STATE OF FLORIDA FLORIDA ELECTIONS COMMISSION

In Re: Florida Hospital Association PC for Quality Health Care

TO: Emmett "Bucky" Mitchell IV, Esquire Coates Law Firm PL 115 East Park Avenue, Suite 1 Tallahassee, FL 32301 Division of Elections 500 S Bronough Street, Room 316 Tallahassee, FL 32399

Case No.: FEC 19-262

NOTICE OF HEARING (AUTOMATIC FINE)

A hearing will be held in this case before the Florida Elections Commission on, August 13, 2019 at 8:30 am, or as soon thereafter as the parties can be heard, at the following location: Senate Office Building, 404 South Monroe Street, Room 110-S, Tallahassee, Florida 32399. Due to heightened security access requirements, please bring only essential items into the building and plan to arrive early to allow for delays coming through security.

Failure to appear in accordance with this notice will constitute a waiver of your right to participate in the hearing. Continuances will be granted only upon a showing of good cause.

This hearing will be conducted pursuant to Section 106.25, Florida Statutes, which governs your participation as follows:

If you are the Respondent, you may attend the hearing, and you or your attorney will have 5 minutes to present your case to the Commission. However, some cases (including those in which consent orders or recommendations for no probable cause are being considered) may be decided by an *en masse* vote and, unless you request to be heard or the Commission requests that your case be considered separately on the day of the hearing, your case will *not* be individually heard.

If you are the Complainant, you may attend the hearing, but you will *not* be permitted to address the Commission. In addition, some cases (including those in which consent orders or recommendations for no probable cause are being considered) may be decided by an *en masse* vote and, unless the Respondent requests to be heard or the Commission requests that the case be considered separately on the day of the hearing, the case will *not* be individually heard.

If you are an Appellant, and you have requested a hearing, you may attend the hearing, and you or your attorney will have 5 *minutes* to present your case to the Commission.

Please be advised that both confidential and public cases are scheduled to be heard by the Florida Elections Commission on this date. As an Appellant, Respondent or Complainant in one case, you will *not* be permitted to attend the hearings on other confidential cases.

The Commission will electronically record the meeting. Although the Commission's recording is considered the official record of the hearing, the Respondent may provide, at his own expense, a certified court reporter to also record the hearing.

If you require an accommodation due to a disability, contact Donna Ann Malphurs at (850) 922-4539 or by mail at 107 West Gaines Street, The Collins Building, Suite 224, Tallahassee, Florida 32399, at least 5 days before the hearing.

See further instructions on the reverse side.

Tim Vaccaro

Executive Director Florida Elections Commission July 29, 2019 Please refer to the information below for further instructions related to your particular hearing:

If this is a hearing to consider **an appeal from an automatic fine**, the Filing Officer has imposed a fine on you for your failure to file a campaign treasurer's report on the designated due date and, by filing an appeal, you have asked the Commission to consider either (1) that the report was in fact timely filed; or (2) that there were unusual circumstances that excused the failure to file the report timely. You are required to prove your case. If the Commission finds that the report was filed timely or that there were unusual circumstances that excused the failure, it may waive the fine, in whole or in part. The Commission may reduce a fine after considering the factors in Section 106.265, Florida Statutes. If the Commission finds that the report was not timely filed and there were no unusual circumstances, the fine will be upheld.

If this is a hearing to consider a **consent order before a determination of probable cause has been made**, the Commission will decide whether to accept or reject the consent order. If the Commission accepts the consent order, the case will be closed and become public. If the Commission rejects the consent order or does not make a decision to accept or deny the consent order, the case will remain confidential, unless confidentiality has been waived.

If this is a hearing to consider a **consent order after a determination of probable cause has been made**, the Commission will decide whether to accept or reject the consent order. If the Commission accepts the consent order, the case will be closed. If the Commission rejects the consent order or does not make a decision to accept or deny the consent order, the Respondent will be entitled to another hearing to determine if the Respondent committed the violation(s) alleged.

If this is a **probable cause hearing**, the Commission will decide if there is probable cause to believe that the Respondent committed a violation of Florida's election laws. Respondent should be prepared to explain how the staff in its recommendation incorrectly applied the law to the facts of the case. *Respondent may not testify, call others to testify, or introduce any documentary or other evidence at the probable cause hearing.* The Commission will only decide whether Respondent should be *charged* with a violation and, before the Commission determines whether a violation has occurred or a fine should be imposed, Respondent will have an opportunity for another hearing at which evidence may be introduced.

