FORM PR-ER PAGE 1 OF 6 (11/04/2021 EDITION)

Date Filed: 1/19/2023 Elaine F. Marshall NC Secretary of State Y202309300032

MAR 3 1 2023



Lobbying Compliance Division

Elaine F. Marshall, Secretary of State

2022 Principal Expense Report Form - Fourth Quarter Expense Long Form

For monthly and quarterly reports with reportable expenditures, if you have no reportable expenditure), use Form PR-EZ Zero Expense Short Form

Mailing Address: PO Box 29622 Raleigh, NC 27626-0622 Street Address: 2 South Salisbury St. Raleigh, NC 27601-2903

Amended Report: (Check if amending previously filed report.)

Original Report Tracking # 0230490367

Period: Quarter Ended December 31, 2022

Complete Name of Principal: Charlotte-Mecklenburg Hospital Authority d/b/a Atrium Health

If the registered lobbyist principal has directed any lobbyist listed below to lobby on behalf of an unregistered associated entity, the principal musticomplete and attach Schedule PR-QAE to this quarterly report. The absence of such attachment constitutes the authorized officer's affirmative statement under oath that there are no such unregistered associated entities to disclose for the reporting period pursuant to G.S. §120C-403(b)(6).

Name(s) of Lobbyist(s) as Registered: Martha Ann Brawley McConnell, Alexander "Sandy" Sands, Ross Barnhardt, Tracy Kimbrell Include all lobbyists registered during any portion of the calendar year, including interim resignations/terminations.

- ☐ I choose to maintain the paper original inked, signed, and notarized lobbying expense report in my own records for three years as required by Administrative Rule 18 NCAC 12 .1301; OR
- I choose to deliver the paper original inked, signed, and notarized lobbying expense report to the Lobbying Compliance Division of the Secretary of State within seven days as required by Administrative Rule 18 NCAC 12 .0214.

Part I: Reportable Expenditures

Note: If 15 or less designated individuals ("DIs") are benefited, list by name; if more than 15, list approximate number benefited and basis for their selection; i.e., the name of the legislative body, committee or caucus or the name of the public servant group whose membership list is a matter of public record under NCGS § 132-1, or some other description that clearly distinguishes the group's purpose or composition. If DIs' immediate family members are benefited, state separately. N.C. Gen. Stat. § 120C-401(c).

*Expense Codes

TL Transportation and Lodging FB Food and Beverages GI Gifts
EN Entertainment ME Meetings and Events OT Other

Quarterly Total Reportable Expenditures: (Must enter total or "0")

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Section B.	Principal Reimb	ursed to Lobbyist (che	eck below if als	so repo	rted on lobbyist's report)		
Date		of Expenditure, ary and Address	Name of Lobbyist	1	Designated Individual(s) or Immediate Family Member(s) Benefited	*Exp. Code	Amount
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monthly ex	<u> apenditures can be lis</u>	sted under ^{ce} this Perio	් <u>ම්බන්වාව</u> වේව	ine.)		•	
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Quarterly Total Reportable Expenditures: Mustenter (otal or "0")

Part II: Contractual Arrangements, Promises, Obligations and/or Direct Business Relationships In Effect During Previous 12 Months

Effective Date(s)	Description of Contractual Arrangement, Promise, Obligation or Direct Business Relationship			Applicable Designated Individual ("DI") or DI Immediate Family Member				Amount or Other Consideration (Value)	
Reportable Exper	ditures for Mon	ith/Quarter: (ք)o րօնը	eenter _i detalls	for any previou	dly reported in	onthly expens	es. Prev	ious	
monthly expendit	ures can be list	ed under "This Perio	is Subtotal" (ine.)	1. 11	<u> </u>	11 111 111		
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f this is a quarterly	report and you f	iled a monthly expens	e report for the	month of Octobe	r, please enter	Assorbed early	S	· -::	

Quarterly Total Reportable Expenditures: (Musicenter total or "O")

Part III. Event Reporting (Use this page only if the principal has incurred event reportable expenditures.)

Please comply with the State Ethics Commission Rule, 30 NCAC 10C .0302 when completing Sections A or B for Event Reporting. This rule became effective on January 1, 2014.

State Ethics Commission Rule 30 NCAC 10C .0302 REPORTABLE EXPENDITURES MADE FOR LOBBYING

- (a) For purposes of G.S. 120C-402(b)(1) and 120C-403(b)(1), when reporting expenditures for events held for lobbying, the entire cost of the event must be reported, not just the "gift" given or provided to the designated individual(s) attending the event. Examples of non-gift reportable expenditures made for lobbying are expenses and charges incurred for items and/or services provided in connection with the lobbying event, such as planning and organizing services, printing services and supplies, facility rental and set-up charges, food supplies and services, name badges, flowers, and other decorations.
- (b) Reportable expenditures made for lobbying events shall be reported on the expense report filed with the Secretary of State for the month the lobbying event is held.

