Only

# STATEMENT OF

PAGE 1 / 15

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) North Carolina Hospital Association Political Action Committee - Federal P.O. Box 4449 ADDRESS (number and street) (Check if address is changed) Cary 27519-4449 NC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jweegar@ncha.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.ncha.org/hospac/ (Check if address is changed) DATE 2022 C00194647 FEC IDENTIFICATION NUMBER 3. X 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. Weegar, Jeffrey, , Mr., Type or Print Name of Treasurer Weegar, Jeffrey, , Mr., [Electronically Filed] Date 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| FEC Form 1 (Revised 03/2022)   | Page <b>2</b>                                |
|--|--|
| TYPE OF COMMITTEE:   |  |
| Candidate Committee:   |  |
| (a) This committee is a principal campaign committee. (Complete the candidate info   | ormation below.)                             |
| (b) This committee is an authorized committee, and is NOT a principal campaign c information below.)   | committee. (Complete the candidate           |
| Name of Candidate  | <u> </u>                                     |
| Candidate Office Sought: House Senate  | State President District                     |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized   | d committee.                                 |
| Name of Candidate  |  |
| Party Committee:   |  |
| (d) This committee is a (National, State or subordinate) committee of the  | (Democratic,<br>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 as |
| Corporation Corporation w/o Capital Stock  | Labor Organization                           |
| Membership Organization  | Cooperative                                  |
| In addition, this committee is a Lobbyist/Registrant PAC.  | _  |
| (f) This committee supports/opposes more than one Federal candidate, and is NO committee. (i.e., nonconnected committee)   | T a separate segregated fund or party        |
| In addition, this committee is a Lobbyist/Registrant PAC.  |  |
| In addition, this committee is a Leadership PAC. (Identify sponsor on  | line 6.)                                     |
| (g) This committee is an independent expenditure-only political committee (Super Pa  | AC).   |
| In addition, this committee is a Lobbyist/Registrant PAC.  |  |
| (h) This committee is a political committee with both contribution and non-contributi  | on accounts (Hybrid PAC).                    |
| In addition, this committee is a Lobbyist/Registrant PAC.  |  |
| Joint Fundraising Representative:  |  |
| (i) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a | ·  |
| (j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal | ·  |
| Committees Participating in Joint Fundraiser   |  |
| 1.   | C  |
|  | C  |

Title or Position ▼

Chief Financial Offi

|    | _   |   |                        |
|----|---|---|------------------------|
| -  | FEC Form 1 (Revised (   | 02/2009)  | Page <b>3</b>          |
| ٧  | Vrite or Type Committee Name  |   |                        |
|    | North Carolina  | Hospital Association Political Action Commit  | tee - Federal          |
| 6. | Name of Any Connected O   | Organization, Affiliated Committee, Joint Fundraising Representative, or Lead                       | dership PAC Sponsor    |
|    |   |   |                        |
|    | Mailing Address   | Post Office Box 4449  |                        |
|    |   |   |                        |
|    |   | Cary NC 275   | 40                     |
|    |   | CITY ▲ STATE ▲  | ZIP CODE ▲             |
|    | Relationship: X Connected   | Organization Affiliated Organization Joint Fundraising Representative                               | Leadership PAC Sponso  |
| 7. | Custodian of Records: Identification books and records.  Weegar, Jo | tify by name, address (phone number optional) and position of the person in poss                    | ession of committee    |
|    | I uli Name  | PO Box 4449   |                        |
|    | Mailing Address   | TO BOX 4449   |                        |
|    |   | Cary  | 19                     |
|    |   |   |                        |
|    | Title or Position ▼   | CITY ▲ STATE ▲  | ZIP CODE ▲             |
|    | Chief Financial Offi  | Telephone number  | - 389 - 6097           |
| 8. | Treasurer: List the name an any designated agent (e.g.,             | nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer). | name and address of    |
|    | I dii I taino   | effrey, , Mr.,  |                        |
|    | of Treasurer  |   |                        |
|    | Mailing Address   | P.O. Box 4449   |                        |
|    |   |   |                        |
|    |   | Cary NC 275   | 19-4449 <sub>   </sub> |