If this is an **informal hearing**, it will be conducted pursuant Sections 120.569 and 120.57(2), Florida Statutes; Chapter 28 and Commission Rule 2B-1.004, Florida Administrative Code. At the hearing, the Commission will decide whether the Respondent committed the violation(s) charged in the Order of Probable Cause. The Respondent will be permitted to testify. However, the Respondent may not call witnesses to testify.

Respondent may argue why the established facts in the Staff Recommendation do not support the violations charged in the Order of Probable Cause. At Respondent's request, the Commission may determine whether Respondent's actions in the case were willful. The Respondent may also address the appropriateness of the recommended fine. If Respondent claims that his limited resources make him unable to pay the statutory fine, he must provide the Commission with written proof of his financial resources at the hearing. A financial affidavit form is available from the Commission Clerk.

FLORIDA ELECTIONS COMMISSION CASE REPORT

Case Number: FEC-19-262

NAME:	FLORIDA HOSPITAL ASSOCIATION PC FOR QUALITY HEALTH CARE
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DATE APPEAL RECEIVED: 04/23/19

DATE REPORT DUE: 09/28/18 (2018 G2A)

DATE OF ELECTRONIC RECEIPT: 04/11/19

CANDIDATE [] STATE [X]
PC [X] DISTRICT []
CCE [] COUNTY []
POLITICAL PARTY [] CITY []
ECO []

Number of Days Late: 195

AMOUNT OF FINE: \$2,125.00

Fine Based on: () Number of Days () 25% of Receipts (X) 25% of Expenditures

TOTAL RECEIPTS FOR REPORTING PERIOD: \$0

TOTAL EXPENDITURES FOR REPORTING PERIOD: \$8,500.00

DATE OF FIRST NOTIFICATION: 04/12/19

SUMMARY: Florida Hospital Association PC for Quality Health Care is a political committee (PC) registered with the State of Florida. The PC's chair is Bruce Rueben and its treasurer is Noreen Fenner. Bucky Mitchell, Esquire, is representing the PC in this matter.

The PC is appealing the fine. According to Bucky Mitchell, Esquire, his client would like to request a hearing before the FEC.

- The 2018 G2A Original Report covers the period from 09/15/18-09/21/18; it was due on 09/28/18.
- The 2018 G2A Queued Transaction Report shows that it was created filed on 09/28/18.¹
- Florida Hospital Association PC for Quality Health Care reported receiving zero contributions, while making 2 expenditures.
- FEC staff was advised, "The committee filed a notice of no activity (waiver) on 09/28/18. A waiver is not a report. On 02/11/19, the committee filed a report showing \$8,500.00 of activity. The fine is based on 25% of the activity.
- The Division of Elections does not have any notes that pertain to Florida Hospital Association PC for Quality Health Care's 2018 G2A report.

PRIOR CASES: 13-269 (AF-NUC Fine Reduced), 13-270(AF- NUC Fine Reduced), 13-271(AF- NUC Fine Reduced)

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¹ The filing discussed in this bullet refers to the waiver that reflected zero activity.

COATES LAW FIRM, PL

ATTORNEYS AT LAW

RICHARD E. COATES
EMMETT MITCHELL, IV

TALLAHASSEE, FLORIDA 3230 [2]
(850) 681-1026 [3]
FAX: (208) 248-9038

VIA U.S. MAIL

April 19, 2019

Mr. Tim Vaccaro
Executive Director
Florida Elections Commission
107 West Gaines Street
The Collins Building, Suite 224
Tallahassee, Florida 32399-1050

RE: Florida Hospital Association PC for Quality Health Care (PAC 60823)

Dear Mr. Vaccaro:

On behalf of my client, *Florida Hospital Association PC for Quality Health Care (FHA)*, I hereby appeal the fine assessed against the entity in the amount of \$2,125.00, and request a hearing before the Commission.

FHA received its assessment letter, attached, from the Division of Elections on April 16, 2019, for a campaign treasurer's report due on September 28, 2018.

