

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

LABORATORY CORPORATION OF AMERICA HOLDINGS POLITICAL PARTICIPATION COMMITTEE

ADDRESS (number and street) 358 SOUTH MAIN STREET AB&T, 5TH FLOOR BURLINGTON NC 27215 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) shalewk@labcorp.com

Optional Second E-Mail Address pearsa2@labcorp.com

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)

2. DATE 01 / 20 / 2021

3. FEC IDENTIFICATION NUMBER C C00314997

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SHALEWITZ, KIMBERLY, P, ,

Signature of Treasurer SHALEWITZ, KIMBERLY, P, , [Electronically Filed] Date 07 / 20 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

LABORATORY CORPORATION OF AMERICA HOLDINGS POLITICAL PARTICIPATION COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

LABORATORY CORPORATION OF AMERICA HOLDINGS

Mailing Address 531 SOUTH SPRING STREET

BURLINGTON NC 27215

CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name STRONG, TRACY, M, ,

Mailing Address 531 SOUTH SPRING STREET

BURLINGTON NC 27215

CITY STATE ZIP CODE

Custodian of Records Telephone number 336 436 7147

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer SHALEWITZ, KIMBERLY, P, ,

Mailing Address 358 SOUTH MAIN STREET

AB&T, 5TH FLOOR

BURLINGTON NC 27215

CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 336 436 4200

Full Name of Designated Agent

HORTON, DONALD, E., JR

Mailing Address

531 SOUTH SPRING ST.

BURLINGTON

NC

27215

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

336

436

5040

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

FIRST HORIZON BANK

Mailing Address

445 S MAIN STREET

BURLINGTON

NC

27215

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

WELLS FARGO BANK, N.A.

Mailing Address

550 S TRYON ST

CHARLOTTE

NC

28202

CITY

STATE

ZIP CODE