CITY 🔺

STATE ▲

Telephone number

919

ZIP CODE ▲

389

| FEC <b>Form</b> 1       | (Revised 02/2009)   |                    | Page <b>4</b>               |
|-------------------------|---|--------------------|-----------------------------|
| Full Name of Designated |   |                    |                             |
| Agent                   |   |                    |                             |
| Mailing Address         |   |                    |                             |
|                         |   |                    |                             |
|                         |   |                    |                             |
| Title or Position       | CITY ▲  | STATE ▲            | ZIP CODE ▲                  |
|                         | Telephon  | ne number          |                             |
|                         | Depositories: List all banks or other depositories in which the cores or maintains funds. | mmittee deposits f | unds, holds accounts, rents |
| Name of Bank, D         | epository, etc.   |                    |                             |
|                         | Truist Financial  |                    |                             |
| Mailing Address         | 977 N Harrison Ave  |                    |                             |
|                         |   |                    |                             |
|                         | Cary  | NC NC              | 27513-3904                  |
|                         | CITY ▲  | STATE ▲            | ZIP CODE ▲                  |
| Name of Bank, D         | epository, etc.   |                    |                             |
|                         |   |                    |                             |
| Mailing Address         |   |                    |                             |
|                         |   |                    |                             |
|                         |   |                    |                             |
|                         | CITY ▲  | STATE ▲            | ZIP CODE ▲                  |

### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Updating new PAC Treasurer to Mr. Jeffrey Weegar

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

|   | g Participant:  |                           |                           |
|---|---|---------------------------|---------------------------|
| 1.  |   | FEC ID number             | C                         |
| 2.  |   | FEC ID number             | С                         |
| 3.  |   | FEC ID number             | С                         |
| 4.  |   | FEC ID number             | С                         |
|   | Organization, Affiliated Committee, Joint Fund              |                           | e, or Leadership PAC Spor |
| American Hospita  | Association Political Action Commi                          | ittee<br>                 |                           |
|   |   |                           |                           |
|   | 1 325 Seventh St, NW  |                           |                           |
| Mailing Address   |   |                           |                           |
|   |   |                           |                           |
|   | Washington  | DC                        | 20004                     |
| Relationship:   | CITY ▲  | STATE ▲                   | ZIP CODE ▲                |
| Connected   | d Organization X Affiliated Committee Join                  | nt Fundraising Representa | ative Leadership PAC S    |
| esignated Agent: Identify   | by name, address (phone number – optional)                  |                           |                           |
| Full Name   | by name, address (phone number – optional)                  |                           |                           |
|   | by name, address (phone number – optional)                  |                           |                           |
| Full Name   | by name, address (phone number – optional)                  |                           |                           |
| Full Name   | by name, address (phone number – optional)                  |                           |                           |
| Full Name   | CITY  | STATE A                   | ZIP CODE A                |
| Full Name   | CITY A  |                           |                           |
| Full Name Mailing Address  TITLE OR POSITION  | CITY A  ries: List all banks or other depositories in which | STATE ▲  Telephone Number | ZIP CODE A                |
| Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or maintenance.  | CITY A  ries: List all banks or other depositories in which | STATE ▲  Telephone Number | ZIP CODE A                |
| Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or main arme of Bank,                                    | CITY A  ries: List all banks or other depositories in which | STATE ▲  Telephone Number | ZIP CODE A                |
| Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or main arms of Bank,                                    | CITY A  ries: List all banks or other depositories in which | STATE ▲  Telephone Number | ZIP CODE A                |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or material deposit boxes or material depository, etc. | CITY A  ries: List all banks or other depositories in which | STATE ▲  Telephone Number | ZIP CODE A                |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or material deposit boxes or material depository, etc. | CITY A  ries: List all banks or other depositories in which | STATE ▲  Telephone Number | ZIP CODE A                |