Please contact me if you have any questions at (850) 681-1029.

Sincerely,

Bucky Mitchell

cc: Division of Elections



FLORIDA DEPARTMENT OF STATE

Laurel M. Lee Secretary of State

DIVISION OF ELECTIONS

April 12, 2019

Bruce Rueben, Chairperson Florida Hospital Association PC for Quality Health Care 306 East College Avenue Tallahassee, FL 32301-2301

PAC 60823

Dear Mr. Rueben:

The campaign treasurer's report that was due on September 28, 2018, was filed on April 11, 2019. By law, you are automatically assessed a late fine of \$2,125.00.

You have 20 days from the receipt of this notice to either:

Pay the fine to the Florida Division of Elections (For a candidate only, a fine is not an allowable campaign expenditure and must be paid from personal funds) at:

Florida Division of Elections R.A. Gray Building, Room. 316 500 South Bronough Street Tallahassee, Florida 32399-025011

2. Appeal the fine to the Florida Elections Commission (See Rules 2B-1.005 and 2B-1.0055, Florida Administrative Code) at:

Florida Elections Commission 107 West Gaines Street, Ste. 224 Tallahassee, Florida 32399-0150

If you appeal, please send a copy also to the Florida Division of Elections so that you will not receive further notices from the Division about this matter.

If you have any questions, please contact the help desk at (850) 245-6280.

Sincerely,

Kristi Reid Willis, Chief Bureau of Election Records

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FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) Florida Hospital Association PC for Quality Health Care 60823 (2)Candidate, Committe or Party Name I.D. Number 306 East College Avenue 32301 Tallahassee FL Address (number and street) City State Zip Code Check box if address has changed since last report Check appropriate box(es): Candidate (office sought): X Political Committee Check If PC has DISBANDED Committee of Continuous Existance Check If CCE has DISBANDED Party Executive Committee (5) REPORT IDENTIFIERS Cover Period: From 09/15/2018 То 09/21/2018 Report Type: G2A Original Amendment Special Election Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Cash & Checks \$0.00 Monetary Expenditures \$8,500.00 Loans \$0.00 Transfers to Office Account \$0.00 Total Monetary \$0.00 Total Monetary \$8,500.00 In-Kind \$0.00 (8) Other Distributions Certification It is a first degree misdemeanor for any person to falsify a public record (ss.839.13, F.S.) I certify that I have examined this report and it is I certify that I have examined this report and it is true, correct and complete true, correct and complete Treasurer Chaiman (PC/PTY Only Name of Deputy Treasurer Name of Candidate Signature Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

Page 1 of 1

Name: Florida Hospital Association PC for Quality Health Care

Report: 2018 G2A

Period: 09/15/2018

to 09/21/2018

** Records in Filed Report **

Seq#	Full Name (Last, Suffix, First, Middle	Contributor	Occupation	Amount
Date	Street Address & City, State, Zip	Туре	In-Kind Description	Amend
	100			
	20.			

* incomplete Record

Reviewed On: 2/11/19 4:51 pm

Prepared on: 5/9/19 1:29:35PM

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

Page 1 of 1

Name: Florida Hospital Association PC for Quality Health Care

Report: 2018 G2A

Period: 09/15/2018

to 09/21/2018

** Records in Filed Report **

Seq#	Full Name (Last, Suffix, First, Middle	Tuna	During		Amount
Date	Street Address & City, State, Zip	Туре	Purpose	Amend	
1	LET'S WORK TOGETHER	MON	CAMPAIGN CONTRIBUTION		\$3,500.00
09/17/2018	133 SOUTH HARBOR DRIVE VENICE, FL 34285	MOIN	o	ADD	
2	COMMITTEE FOR PROGRESS	MON	CAMPAIGN CONTRIBUTION		\$5,000.00
09/18/2018	120 SOUTH MONROE STREET TALLAHASSEE, FL 32301			ADD	

CAMPAIGN TREASURER'S REPORT - ITEMIZED FUND TRANSFERS

Page 1 of 1

Name: Florida Hospital Association PC for Quality Health Care

Report: 2018 G2A

Period: 09/15/2018

to 09/21/2018

	*:	* Records in Filed	Report **	
Seq# Date	Full Name (Last, Suffix, First, Middle Street Address & City, State, Zip	Туре	Nature of Account	Amount Amend
,				