Section A. Principal Paid for Event Directly

Reportable Expenditures for Month/Quarter: (Do not reenter details for any previously reported monthly expenses. monthly expanditures can be listed under ^{an}hits Period's Subtotalⁿ line Name of Event & Description of Expenditure **Event** Designated *Expense **Total Cost** Date: Payee/Beneficiary and Address Individual or Code of the Event Immediate Family or Paid By Third Party Principal Beneficiary \$0 \$ \$ \$ If this is a quarterly report and you filed a monthly expense report for the month of October, please enter the subtotal.

Quarterly Total Reportable Expenditures: Must enter total or "O")

Section B. Principal Reimbursed Lobbyist for Event Costs Name[s] of Lobbyist Reimbursed by Principal:

Reportable Expenditures for Month/Quarter: Do not reenter details for any previously reported monthly expenses. Previous monthly expenditures can be listed under whis Period's Subtotal line.

Event Date	Name of Event & Description of Expenditure		Designated I Immediate F Beneficiary	Individual or amily or Third	Party	*Expe		Total Cost of the Even Paid By
	Payee/Beneficiary and Address					i i ii		Principal
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Quarterly Total Reportable Expenditures: Must entertotal or "0"

**2022 Cumulative Combined Lobbyist Payment for Services*

Failure to provide ¡	payee information	on will result	in reiectio	n of this i	report.	CUMULATIVE C PAYMENT FOR MUST ENTER T	R SERVICES -
For this registration ye payments to all lobbyis thereof: Sandy Sands Martha Ann Brawley Mo	ar, enter the dollar its named on this q and Ross Barnhard	amount of the c uarterly report it (Sands Law);	cumulative co	ombined tot oal and the	al payees	\$ 334,452.75	
Prior to the end of this separate expense form obbyists, enter the dol cumulative lobbyist pa the first and third block	to report cumulativiar amount. If not, ment for services	ve combined pa include the tota	iyments to te il dollar amoi	rminated or unt for the 2	resigned 2022	\$	
Total cumulative comb in 2022.		ervices for all lo	obbyists of th	e principal	registered	\$ 334,452.75	
The state of		CERTIFICA					

UNLESS CERTIFYING AN E-MAILED REPORT VIA AFFIDAVIT (SEE WEBSITE FOR NEW SEPARATE FORM PR-AF), ALL BLANKS MUST BE COMPLETED WITH PRINTED NAME OF AUTHORIZED OFFICER AND PRINTED NAME OF PRINCIPAL ENTITY. THE AUTHORIZED OFFICER MUST SIGN AND DATE REPORT TO CERTIFY REPORT IN THIS SECTION. FOR QUARTERLY REPORT UNDER OATH, VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT MUST ALSO BE COMPLETED. SIGNATORY AUTHORIZED OFFICER MUST BE A PERSON OF RECORD WITH THE LOBBYING COMPLIANCE DIVISION FOR REPORTING

OF REPORT	FICATION OR NOTARIZATION	MAY RESULT IN REJECTION
STATE OF North Carolina	(Must be filled in)	
COUNTY OF Mecklenburg	(Must be filled in)	
The undersigned as an authorized officer of the above named principal	entity on behalf of the principal er	ntity by its authority first duly
given, or on his/her own behalf as an individual principal, being first duly		The state of the s
pursuant to G.S. § 120C-403 other than payment for services to report		
(including any attachments hereto) is true, complete and correct to the	best of his/her knowledge and bei	leī.
Jum LOW - Brett J.	Denton	3/14/2023
Signature of Authorized Officer Printed name of A	Authorized Officer	Date
Sworn to (or affirmed) and subscribed before me,		
		agenticated the constitution of the
this March 2003		Section Of the
Wend Kuth Ludor		
Signature of Notary Public		
Wendy Ruth Paxton		
Printed Name of Notary Public	· · · · · · · · · · · · · · · · · · ·	THE RESERVE OF NAME OF
My commission expires: 1・28・3028	(NOTARY STAMP OR SEAL)	
Part V: Report Preparer's	ldentity/Signature	

Printed Full Name of Report Preparer:	Martha Ann Brawley	McConnell		
Signature of Report Preparer:				
<u>, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,</u>	· !!!! [<u> </u>		: .
THIS SECTION SHOULD NOT BE CO				RITHANITHE
		_INDEPENDENT JUDGEM		AS TOUTHE
		FICER'S SIGNAT <u>URE IS N</u>	OT REQUIRED IN THIS S	ECTION AND
SIGNATURE HERE IS NOT SUFFICIEN	IT TO CERTIFY REPOR	RT UNDER OATH.		