FEC Form 1S (Revised 02/2017)

| TITLE OR POSITION  Banks or Other Depositor Safety deposit boxes or many Name of Bank, Depository, etc.  Mailing Address | ries: List all banks | s or other depositories in | Telephone N      |              | s funds, holds acc |             |
|--|----------------------|----------------------------|------------------|--------------|--------------------|-------------|
| Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.                                     | ries: List all banks | s or other depositories in | ·                |              | s funds, holds acc |             |
| Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.                                     | ries: List all banks | s or other depositories in | ·                |              | s funds, holds acc |             |
| Banks or Other Deposito safety deposit boxes or ma   | ries: List all banks | s or other depositories in | ·                |              | s funds, holds acc |             |
| Banks or Other Deposito  | ries: List all banks | s or other depositories in | ·                |              | s funds, holds acc |             |
|  |                      |                            | ·                |              |                    |             |
| TITLE OR POSITION  | <b>▼</b>             |                            | Telephone N      | umber        |                    |             |
| TITLE OR POSITION  | ▼                    |                            |                  |              |                    |             |
|  |                      | CITY A                     |                  | STATE A      | ZIP CC             | DDF A       |
|  |                      |                            |                  |              |                    |             |
|  |                      |                            |                  |              |                    |             |
| Mailing Address  |                      |                            |                  |              |                    |             |
| Full Name  |                      |                            |                  |              |                    |             |
| Designated Agent: Identify   | y by name, addres    | ss (phone number – option  | al)              |              |                    |             |
| Connected  | d Organization       | Affiliated Committee       | Joint Fundraisin | g Representa | ative Leaders      | hip PAC Spo |
| Relationship:  |                      | CITY A                     |                  | STATE A      | ZIP (              | CODE A      |
|  | Phoenix              |                            | , , , , <b>,</b> | AZ           | 85012              | -           |
| S  |                      |                            |                  |              |                    |             |
| Mailing Address  | 3901 N. Centra       | I Ave.                     |                  |              |                    |             |
|  |                      |                            |                  |              |                    |             |
| AzHHA Political A  |                      |                            |                  |              |                    |             |
|  | Organization A#      | iliated Committee, Joint   | Fundraising Po   | resentativ   | or Leadershin I    | PAC Spans   |
| 4.   |                      |                            | └─<br>│          | ) number     | С                  |             |
| J  |                      |                            | └─<br>│          | ) number     | С                  |             |
| 3.   |                      |                            | —<br>, ∣ FEC II  | ) number     | С                  |             |
| 1  |                      |                            |                  | number       | C                  |             |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| h). <b>Joint Fundraisi</b>  | ng Participant:   |                          |                           |
|---|---|--------------------------|---------------------------|
| 1.  |   | FEC ID number            | C                         |
| 2.  |   | FEC ID number            | С                         |
| 3.  |   | FEC ID number            | С                         |
| 4.  |   | FEC ID number            | С                         |
|   |   |                          |                           |
| ame of Any Connected  | d Organization, Affiliated Committee, Joint Fund  | raising Representative   | e, or Leadership PAC Spon |