* incomplete Record

Reviewed On: 2/11/19 4:51 pm

Prepared on: 5/9/19 1:29:35PM

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

Page 1 of 1

Name: Florida

Florida Hospital Association PC for Quality Health Care

Report: 2018 G2A

Period: 09/15/2018

to 09/21/2018

** Records in Filed Report **

Seq#	Full Name (Last, Suffix, First, Middle	Recipient	Purpose	Amount
Date	Street Address & City, State, Zip	Туре	Related Expenditure	Amend
	,			

Queued Items for 2018-G2A

Account: 60823

Florida Hospital Association PC for Quality Health Care

Rpt Seq: 131

ProcessDescription	Status	Submitter	Created	LastUpdate
Create Pending Report	Processing Complete	60823	9/28/2018 10:50:30 AM	9/28/2018 10:50:30 AM
Review Pending Report	Processing Complete	60823	9/28/2018 10:50:33 AM	9/28/2018 10:50:33 AM
File Pending Report	Processing Complete	60823	9/28/2018 10:50:58 AM	9/28/2018 10:50:59 AM
Amend Filed Report	Processing Complete	60823	2/11/2019 4:47:32 PM	2/11/2019 4:47:32 PM
Review Pending Report	Processing Complete	60823	2/11/2019 4:51:33 PM	2/11/2019 4:51:33 PM
File Pending Report	Processing Complete	60823	4/11/2019 10:54:59 AM	4/11/2019 10:54:59 AM



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Florida Department of State - Division of Elections

Florida Election System Reports

C Name:	andidate/Committee Look	kup	Committ		ame: Florida	Hospita	al Assoc	iation PC fo	r Quality He	ealth Care	
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2203		-51	2/11/2019		2/8/2019						
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\$2,150.00



Governor

KEN DETZNER
Secretary of State

August 15, 2013

Bruce Rueben, Chairperson Florida Hospital Association PC for Quality Health Carc 306 East College Avenue Tallahassee, Florida 32301

Dear Mr. Rueben:

This will acknowledge receipt of the Statement of Organization and Appointment of Campaign Treasurer and Designation of Campaign Depository for Florida Hospital Association PC for Quality Health Care, which were placed on file in our office on August 13, 2013. This information appears to comply with the requirements of Section 106.03, Florida Statutes, and the name of this organization has been placed on our active committee list as a political committee that supports both candidates and issues.

Campaign Treasurer's Reports

Your first campaign treasurer's report will be due on **October 10, 2013**. The report will cover the period of July 1, 2013 - September 30, 2013. All political committees that file reports with the Division of Elections are required to file by means of the Division's Electronic Filing System (EFS).

Credentials and Sign-ons

Below is the web address to access the EFS and the committee's user identification number. The enclosed sealed envelope contains the committee's initial password. Once you have logged in using the initial password, you will be immediately prompted to change it to a confidential signon. The chairperson, campaign treasurer, and deputy treasurers are responsible for protecting this password from disclosure and are responsible for all filings using these credentials, unless the Division is notified that your credentials have been compromised.

EFS Website Address: https://efs.dos.state.fl.us

Identification Number: 60823





Mr. Bruce Rueben, Chairperson August 15, 2013 Page Two

Pin Numbers

Pin numbers are confidential secure credentials that allow you to submit reports and update information. The enclosed sealed envelopes contain your confidential pin numbers. By copy of this letter, a confidential pin number to access the EFS was sent to the deputy treasurer.

Each political committee chairperson is required to provide the Division of Elections with confidential personal information that may be used to allow access in the event that the password is forgotten or lost. When you enter the campaign account screen, there will be a drop down box where you pick a question (such as *What is your mother's maiden name?*) and supply an answer. All passwords and answers to questions are stored as encrypted data and cannot be viewed by Division staff and given out over the phone. Please notify the Division if your credentials have been compromised.

Timely Filing

All reports must be completed and filed through the EFS not later than midnight, Eastern Standard Time, of the due date. Reports not filed by midnight, Eastern Standard Time, of the due date are late filed and subject to the penalties in Section 106.07(8), Florida Statutes. In the event that the EFS is inoperable on the due date, the report will be accepted as timely filed if filed no later than midnight, Eastern Standard Time, of the first business day the EFS becomes operable. No fine will be levied during the period the EFS was inoperable.

