas HealthCare System

Occupation (for Individual)  
CMIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2017

**Transaction ID : 23933957**

Amount of Each Receipt this Period

360.00

☐ Memo Item

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

**B. Harding, Millie, , Ms.,**

Mailing Address 1113 Pearson Farms Road

City  
Apex

State  
NC

Zip Code  
27502-6741

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Carolina Hospital Association

Occupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2017

**Transaction ID : 23934059**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**C. Lawler, Stephen, , Mr.,**

Mailing Address 328 S. Laurel Ave

City  
Charlotte

State  
NC

Zip Code  
28207-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Carolina Hospital Association

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2017

**Transaction ID : 23934063**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

960.00