| California Health   | care Association PAC - Federal  |                          |                           |
|   |   |                          |                           |
|   |   |                          |                           |
| Mailing Address   | P.O. Box 1100   |                          |                           |
|   |   |                          |                           |
|   | Sacramento  | CA                       | 95812-1100                |
| Relationship:   | CITY A  | STATE ▲                  | ZIP CODE ▲                |
|   |   |                          |                           |
| esignated Agent: Identi   | ed Organization Affiliated Committee Join fy by name, address (phone number – optional)                           | nt Fundraising Represent | ative Leadership PAC Sp   |
| esignated Agent: Identi   |   | nt Fundraising Represent | ative Leadership PAC Sp   |
| esignated Agent: Identi   |   | nt Fundraising Represent | ative Leadership PAC Sp   |
| esignated Agent: Identi   |   | nt Fundraising Represent | ative Leadership PAC Sp   |
| esignated Agent: Identi   | fy by name, address (phone number – optional)   |                          |                           |
| esignated Agent: Identi   | fy by name, address (phone number – optional)   | STATE A                  |                           |
| esignated Agent: Identi  Full Name  Mailing Address   | fy by name, address (phone number – optional)   |                          |                           |
| esignated Agent: Identi  Full Name  Mailing Address   | fy by name, address (phone number – optional)   | STATE A                  |                           |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  | fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or market                                 | fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,                          | fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,                          | fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identification Full Name   | fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| h). <b>Joint Fundraisi</b> r   | ng Participant:   |                          |                           |
|--|---|--------------------------|---------------------------|
| 1.   |   | FEC ID number            | C                         |
| 2.   |   | FEC ID number            | С                         |
| 3.   |   | FEC ID number            | С                         |
| 4.   |   | FEC ID number            | С                         |
|  | Organization, Affiliated Committee, Joint Fund  | draising Representative  | e, or Leadership PAC Spon |
|  |   |                          |                           |
| Mailing Address  | P.O. Box 60   |                          |                           |
|  |   |                          |                           |
|  | Jefferson City  | MO                       | 65102                     |
| Relationship:  | CITY ▲  | STATE ▲                  | ZIP CODE ▲                |
|  | d Organization X Affiliated Committee Join  | nt Fundraising Represent | ative Leadership PAC Sp   |
|  |   | nt Fundraising Represent | ative Leadership PAC Sp   |
| esignated Agent: Identif   | d Organization X Affiliated Committee Join  | nt Fundraising Represent | ative Leadership PAC Sp   |
| esignated Agent: Identif   | d Organization X Affiliated Committee Join  | nt Fundraising Represent | ative Leadership PAC Sp   |
| esignated Agent: Identif   | d Organization X Affiliated Committee Join  | nt Fundraising Represent | ative Leadership PAC Sp   |
| esignated Agent: Identif   | d Organization Affiliated Committee Join  y by name, address (phone number – optional)  | nt Fundraising Represent | Leadership PAC Sp         |
| esignated Agent: Identif  Full Name  Mailing Address   | y by name, address (phone number – optional)  CITY  |                          |                           |
| esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION   | Affiliated Committee Join  y by name, address (phone number – optional)  CITY   CITY    City   Tries: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, | Affiliated Committee Join  y by name, address (phone number – optional)  CITY   CITY    City   Tries: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |
| esignated Agent: Identification Full Name  | Affiliated Committee Join  y by name, address (phone number – optional)  CITY   CITY    City   Tries: List all banks or other depositories in which | STATE A                  | ZIP CODE A                |