Any political committee failing to file a report on the designated due date is subject to a fine of \$50 per day for the first 3 days and, thereafter, \$500 per day for each day, not to exceed 25% of the total receipts or expenditures, whichever is greater, for the period covered by the late report. However, for the reports immediately preceding each primary and general election, the fine shall be \$500 per day, not to exceed 25% of the total receipts or expenditures, whichever is greater, for the period covered by the late report.

Electronic Receipts

The person submitting the report on the EFS will be issued an electronic receipt indicating and verifying the report was filed. Each campaign treasurer's report filed by means of the EFS is considered to be under oath by the chairperson and campaign treasurer and such persons are subject to the provisions of Section 106.07(5), Florida Statutes.

Mr. Bruce Rueben, Chairperson August 15, 2013 Page Three

Instructions and Assistance

An online instruction guide is available to you on the EFS to assist with navigation, data entry, and submission of reports. The Division of Elections will also provide assistance to all users by contacting the EFS Help Desk at (850) 245-6280.

All of the Division's publications and reporting forms are available on the Division of Elections' website at http://elections.myflorida.com. It is your responsibility to read, understand, and follow the requirements of Florida's election laws. Therefore, please print a copy of the following documents: Chapter 106, Florida Statutes, 2012 Political Committee Handbook, 2013 Calendar of Reporting Dates, and Rule 1S-2.017, Florida Administrative Code.

Please let me know if you need additional information.

Sincerely,

Kristi Reid Bronson, Chief Bureau of Election Records

KRB/ddb

Enclosures

pc: Mr. William A. Bell, Deputy Treasurer

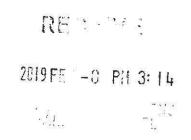
(Sections 106.011(2) and 106.021(1), F.S.)

2019 FF - S PH 3: 14

HAND DELIVERED

CHECK APPROPRIATE BOX:			OFFICE USE ONLY		
Initial Filing of Form Re-filing to Change: Primary Treas	urer Dep	uty Treasurer	Primary/Secondary Depository		
1. Committee or Organization	- 41 1-14 8	2. Telephone			
Florida Hospital Association PC for Quality Health	Care	(850) 222-9	9800		
Name of Treasurer or Deputy Treasurer 4. Email (optional)		5. Telephone (o	ptional)		
Noreen A Fenner noreen@p	acfm.ne	t (850) 212-0	0226		
6. Mailing Address 1103 Hays Street, Tallahassee, Florida 32301					
7. Street Address					
1103 Hays Street, Tallahassee, Florida 323	301				
8. The following bank has been designated as the Prin	nary Depository	Seconda	ry Depository		
9. Name of Bank	10. Street Addr	ess			
SunTrust Bank	215 South Monroe Street				
Tallahassee	29-20	state orida	13. Zip Code 32301		
14. Signature of Charman	15. Name of Ch	nairman (Print or Typ	e)		
* he // leke	Bruce R	Rueben			
Campaign Treasurer's Ac	ceptance of	Appointment			
Noreen A Fenner		or or Brancoccus			
I, (Please Print or Type)		, do hereb	by accept the appointment as		
treasurer or deputy treasurer for Florida Hospital Ass	ociation PC	for Quality Heal	th Care		
(Committee or Orga	anization)			
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HA ACCEPTANCE OF APPOINTMENT AND	VE READ THE	FOREGOING CAMP	PAIGN TREASURER'S RUE.		
a/c/19 X	1				
Date	Signature of Car	mpaign Treasurer or	Deputy Treasurer		





February 8, 2019

HAND DELIVERED

Ms. Kristi Willis Florida Division of Elections Room 316, RA Gray Building 500 South Bronough Street Tallahassee, FL 32399

RE: Florida Hospital Association PC for Quality Health Care

Account Number 60823

Dear Kristi:

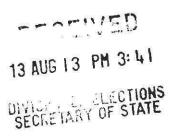
Enclosed are documents to appoint a new Treasurer for the above referenced political committee.

Please let me know if you have any questions or need any additional information.

1)

Noreen A. Fenner

(Sections 106.011(1) and 106.021(1), F.S.)



