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

MAR 31 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 # 02304903671

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 must complete 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
EN	Entertainment	ME	Meetings and Events
		GI	Gifts
		OT	Other

Section A. Principal Made Directly

Date	Description of Expenditure, Payee/Beneficiary and Address	Designated Individual(s) or Immediate Family Member(s) Benefited	*Exp. Code	Amount
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
				\$
				\$
				\$
				\$
				\$
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 "0")** \$ 0

Section B. Principal Reimbursed to Lobbyist (check below if also reported on lobbyist's report)

Date	Description of Expenditure, Payee/Beneficiary and Address	Name of Lobbyist	↓ √	Designated Individual(s) or Immediate Family Member(s) Benefited	*Exp. Code	Amount
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
						\$
						\$
						\$
						\$
						\$
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 "0")** \$ **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 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
			\$
			\$
			\$
			\$
			\$
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 "0")** \$ **0**

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. 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
				\$
				\$
				\$
				\$
				\$
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 "0")* \$ 0

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.)*

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
				\$
				\$
				\$
				\$
				\$
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 "0")* \$ 0

****2022 Cumulative Combined Lobbyist Payment for Services****

Failure to provide payee information will result in rejection of this report.	CUMULATIVE COMBINED 2022 PAYMENT FOR SERVICES – MUST ENTER TOTAL OR 0.00
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: <u>Sandy Sands and Ross Barnhardt (Sands Law); Tracy Kimbrell (Parker Poe); Martha Ann Brawley McConnell (Atrium Health)</u>	\$ 334,452.75
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.	\$
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.

STATE OF North Carolina (Must be filled in)
 COUNTY OF Mecklenburg (Must be filled in)

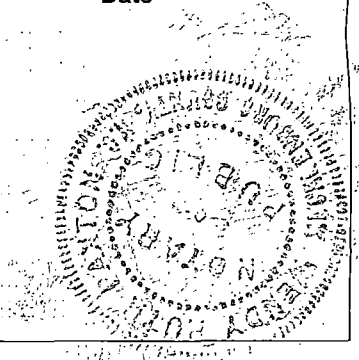
The undersigned as an authorized officer of the above named principal entity on behalf of the principal entity by its authority first duly given, or on his/her own behalf as an individual principal, being first duly sworn, hereby certifies that the principal has no expenditures pursuant to G.S. § 120C-403 other than payment for services to report for this quarterly period and that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

Brett J. Denton (Signature of Authorized Officer) Brett J. Denton (Printed name of Authorized Officer) 3/14/2023 (Date)

Sworn to (or affirmed) and subscribed before me,
 this 14th day of March, 2023

Wendy Ruth Paxton (Signature of Notary Public)
Wendy Ruth Paxton (Printed Name of Notary Public)

My commission expires: 1.28.2028 (NOTARY STAMP OR SEAL)



Part V: Report Preparer's Identity/Signature

Printed Full Name of Report Preparer: Martha Ann Brawley McConnell
 Signature of Report Preparer: _____

THIS SECTION SHOULD NOT BE COMPLETED UNLESS THE PREPARER OF THE REPORT IS A PERSON OTHER THAN THE SIGNATORY AUTHORIZED OFFICER WHO EXERCISED INDEPENDENT JUDGEMENT OR DISCRETION AS TO THE INFORMATION REPORTED HEREIN. THE SIGNATORY OFFICER'S SIGNATURE IS NOT REQUIRED IN THIS SECTION AND SIGNATURE HERE IS NOT SUFFICIENT TO CERTIFY REPORT UNDER OATH.



Atrium Health

PO Box 32861
Charlotte, NC 28232-2861

FIRST-CLASS MAIL
PRESORTED
U.S. Postage Paid
Charlotte, NC
469

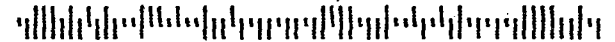
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MAR 31 2023

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

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Street Address:
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Raleigh, NC 27601-2903

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

Original Report Tracking #

Period: Quarter Ended December 31, 2022

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

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Name(s) of Lobbyist(s) as Registered: _____

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				\$
				\$
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\$ 0

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				\$
				\$
				\$
				\$
				\$
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IMPORTANT INSTRUCTIONS FOR PRINCIPAL OFFICER AND NOTARY

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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 entity by its authority first duly given, or on his/her own behalf as an individual principal, being first duly sworn, hereby certifies that the principal has no expenditures pursuant to G.S. § 120C-403 other than payment for services to report for this quarterly period and that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

Brett J. Denton
 Signature of Authorized Officer

Brett J. Denton
 Printed name of Authorized Officer

1/16/2023
 Date

Sworn to (or affirmed) and subscribed before me,
 this 16th day of January, 2023.

Wendy Ruth Paxton
 Signature of Notary Public

Wendy Ruth Paxton
 Printed Name of Notary Public

My commission expires: 1-28-2028 (NOTARY STAMP OR SEAL)



Part V: Report Preparer's Identity/Signature

Printed Full Name of Report Preparer: Martha Ann Brawley McConnell
 Signature of Report Preparer: _____

THIS SECTION SHOULD NOT BE COMPLETED UNLESS THE PREPARER OF THE REPORT IS A PERSON OTHER THAN THE SIGNATORY AUTHORIZED OFFICER WHO EXERCISED INDEPENDENT JUDGEMENT OR DISCRETION AS TO THE INFORMATION REPORTED HEREIN. THE SIGNATORY OFFICER'S SIGNATURE IS NOT REQUIRED IN THIS SECTION AND SIGNATURE HERE IS NOT SUFFICIENT TO CERTIFY REPORT UNDER OATH.