

# Contributions to Registered Entities Report Cover

This form should be accompanied by forms CRO-2215B and CRO-2215C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

Amendment  
☐ Yes ☐ No

<b>1. Reporting Entity Information</b>			
a. Full Name of Entity Making Disbursement <i>Heritage Healthcare, LLC</i>		d. Entity Type (Check One) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number <i>536 Old Howell Rd. Greenville, SC 864-244-3626 29615</i>		e. Federal ID Number (if applicable)  f. Date Filed <i>03/08/2016</i>	
c. Detailed Description of Entity <i>Therapy Service Provider</i>		g. Employer's Name or Principal Place of Business  h. Occupation 	
2. Report Year <i>2016</i>		3. Period Start Date (mm/dd/yyyy) <i>01/01/2016</i>	
		4. Period End Date (mm/dd/yyyy) <i>02/29/2016</i>	
<b>5. Custodian of Books</b>			
a. Full Name of Entity's Custodian of Books and Accounts <i>Don Tesner, CFO</i>			
b. Mailing Address (include City, State and Zip Code) and Phone Number <i>Same as above</i>		c. Employer's Name or Principal Place of Business  d. Occupation 	
6. Total Donations ALL Pages		\$ <i>2500.00</i>	
7. Total Contributions ALL Pages		\$ <i>2500.00</i>	
<b>CERTIFICATION</b>			
I certify that this statement is complete, true and correct to the best of my knowledge. I further understand that this certification shall be treated as under oath, and any person making this certification knowing the information to be untrue is guilty of a Class I felony.			
<i>Paul Shaw</i> Printed Name of Signer		<i>Paul Shaw</i> Signature	
		<i>03/08/2016</i> Date	

# Donations to further Contributions reported at 2215C

Use this form to identify each person or entity making a donation of more than \$100, to further the contribution(s) reported on 2215C.

Page 2 of 3

1. Donation Information				
a. Item Num	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
	Heritage Healthcare LLC 530 Old Howell Rd. Greenville, SC 29615	Therapy Services	03/08/2016	\$ 2,500.00
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)				\$ 2500.00
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 2500.00

CRO-2215B

NC State Board of Elections

February 2012

# Contributions Made to Registered Committees

Page 2 of 3

Use this form to report Contributions within 30 days after they exceed \$100 or 10 days before an election they affect. The term Contribution includes anything of value given to a registered committee including monetary and in kind coordinated expenditures.

1. Committee Receiving Contribution					
a. Full Name, Mailing Address (include city, state, and zip) & Phone Number					b. Level Registered
Supporters of North Carolina's Skilled Nursing Facilities 5109 BUR OAK Circle Raleigh, NC 27612 919-782-3827					<input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Muni
c. Item Number	d. Form of Payment	e. Description	f. Date (mm/dd/yyyy)	g. Amount	h. Election Sum to Date
	Check	CONTRIBUTION	03/08/2016	\$ 2500.00	\$ 2500.00
If Form of Payment above is In Kind provide information on Vendor Paid below.					
i. Full Name, Mailing Address (include city, state, and zip) & Phone Number					j. Date Vendor Paid
					k. Amount
					\$
1. Committee Receiving Contribution					
a. Full Name, Mailing Address (include city, state, and zip) & Phone Number					b. Level Registered
					<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Muni
c. Item Number	d. Form of Payment	e. Description	f. Date (mm/dd/yyyy)	g. Amount	h. Election Sum to Date
				\$	\$
If Form of Payment above is In Kind provide information on Vendor Paid below.					
i. Full Name, Mailing Address (include city, state, and zip) & Phone Number					j. Date Vendor Paid
					k. Amount
					\$
2. Total Disbursements THIS Page (sum all the "If" entries on this page)					\$
3. Total Disbursements ALL Pages (sum all the "If" entries on all disbursement pages)					\$

JOHN T. BODE  
JAMES A. HARRELL, III

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TELEPHONE (919) 977-0571  
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MAILING ADDRESS  

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POST OFFICE BOX 6338  
RALEIGH, NORTH CAROLINA  
27628-6338

March 28, 2016

Campaign Reporting Office  
State Board of Elections  
P. O. Box 27255  
Raleigh, NC 27611-7255

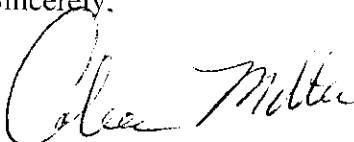
Re: Contribution to Registered Entities

Enclosed please find the original Contribution to Registered Entities report of Heritage Healthcare, LLC. The check was received by Supporters of North Carolina's Skilled Nursing Facilities on March 16, 2016.

Please do not hesitate to give me a call if you have any questions.

Best wishes.

Sincerely,

  
Coleen Miller

Coleen Miller  
Bode & Harrell LLP  
2600 Fairview Road, Suite 200  
Raleigh, NC 27608

Campaign Reporting Office  
State Board of Elections  
P. O. Box 27255  
Raleigh, NC 27611-7255

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