CHECK APPROPRIATE BOX:	я		OFFICE USE ONLY	
Original Appointment of Treasurer Reappoin	ntment of Treasurer	×	Deputy Treasurer	
1. Committee or Organization		2. Telephone		
Florida Hospital Association PC for Quality Healt	h Care	(850) 222-9	9800	
Name of Treasurer or Deputy Treasurer 4. Email (optional))	5. Telephone (c	pptional)	
William A. Bell billb@fha.org		(850) 222-9	9800	
6. Mailing Address 306 East College Avenue, Tallahassee, FL 32301				
7. Street Address				
306 East College Avenue, Talla	hassee, F	L 32301		
8. The following bank has been designated as the Prince Pr	mary Depository	Seconda	ry Depository	
9. Name of Bank	10. Street Address			
SunTrust Bank	3522 Tho	masville	Road	
11. City	12. State		13. Zip Code	
Tallahassee	FL	9	32309	
14. Signature of Chairman	15. Name of Chair	Si S	e)	
X they cull	Bruce Ru	eben		
Campaign Treasurer's Ac	ceptance of A	ppointment		
Nilliam A. Bell (Please Print or Type)		, do hereb	y accept the appointment as	
treasurer or deputy treasurer for Florida Hospital	Association PC	of for Quality	Health Care	
M 944	(Committee or Organiz	ation)		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I H. ACCEPTANCE OF APPOINTMENT AND				
E/2/13 ×//		1/1/		
Date	Signature of Campa	aign Treasurer or	Deputy Treasurer	

(Sections 106.011(1) and 106.021(1), F.S.)

DS-DE 6 (Rev. 7/10)

13 AUG 13 PH 3: 41

DIVISION OF STATE

CHECK APPROPRIATE BOX:			OFFICE USE ONLY	
Original Appointment of Treasurer Reappoin	ntment of Treasurer		Deputy Treasurer	
1. Committee or Organization		2. Telephone		
Florida Hospital Association PC for Quality Healt	h Care	(850) 222-9	9800	
Name of Treasurer or Deputy Treasurer 4. Email (optional))	5. Telephone (o	ptional)	
Bruce Rueben bruce@fha.org		(850) 222-9	9800	
6. Mailing Address 306 East College Avenue, Tallahassee, FL 32301				
7. Street Address				
306 East College Avenue, Tallahassee, FL 32301				
8. The following bank has been designated as the Primary Depository Secondary Depository				
9. Name of Bank	10. Street Address			
SunTrust Bank	3522 Tho	masville	Road	
11. City	12. State		13. Zip Code	
Tallahassee	FL		32309	
14. Signature of Chairman	15. Name of Chair	27 5.27	e)	
Campaign Treasurer's Ac				
Bruce Rueben	copiance of A		y accept the appointment as	
(Please Print or Type)		, do neieb	y accept the appointment as	
treasurer or deputy treasurer for Florida Hospital	Association PC (Committee or Organization)	200	Health Care .	
		POLICE STATE OF STATE ST		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I H. ACCEPTANCE OF APPOINTMENT AND				
8/3/13 ×/	12 Dance S	5/Ca	reblem	
Date ¹	Signature of Campa	ign Treasurer or I	Deputy Treasurer	

(Sections 106.011(1) and 106.021(1), F.S.)



CHECK APPROPRIATE BOX;			OFFICE USE ONLY
Original Appointment of Treasurer Reappoin	ntment of Treasurer		Deputy Treasurer
Committee or Organization		2. Telephone	- Sa
Florida Hospital Association PC for Quality Healt	h Care	(850) 222-9	9800
Name of Treasurer or Deputy Treasurer 4. Email (optional)	1)	5. Telephone (d	optional)
Rich Rasmussen rich@fha.org		(850) 222-9	9800
6. Mailing Address 306 East College Avenue, Tallahassee, FL 32301			
7. Street Address 306 East College Avenue, Talla	hassee, F	L 32301	
8. The following bank has been designated as the Prin	mary Depository	Seconda Seconda	ry Depository
9. Name of Bank	10. Street Address		
SunTrust Bank	3522 Tho	masville	Road
11. City	12. State		13. Zip Code
Tallahassee	FL		32309
14. Signature of Chairman Mule / Mul	15. Name of Chair Bruce Rue	2002	e)
Campaign Treasurer's Ac	ceptance of A	pointment	
Rich Rasmussen (Please Print or Type)		, do hereb	y accept the appointment as
treasurer or deputy treasurer for Florida Hospital A	Association PC	for Quality	Health Care
	Committee or Organiza		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAT ACCEPTANCE OF APPOINTMENT AND	AYE READ THE FOR	REGOING CAMP	AIGN TREASURER'S
7/19/3 x \$	reliand t	4 Com	uskie)
Date	Signature of Campai	on Treasurer or I	Jenuty Treasurer

