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STATEMENT OF **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) Western North Carolina Advocates for Quality Care 290 Eastview Drive ADDRESS (number and street) (Check if address is changed) Brevard 28712 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bwrundell@gmail.com (Check if address is changed) Optional Second E-Mail Address pacservices@ddcpublicaffairs.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2016 C00564427 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. Bethany Rundell Type or Print Name of Treasurer Bethany Rundell [Electronically Filed] 03 2016 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYP	E OF C	OMMITTEE	1 ago 2
Car	ndidate	e 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. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	/Damaau-+!-
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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 secommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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V	Vrite or Type Comr	nittee Name	
_\	Western N	North Carolina Advocates for Quality Care	
6.	Name of Any C	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
L			
	Mailing Address		
		CITY STATE	ZIP CODE
	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<b>'</b> .	Custodian of Re books and record	ccords: Identify by name, address (phone number optional) and position of the person in ls.	possession of committee
		DDC Advocacy	1
	Full Name	805 15th Street NW	
	Mailing Address	Suite 300	
		Washington DC 2000	5 
	Title or Position	CITY STATE	ZIP CODE
	Custodian of Re	cords Telephone number 202 –	830 - 2038
3.		ne name and address (phone number optional) of the treasurer of the committee; and the gent (e.g., assistant treasurer).	name and address of
	Full Name of Treasurer	Bethany Rundell	
	Mailing Address	290 Eastview Drive	
		Brevard NC 28712	2
	Title or Position	CITY STATE	ZIP CODE
	Treasurer		859 - 2235

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	er <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.  Depository, etc.	
safety deposit b	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave	
safety deposit b Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave	
safety deposit b Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave	
safety deposit b Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave	
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave  McLean  VA  2210	01
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave  McLean  CITY  STATE	01
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave  McLean  CITY  STATE	01
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave  McLean  CITY  STATE  Depository, etc.	01
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave  McLean  CITY  STATE  Depository, etc.	01
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Ave  McLean  CITY  STATE  Depository, etc.	01