FEC Form 1S (Revised 02/2017)

| 5(a)       | or(h). <b>Joint Fundraising</b>  | a Participant:  |                        |                                |
|------------|--|---|------------------------|--------------------------------|
| <b>(9)</b> | 1.   | ,   | FEC ID number          | C                              |
|            | 2.   |   | FEC ID number          | C                              |
|            | 3.   |   | FEC ID number          | C                              |
|            | 4.   |   | FEC ID number          | C                              |
|            | 4.   |   |                        |                                |
| 6.         | Name of Any Connected  | Organization, Affiliated Committee, Joint Fundr                   | aising Representative  | e, or Leadership PAC Sponsor   |
|            |  | Association PAC - Federal   | <b>.</b>               | ,                              |
|            |  |   |                        |                                |
|            |  |   |                        |                                |
|            | Mailing Address  | P.O. Box 1519   |                        |                                |
|            | -  |   |                        |                                |
|            |  | Helena  | , MT ,                 | , 59604                        |
|            | Relationship:  | CITY A  | STATE ▲                | ZIP CODE ▲                     |
|            |  |   |                        |                                |
|            | Connected  | Organization X Affiliated Committee Joint                         | Fundraising Representa | tive Leadership PAC Sponsor    |
| 8.         | Designated Agent: Identify   | by name, address (phone number - optional)                        |                        |                                |
|            | Full Name  |   |                        |                                |
|            | Mailing Address  |   |                        |                                |
|            |  |   |                        |                                |
|            |  | 1   |                        | 1                              |
|            | TITLE OF POSITION  | _ CITY ▲  | STATE ▲                | ZIP CODE ▲                     |
|            | TITLE OR POSITION  | 1   | slankana Niumbar       | -   -                          |
|            |  |   | elephone Number        |                                |
|            |  |   |                        |                                |
|            |  |   |                        |                                |
| 9.         | Banks or Other Depositor safety deposit boxes or mai                                 | ies: List all banks or other depositories in which intains funds. | the committee deposit  | s funds, holds accounts, rents |
| 9.         | Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc. | ies: List all banks or other depositories in which intains funds. | the committee deposit  | s funds, holds accounts, rents |
| 9.         | Name of Bank,  | ies: List all banks or other depositories in which intains funds. | the committee deposite | s funds, holds accounts, rents |
| 9.         | Name of Bank, Depository, etc.   | ies: List all banks or other depositories in which intains funds. | the committee deposite | s funds, holds accounts, rents |
| 9.         | Name of Bank, Depository, etc.   | ies: List all banks or other depositories in which intains funds. | the committee deposite | s funds, holds accounts, rents |

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| TITLE OR POSITION  anks or Other Depositor deposit boxes or mail deposit boxes or mail depository, etc.  Mailing Address | ▼  bries: List all bank | CITY  s or other depositories in wh | STATE ▲ Telephone Number  | ZIP CODE   ZIP CODE   sits funds, holds accounts, rent |
|--|-------------------------|-------------------------------------|---------------------------|--|
| TITLE OR POSITION  Lanks or Other Depositor  Lanks of Bank, depository, etc.   | ▼  bries: List all bank | CITY A                              | STATE ▲ Telephone Number  | ZIP CODE A   |
| TITLE OR POSITION  anks or Other Depositor defety deposit boxes or management of Bank,                                   | ▼  bries: List all bank | CITY A                              | STATE ▲ Telephone Number  | ZIP CODE A   |
| TITLE OR POSITION  | ▼  bries: List all bank | CITY A                              | STATE ▲ Telephone Number  | ZIP CODE A   |
|  |                         |                                     | STATE ▲                   |  |
|  |                         |                                     | STATE ▲                   |  |
|  |                         |                                     |                           |  |
| Mailing Address  |                         |                                     |                           |  |
| Mailing Address  |                         |                                     |                           |  |
| Mailing Address  |                         |                                     |                           |  |
|  | 1                       |                                     |                           |  |
| Full Name  |                         |                                     |                           |  |
|  |                         | ss (phone number – optional)        |                           |  |
| Connecte   | d Organization          | Affiliated Committee J              | oint Fundraising Represer | ntative Leadership PAC Sp                              |
| Relationship:  |                         | CITY A                              | STATE 4                   | ZIP CODE A   |
|  | Harrisburg              |                                     | PA                        | 17105  |
| <b>9</b>   |                         |                                     |                           |  |
| Mailing Address  | 4750 Lindle Ro          | ad                                  |                           |  |
|  |                         |                                     |                           |  |
|  | _                       | Committee - Federal                 | = -                       | ve, or Leadership PAC Spons                            |
|  | Ownershap the second    |                                     | administra December 11    | un au landamitis BIO C                                 |
| 4.   |                         |                                     | FEC ID number             | C  |
|  |                         |                                     | FEC ID number             | C  |
| 3.   |                         |                                     | FEC ID number             | С  |
| 1  |                         |                                     | *                         |  |