RECEIVED STATE

		ME DAR MERI OF STATE	
REGISTERED AGENT STATEMENT OF APPOINTME (Section 106.022, F.S.)	NT	OFFICE USE ONLY 1:55 16 NOV 16 PM 1:55 DIVISION LT LLECTIONS TALLAHASSEE.FL	
☐ Original Appointment			
Change of Mailing Address	ent and Office I	Information	
	Citt and Onioc i		-
Name Bruce J. Rueben		Telephone 850-222-9800	
Street Address		830-222-9000	_
306 East College Avenue			
City Tallahassee	State FL	Zip Code 32301	
Mailing Address 306 East College Avenue			0.1234
City Tallahassee	State FL	Zip Code 32301	
I accept this appointment and confirm that I am forth in Section 106.022 F.S. halso understand statement of resignation and filling it with the appl Signature of Registered Agent	d that I may resign	this appointment by executing a written	
Former Registered Agent a	nd Office Inforr	mation (for changes only)	
Name William Bell		Telephone 850-222-9800	
Street Address 306 E College Ave			
City Tallahassee	State FL	Zip Code 32301	
Committee or	Organization In	nformation	
Name of Committee or Organization Florida Hospital Association PC for	Ouality Health	h Care	
Street Address 306 East College Avenue	Causing Trousin	Telephone 850-222-9800	
City Tallahaseee	State FL	Zip Code 32301	
Signature of Chairperson		1 /	
Duran I Duraha-		11/0/2011	
Bruce J. Rueben		_11/8/1016	
Printed Name of Chairperson		Date /	

REGISTERED AGENT	OFFICE USE ONLY			
STATEMENT OF APPOINTMENT		10 mm on en 55 (T. P.)		
(Section 106.022, F.S.)		04 0:11		
	ļ	13 AUG 13 PM 3: 41		
Original Appointment Change of Appoin	itment	SECRETARY OF STATE		
☐ Change of Mailing Address ☐ Change of Physical	al Address	323		
Registered Ag	ent and O	ffice Information		
Name William A. Bell	Telephone 850-222-9800			
Street Address 306 East College Avenue	¥			
City Tallahassee	State FL	Zip Code 32301		
Mailing Address 306 East College Avenue				
City Tallahassee	State FL	Zip Code 32301		
statement of regignation and filing it with the apply	icable filing o	resign this appointment by executing a written officer. Date		
	nd Office	Information (for changes only)		
Name		Telephone		
Street Address				
City	State	Zip Code		
Committee or Organization Information				
Name of Committee or Organization				
Florida Hospital Association PC for	Quality F	lealth Care		
Street Address 306 East College Avenue	- 4-2-2-3	Telephone 850-222-9800		
City Tallahassee	State FL	Zip Code 32301		
Dure I / Juellen				
Signature of Chairperson				
Box as a Black box as		8/5/13		
Bruce Rueben Printed Name of Chairperson		8 5 1 3 Date		

OFFICE USE ONLY --REGISTERED AGENT STATEMENT OF APPOINTMENT (Section 106.022, F.S.) 13 JUL 23 AM !: 09 ✓ Original Appointment Change of Appointment SECRETARY OF STATE Change of Mailing Address Change of Physical Address Registered Agent and Office Information Name Telephone William A. Bell 850-222-9800 Street Address 306 East College Avenue City State Zip Code Tallahassee FL 32301 Mailing Address 306 East College Avenue State Zip Code FL Tallahassee 32301 I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer. Signature of Registered Agent Date Former Registered Agent and Office Information (for changes only) Name Telephone Street Address City State Zip Code Committee or Organization Information Name of Committee or Organization Florida Hospital Association PC for Quality Health Care Street Address Telephone 306 East College Avenue 850-222-9800 City State Zip Code Tallahassee. 32301 Signature of Chairperson Bruce Rueben **Printed Name of Chairperson** Date