PO Box 32861 Charlotte, NC 28232-2861

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MAR 3 1 2023

Lobbying Compliance Division

LOBBYING COMPLIANCE DIVISION NC SECRETARY OF STATE PO BOX 29622 RALEIGH NC 27626-0622

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Elaine F. Marshall, Secretary of State

2022 Principal Expense Report Form – Fourth Quarter Expense Long Form

For monthly and quarterly reports with reportable expenditures; if you have no reportable expenditure), use Form PR-EZ Zero Expense Short Form.

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Street Address: 2 South Salisbury St. Raleigh, NC 27601-2903

Amended Report: (Check if amending previously filed report.)

Original Report Tracking #

Period: Quarter Ended December 31, 2022

omplete Name of Principal: Charlotte-Mecklenburg Hospital Authority d/b/a Atrium Health the registered lobbyist principal has directed any lobbyist listed below to lobby on behalf of an unregistered associated entity, the rincipal must complete and attach Schedule PR-QAE to this quarterly report. The absence of such attachment constitutes the authorized ficer's affirmative statement under path that there are no such unregistered associated attachment constitutes the authorized
fficer's affirmative statement under oath that there are no such unregistered associated entities to disclose for the reporting period ursuant to G.S. §120C-403(b)(6).

Na	me(s) of Lobbyist(s) as Registered:
□ req	I choose to maintain the paper original inked, signed, and notarized lobbying expense report in my own records for three years as quired by Administrative Rule 18 NCAC 12 .1301; OR
X	I choose to deliver the paper original inked, signed, and notarized lobbying expense report to the Lobbying Compliance Division of the Secretary of State within seven days as required by Administrative Rule 18 NCAC 12 .0214.

Part I: Reportable Expenditures

Note: If 15 or less designated individuals ("DIs") are benefited, list by name; if more than 15, list approximate number benefited and basis for their selection; i.e., the name of the legislative body, committee or caucus or the name of the public servant group whose membership list is a matter of public record under NCGS § 132-1, or some other description that clearly distinguishes the group's purpose or composition. If DIs' immediate family members are benefited, state separately. N.C. Gen. Stat. § 120C-401(c).

*Expense Codes TLTransportation and Lodging FΒ Food and Beverages GΙ Gifts ΕN Entertainment ME Meetings and Events OTOther

Section A.	Principal Made Directly			
Date Reportable E monthly exp	Description of Expenditure, Payee/Beneficiary and Address Expenditures for Month/Quarter: (Do not <u>reenter deta</u> enditures can be listed <u>under</u> "This Period's Subtota	Designated Individual(s) or Immediate Family Member(s) Benefited ails for any previously reported month I'' line.)	*Exp. Code hly expens	Amount es. Previou
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				\$
				\$
this is a qua	rterly report and you filed a monthly expense report for	the month of October, please enter the s	subtotal.	\$

Quarterly Total Reportable Expenditures: (Must enter total or "0")

0

Section B.	Principal Reimbursed to Lobbyist (che	ck below if also i	еро	rted on lobbyist's report)		
Date	Description of Expenditure, Payee/Beneficiary and Address	Name of Lobbyist	1	Designated Individual(s) or Immediate Family Member(s) Benefited	*Exp.	Amount
Reportable	Expenditures for Month/Quarter: (Do not responditures can be listed under "This Period	eenter details for	any	nreviously reported monthly		
monthly ex	penditures can be listed <u>under</u> "This Period	's Subtotal" line	.)	————	y expense	es. Previous
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Part II: Contractual Arrangements, Promises, Obligations and/or Direct Business Relationships In Effect During Previous 12 Months

	Description of	Total Daring Free Tous 12 WORLD'S	
Effective Date(s)	Contractual Arrangement, Promise, Obligation or Direct Business Relationship	Applicable Designated Individual ("DI") or DI Immediate Family Member	Amount or Other Consideration
Reportable Expe	enditures for Month/Quarter: (Do not reenter deta	ile for any	(Value)
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f this is a quarter	ly report and you filed a <u>monthly</u> expense report for	the month of October, please enter the subtotal.	\$

Quarterly Total Reportable Expenditures: (Must enter total or "0") \$____0

Part III. Event Reporting (Use this page only if the principal has incurred event reportable expenditures.)