FEC Form 1S (Revised 02/2017)

| _    |   |   |                          |                                |
|------|---|---|--------------------------|--------------------------------|
| 5(g) | or(h). <b>Joint Fundraisin</b>  | g Participant:  |                          |                                |
| (0)  | 1.  |   | FEC ID number            | C                              |
|      | 2.  |   | FEC ID number            | C                              |
|      | 3.  |   | FEC ID number            | C                              |
|      |   |   | FEC ID number            | C                              |
|      | 4.  |   |                          | <u> </u>                       |
| 6.   |   | Organization, Affiliated Committee, Joint Fundation of Texas Hospitals and Health | = -                      |                                |
|      |   |   |                          |                                |
|      | Mailing Address   | P.O. Box 679010   |                          |                                |
|      |   |   |                          |                                |
|      |   | Austin  |                          | 78767                          |
|      | Relationship:   | CITY ▲  | STATE ▲                  | ZIP CODE ▲                     |
|      | Connected   | d Organization X Affiliated Committee Joint                                       | t Fundraising Representa | ative Leadership PAC Sponsor   |
| 8.   | Pull Name   | y by name, address (phone number – optional)                                      |                          |                                |
|      | Mailing Address   | 1   |                          |                                |
|      |   |   |                          |                                |
|      |   |   | 1 1 . 1                  |                                |
|      | TITLE OF POOLTION   | _ CITY ▲  | STATE ▲                  | ZIP CODE ▲                     |
|      | TITLE OR POSITION   | I   | elephone Number          |                                |
| 9.   | Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc. | ries: List all banks or other depositories in which aintains funds.               | the committee deposit    | s funds, holds accounts, rents |
|      | Mailing Address   |   |                          |                                |

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| h). Joint Fundraisin  |                       |                                   |                |              |               |             |                  |
|---|-----------------------|-----------------------------------|----------------|--------------|---------------|-------------|------------------|
| 1.  |                       |                                   |                | J            | D number      | C           |                  |
| 2.  |                       |                                   |                | J            | D number      | С           |                  |
| 3.  |                       |                                   |                | J FEC        | D number      | C           |                  |
| 4.  |                       |                                   |                | J FEC        | D number      | C           |                  |
| ame of Any Connected  |                       |                                   | tee, Joint Fu  | ndraising    | Representativ | ve, or Lead | dership PAC Spor |
| Healthcare Assoc  | ation of Haw          | aii PAC                           |                |              |               |             |                  |
|   |                       |                                   |                |              |               |             |                  |
| Mailing Address   | 923 Ward Aven         | ue                                |                |              |               |             |                  |
|   |                       |                                   |                |              |               |             |                  |
|   | Honolulu              |                                   |                |              | HI            | 968         | 14               |
| Relationship:   |                       | CITY A                            |                |              | STATE A       |             | ZIP CODE ▲       |
|   | Organization <b>X</b> | Affiliated Comm                   | nittee J       | oint Fundrai | sing Represen | tative      | Leadership PAC S |
|   |                       | Affiliated Commons (phone number) |                |              | sing Represen | tative      | Leadership PAC S |
| Connected   |                       |                                   |                |              | sing Represen | tative      | Leadership PAC S |
| Connected esignated Agent: Identify   |                       |                                   |                |              | sing Represen | tative      | Leadership PAC S |
| Connected esignated Agent: Identify Full Name   |                       |                                   |                |              | sing Represen | tative      | Leadership PAC S |
| Connected esignated Agent: Identify Full Name   | by name, addres       |                                   | er – optional) |              | sing Represen |             | Leadership PAC S |
| esignated Agent: Identify  Full Name  Mailing Address   | by name, addres       | es (phone numb                    | er – optional) |              | sing Represen |             |                  |
| Connected esignated Agent: Identify Full Name   | by name, addres       | es (phone numb                    | er – optional) |              | STATE A       |             |                  |
| esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank,    | by name, addres       | city A                            | er – optional) | Telephone    | STATE A       |             | ZIP CODE A       |
| connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor  anke of Bank, epository, etc. | by name, addres       | city A                            | er – optional) | Telephone    | STATE A       |             | ZIP CODE A       |
| esignated Agent: Identify  Full Name  Mailing Address   | by name, addres       | city A                            | er – optional) | Telephone    | STATE A       |             | ZIP CODE A       |

