12030882164

STATEMENT OF

RECEIVED

FORM 4	ORGANIZ	ATION			IVL_OLI #		
FORM 1				2012	SEP _{Office} Use	M.)1: 45	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typi over the lines.	ng, type	12FE# M	6 MAIL C	ENTER	
PIEDMOINT, HE	SALTHCARE,	P. A. PA			1-1-1-		
			1111				
ADDRESS (number and street)	650 SIGNAL HILL DRINE EXTENSION						
(Check if address is changed)							
	STIATIGS VILL	14E 1 1 1 1		NC STATE A	2867	7 - LILI ZIP CODE ▲	
COMMITTEE'S E-MAIL ADDRE	ss						
(Check if address is changed)	PHC. PAGG	TEDMON	THEA	LITIHICA	71RIELIC	0m	
•	Optional Second E-Mail Ad	Idress				ı	
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COMMITTEE'S WEB PAGE ADI				•			
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2. DATE 08 2	i 'àòià						
3. FEC IDENTIFICATION NU	JMBER ▶ C C	04307	44				
4. IS THIS STATEMENT	NEW (N) OR	X AMEN	NDED (A)				
I certify that I have examined th	nis Statement and to the best	t of my knowledge	and belief it	is true, corre	ct and comple	ete.	
Type or Print Name of Treasure	Mark L. P	hendergas	t, mo)	····		
Signature of Treasurer	Mulch			Date O	8 2	1 2012	
NOTE: Submission of false, errone	eous, or incomplete information ANY CHANGE IN INFORMAT	• •				s of 2 U.S.C. §437g.	
Office Use Only						FORM 1 sed 06/2012)	

FEC Form	m 1 (Revised 02/2009)					Page 2
TYPE OF CO	DMMITTEE					
Cendidate	Committee:					
(a)	This committee is a pr	incipal campaign	committee. (Comple	ete the candidate inf	ormation below	<i>i</i> .)
(b)	This committee is an a information below.)	authorized commi	ttee, and is NOT a	principal campaign o	committee. (Co	mplete the candidate
Name of Candidate	L					
Candidate		Office				State
Party Affiliation	n ·	Sought:	House	Senate	President	District
(c)	This committee suppor	ts/onnoses only (one candidate and	is NOT an authoriza	ed committee	District
Name of Candidate						<u> </u>
Party Com	mittee•					-
(d) -	This committee is a		(National, State or subordinate) cor	mmittee of the		(Democratic, Republican, etc.) Par
Political Ac	tion Committee (P					
(e)		-	ed fund. (Identify con	nected organization	on line 6.) Its co	onnected organization is
(e)	This committee is a se	-		_		_
(e)	This committee is a se	eparate segregate	Corporat	tion w/o Capital Stoo		_
(e)	This committee is a se	eparate segregate	Corporat	_		_
(e)	This committee is a second Corporation Membership Corporation	eparate segregate	Corporat	tion w/o Capital Stoo		Labor Organization
(e) (f)	This committee is a second Corporation Membership Corporation	oparate segregate Organization tien, this committe	Corporat Trade As e is a Lobbyist/Regis than one Federal of	tion w/o Capital Stocessociation	ck	Labor Organization Cooperative
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Write or Type Committee Name PLEDMONT HEALTHCARE, P.A. PAC 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralising Representative, or Leadership PAC Sponsor CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundralising 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 Mailing Address Title or Position CITY STATE ZIP CODE Telephone number A Tressurer: List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agant (e.g., assistant treasurer). Full Name of Tressurer MARIK L. PRENDERGAST Mailing Address MARIK L. PRENDERGAST Title or Position Title or Position	1	FEC Form 1 (Revised	02/2009)	 Page 3
8. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address 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 Mailing Address Title or Position CITY STATE ZIP CODE 8. Tressurer: 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 Tressurer Mailing Address MARK L. PRENCERGAST Mailing Address NC IZBATI S. VILLE Title or Position	Write			
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of Treasurer Mailing Address Mailing A				e committee; and the name and address of
STATIES VILLE INC [28677] - L. CITY STATE ZIP CODE Title or Position		Name MAR	K L. PRENDERGASIT	
CITY STATE ZIP CODE Title or Position	Mail	ling Address	650 SIGNAL HILL DRI	VE EXITENSION I
CITY STATE ZIP CODE Title or Position				
			Telephone nu	mber 7041-1873-14277

9.

FEC Form 1 (Revised	1 0 2 /2009)		Page 4
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Full Name of Designated Agent			
Mailing Address			
		1 1 1 1 1	
	СІТУ	STATE	ZIP CODE
Title or Position			
	Telephone r	number	
Banks or Other Depositoric safety deposit boxes or main	es: List all banks or other depositories in which the commitains funds.	nittee deposits f	runds, holds accounts, rents
Name of Bank, Depository, e	etc.		
LFIRS	SIT CITIZENS BANK		
Mailing Address	190 BOX 909	1111	
	117.06 E BROAD ST	<u> </u>	1111111111
•	STATESIVILLE	INC	[28.687]-
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.	···	
	,		
Mailing Address			
			<u> </u>
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date **Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **DATE PREPARED**

(3/2005)