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(b) Reportable expenditures made for lobbying events shall be reported on the expense report filed with the Secretary of State for the month the lobbying event is held.

Section A. Principal Paid for Event Directly

Reportable Expenditures for Month/Quarter: (Do not reenter details for any previously reported monthly expenses. Previous monthly expenditures can be listed under "This Period's Subtotal" line.)

Event Date	Name of Event & Description of Expenditure Payee/Beneficiary and Address	Designated Individual or Immediate Family or Third Party Beneficiary	*Expense Code	Total Cost of the Event Paid By Principal
				\$0
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lf this is a	quarterly report and you filed a monthly expense report for t	he month of October, please ente	r the subtotal.	¢

Quarterly Total Reportable Expenditures: (Must enter total or "0")

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Section B. Principal Reimbursed Lobbyist for Event Costs

Name[s] of Lobbyist Reimbursed by Principal:

Reportable Expenditures for Month/Quarter: (Do not reenter details for any previously reported monthly expenses. Previous monthly expenditures can be listed under "This Period's Subtotal" line.)

\$0
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\$

Quarterly Total Reportable Expenditures: (Must enter total or "0")

0

2022 Cumulative Combined Lobbyist Payment for Services

Failure to provide payee information will result in rejection of this report. For this registration year, enter the dollar amount of the cumulative combined total payments to all lobbyists named on this quarterly report of the principal and the payees thereof: Sandy Sands and Ross Barnhardt (Sands Law); Tracy Kimbrell (Parker Poe); Martha Ann Brawley McConnell (Atrium Health) Prior to the end of this fourth quarter of this calendar year, if you previously submitted a separate expense form to report cumulative combined payments to terminated or resigned lobbyists, enter the dollar amount. If not, include the total dollar amount for the 2022 cumulative lobbyist payment for services to all active, resigned or terminated lobbyists in the first and third blocks on this form	CUMULATIVE COMBINED 2022 PAYMENT FOR SERVICES – MUST ENTER TOTAL OR 0.00 \$ 334,452.75
the first and third blocks on this form.	\$
Total cumulative combined payment for services for all lobbyists of the principal registered in 2022.	
	\$ 334,452.75

PART IV: CERTIFICATION AND NOTARIZATION

IMPORTANT INSTRUCTIONS FOR PRINCIPAL OFFICER AND NOTARY

UNLESS CERTIFYING AN E-MAILED REPORT VIA AFFIDAVIT (SEE WEBSITE FOR NEW SEPARATE FORM PR-AF), ALL BLANKS MUST BE COMPLETED WITH PRINTED NAME OF AUTHORIZED OFFICER AND PRINTED NAME OF PRINCIPAL ENTITY. THE AUTHORIZED OFFICER MUST SIGN AND DATE REPORT TO CERTIFY REPORT IN THIS SECTION. FOR QUARTERLY REPORT UNDER OATH, VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT MUST ALSO BE COMPLETED. SIGNATORY AUTHORIZED OFFICER MUST BE A PERSON OF RECORD WITH THE LOBBYING COMPLIANCE DIVISION FOR REPORTING PURPOSES IN CURRENT YEAR. WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION

OF REPORT.	CONTROL INGOMINEETE GENTIFICATION C	OR NOTARIZATION MAY RESULT IN REJECTION
pursuant to G.S. § 120C-403 other that	(Must be file) (C) (Must be file) icer of the above named principal entity on beh	lled in) Iled in) Iled in) In alf of the principal entity by its authority first duly In alf of the principal entity by its authority first duly In alf of the principal has no expenditures
Signature of Authorized Officer	Brett J. Denton Printed name of Authorized Of	fficer 1 16 70 73
this le day of January Which Ruth Pout of Signature of Notary Public Printed Name of Notary Public	before me,, 20_ 33	
	Part V: Report Preparer's Identity/Sign	ΓAMP OR SEAL)

Printed Full Name of Report Preparer: Signature of Report Preparer:	Part V: Report Preparer's Identity/Signature Martha Ann Brawley McConnell
THIS SECTION SHOULD NOT BE COM SIGNATORY AUTHORIZED OFFICER INFORMATION REPORTED HEREIN. SIGNATURE HERE IS NOT SUFFICIENT	PLETED UNLESS THE PREPARER OF THE REPORT IS A PERSON OTHER THAN THE WHO EXERCISED INDEPENDENT JUDGEMENT OR DISCRETION AS TO THE THE SIGNATORY OFFICER'S SIGNATURE IS NOT REQUIRED IN THIS SECTION AND

SIGNATURE HERE IS NOT SUFFICIENT TO CERTIFY REPORT UNDER OATH.