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| h). <b>Joint Fundraisi</b>   | ng Participant:  |                       |                        |
|--|--|-----------------------|------------------------|
| 1.   |  | FEC ID number         | С                      |
| 2.   |  | FEC ID number         | С                      |
| 3.   |  | FEC ID number         | C                      |
| 4.   |  | FEC ID number         | C                      |
|  | d Organization, Affiliated Committee, Joint Funda<br>Hospital and Healthcare Association's                             |                       |                        |
|  |  |                       |                        |
| Mailing Address  | One Empire Drive   |                       |                        |
|  |  |                       |                        |
|  | Rensselaer   | NY                    | 12144                  |
| Relationship:  | CITY ▲   | STATE ▲               | ZIP CODE ▲             |
| Connecte   | ed Organization X Affiliated Committee Joint   | Fundraising Represent | ative Leadership PAC S |
|  | Affiliated Committee Joint fy by name, address (phone number – optional)   | Fundraising Represent | Leadership PAC S       |
| esignated Agent: Identi  |  | Fundraising Represent | Leadership PAC S       |
| esignated Agent: Identi  |  | Fundraising Represent | Leadership PAC S       |
| esignated Agent: Identi  Full Name  Mailing Address  | fy by name, address (phone number – optional)  |                       |                        |
| esignated Agent: Identi  | fy by name, address (phone number – optional)  CITY  | STATE A               |                        |
| esignated Agent: Identi  Full Name  Mailing Address  | fy by name, address (phone number – optional)  CITY  |                       |                        |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,                  | fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which | STATE A               | ZIP CODE A             |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which | STATE A               | ZIP CODE A             |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,                  | fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which | STATE A               | ZIP CODE A             |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which | STATE A               | ZIP CODE A             |

FEC Form 1S (Revised 02/2017)

| h). <b>Joint Fundraisi</b>   |   | FEC ID number              | C                         |
|--|---|----------------------------|---------------------------|
|  |   | FEC ID number              | С                         |
| 2.   |   | FEC ID number              | C                         |
| 3.   |   | FEC ID number              | С                         |
| 4.   |   |                            |                           |
| ame of Any Connected   | l Organization, Affiliated Committee, Joint Fundra  | aising Representative      | e, or Leadership PAC Spon |
| Wisconsin Health   | n and Hospital Association Federal PA   | C d/b/a Wiscon             | sin Federal PAC           |
| I  |   |                            |                           |
|  | P.O. Box 259038   |                            |                           |
| Mailing Address  | F.O. BOX 239036   |                            |                           |
|  |   |                            |                           |
|  | Madison   | WI WI                      | 53725                     |
| Relationship:  | CITY ▲  | STATE ▲                    | ZIP CODE ▲                |
|  | ed Organization X Affiliated Committee Joint  fy by name, address (phone number – optional)                           | Fundraising Representa     | Leadership PAC Sp         |
|  |   | Fundraising Representa     | Leadership PAC S          |
| esignated Agent: Identi  |   | Fundraising Representa     | Leadership PAC S          |
| esignated Agent: Identi  |   | Fundraising Representa     | Leadership PAC S          |
| esignated Agent: Identi  |   | Fundraising Representa     | Leadership PAC S          |
| esignated Agent: Identi  | fy by name, address (phone number – optional)   | Fundraising Representation | Leadership PAC S          |
| esignated Agent: Identi  Full Name  Mailing Address  | fy by name, address (phone number – optional)  CITY   |                            |                           |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION   | fy by name, address (phone number – optional)  CITY   Te  | STATE A                    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION   | fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which | STATE A                    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank, | fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which | STATE A                    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank, | fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which | STATE A                    | ZIP CODE A                |
| esignated Agent: Identification Full Name  | fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which | STATE A                    | ZIP CODE A                |
| esignated Agent: Identification Full Name  | fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which | STATE A                    | ZIP CODE A                |