PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) NORTH CAROLINA GASTROENTEROLOGY PAC OF DIGESTIVE HEALTH SPECIALISTS 2025 FRONTIS PLAZA BLVD SUITE 200 ADDRESS (number and street) (Check if address is changed) WINSTON SALEM 27103 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS stephanieha@digestivehealth.ws (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00503201 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Hall, Stephanie, , , Type or Print Name of Treasurer Hall, Stephanie,,, [Electronically Filed] 04 10 2019 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.

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ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

FF0 -	own 1 (Paying 02/2000)	Page 3
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
Candidat	te 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. (Compinformation below.)	lete the candidate
Name of Candidate		
Candidate Party Affilia	tion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	· · · ·	Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected 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)	gregated 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.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

Write or Type Committee Name NORTH CAROLINA GASTROENTEROLOGY PAC OF DIGESTIVE HEALTH SPECIALISTS 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor NONE Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundralsing Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Hall, Stephanie, Full Name Title or Position CITY STATE ZIP CODE CFO Telephone number 336 - 397 - 5264 7. 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 Hall, Stephanie, Full Name Hall, Stephanie, Full Name Hall, Stephanie, Full Name Hall, Stephanie, Full Name Of 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 Mailing Address	FEC Form 1 (Revised	02/2009)	Page 3
NONE Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative, or Leadership PAC Sponsor NONE CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Hall, Stephanie Full Name Mailing Address Ste 200 Winston-Salem NC Z7103 Title or Position CITY STATE ZIP CODE CFO Telephone number 336 - 397 - 5264 Telephone number Again and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Hall, Stephanie Full Name All, Stephanie Full Name of Treasurer Hall, Stephanie Full Name All, Stephanie Full Name All, Stephanie Full Name of Treasurer Hall, Stephanie CITY STATE ZIP CODE CFO Telephone number 336 - 397 - 5264 All Stephanie Full Name of Treasurer All, Stephanie Guerration of the committee; and the name and address of any designated agent (e.g., assistant treasurer).	Write or Type Committee Nam	ne	
Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Hall, Stephanie, Full Name Mailing Address Sie 200 Winston-Salem NC 27103 Title or Position CITY STATE ZIP CODE CFO Telephone number 336 - 397 - 5264 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 Hall, Stephanie, Full Name Hall, Stephanie, Full Name Hall, Stephanie, CITY STATE ZIP CODE CFO Telephone number 336 - 397 - 5264 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).	NORTH CAROLINA	GASTROENTEROLOGY PAC OF DIGESTIVE HEALTH SF	PECIALISTS
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Ste 200	Mailing Address	2025 Frontis Plaza Blvd	
		Ste 200	
Winston-Salem		Winston-Salem	-
CITY STATE ZIP CODE	Title or Position	CITY STATE ZIP	CODE
Title or Position CFO		Telephone number 336 - 397	

20.011	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE :	ZIP CODE
Title or Position		
-	oxes or maintains funds.	
Name of Bank, I		
-	Depository, etc.	
Name of Bank, I	Depository, etc. First Citizens Bank	
Name of Bank, I	First Citizens Bank 3100 Trenwest Dr Winston-Salem NC 27103	ZIP CODE
Name of Bank, I	First Citizens Bank 3100 Trenwest Dr Winston-Salem CITY STATE	ZIP CODE
Name of Bank, I	First Citizens Bank 3100 Trenwest Dr Winston-Salem CITY STATE	
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Form/Schedule: F1A Transaction ID:

This change is to signify the resignation of Nathan Vestal as treasurer and custodian of records, and that Jacquelyn Tillinger will assume both positions effective 7/28/2017.

Form/Schedule: Transaction ID: