

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

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

FOR LINE NUMBER: PAGE 22 OF 84

(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/ATRIUM HEALTH EMPLOYEES FED PAC

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

A. Davis, Bradley, R, ,

Mailing Address 1656 Maryland Avenue

City
Charlotte

State
NC

Zip Code
28209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atrium Health

Occupation (for Individual)
Physician

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2019

Transaction ID : SA11AI.17934

Amount of Each Receipt this Period

83.33

☐ Memo Item

Payroll Deduction \$83.33 monthly

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

B. Davis, Bradley, R, ,

Mailing Address 1656 Maryland Avenue

City
Charlotte

State
NC

Zip Code
28209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atrium Health

Occupation (for Individual)
Physician

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2019

Transaction ID : SA11AI.18011

Amount of Each Receipt this Period

83.33

☐ Memo Item

Payroll Deduction \$83.33 monthly

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

C. Davis, Bradley, R, ,

Mailing Address 1656 Maryland Avenue

City
Charlotte

State
NC

Zip Code
28209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atrium Health

Occupation (for Individual)
Physician

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2019

Transaction ID : SA11AI.18060

Amount of Each Receipt this Period

83.33

☐ Memo Item

Payroll Deduction \$83.33 monthly

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

249.99

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