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

13 AUG 13 PM 3:41

DIVIDUE OF ELECTIONS
SECRETARY OF STATE

1. Full Name of Committee

Telephone

Florida Hospital Association PC for Quality Health Care

850-222-9800

Mailing Address (include city, state and zip code)

306 East College Avenue, Tallahassee, FL 32301

Street Address (include city, state and zip code)

306 East College Avenue, Tallahassee, FL 32301

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship		
Florida Hospital Association, Inc.	306 East College Avenue Tallahassee, FL 32301	Connected Trade Association		
Florida Hospital Association PC for Quality Healthy Communities and Florida Hospital Association PC	306 East College Avenue Tallahassee, FL 32301	Affiliated		

3. Area, Scope and Jurisdiction of the Committee

To make contributions to legislative, multi-county and local candidates, candidate and issue political committees, political parties, electioneering communications organizations and to other entities to the extent not otherwise prohibited by law.

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

Health Care

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position		
Bruce Rueben	306 East College Avenue Tallahassee, FL 32301	Treasurer		

	ınd Position, Other Principal (ny (include chairman's name)		and Members of the	
Full Name	Mailing Addr	ress Co	Committee Title or Position	
Bruce Rueben William A. Bell	306 East College Avenue Tallahassee, FL 32301 306 East College Avenue Tallahassee, FL 32301	500 AN TOP AND	Chairman & Treasurer Deputy Treasurer	
	Office Sought and Party Affilia g (if none, please indicate)	ation Each Candidate or Ot	her Individual that this	
Full Name	Mailing Address			
To be determined		0 U		
8. List Any Issues this Cor	nmittee is Supporting: To be	determined		
List Any Issues this Committee is Opposing: To be determined				
9. If this Committee is Sup N/a	porting the Entire Ticket of a	Party, Give Name of Party		
Security of Security and the security and the	tion, What Disposition will be ributed to an IRC 527 entity	Made of Residual Funds?		
11. List all Banks, Safety D	eposit Boxes, or Other Depos	sitories Used for Committee	Funds	
Name of Bank or Depo	sitory & Account Number	Mailing	Address	
SunTrust Bank Account No. To be determined		3522 Thomasville Road Tallahassee, FL 32309		
12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any				
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address	
IRS 8871	Upon Creation	IRS	Ogden, UT 84201	
STATE OF Florida		Leon	COUNTY	
	_	<u>Leon</u> , certify that the information	COUNTY	

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE HAND DELIVERED

OFFICE USE ONLY

- - - - D

(PLEASE TYPE)

13 JUL 23 AM 11:08

1. Full Name of Committee

SECTETION STATE

Florida Hospital Association PC for Quality Health Care

850-222-9800

Mailing Address (include city, state and zip code)

306 East College Avenue, Tallahassee, FL 32301

Street Address (include city, state and zip code)

306 East College Avenue, Tallahassee, FL 32301

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship	
Florida Hospital Association, Inc.	306 East College Avenue Tallahassee, FL 32301	Connected Trade Association	
Florida Hospital Association PC for Quality Healthy Communities and Florida Hospital Association PC	306 East College Avenue Tallahassee, FL 32301	Affiliated	

3. Area, Scope and Jurisdiction of the Committee

Statewide: To make contributions to candidates, political committees, political parties, electioneering communications and to other entities to the extent not otherwise prohibited by law.

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

Health Care

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
Rich Rasmussen	306 East College Avenue Tallahassee, FL 32301	Treasurer

7000 91000				
	and Position, Other Principal (ny (include chairman's name)		ficers ar	nd Members of the
Full Name	Mailing Addr	ress	Committee Title or Position	
Bruce Rueben	306 East College Avenue Tallahassee, FL 32301 306 East College Avenue		Chairman	
Rich Rasmussen	Tallahassee, FL 32301	9	Treasur	er
	Office Sought and Party Affili g (if none, please indicate)	ation Each Candidate	or Othe	er Individual that this
Full Name	Mailing Address	Mailing Address Office Sought		Party
To be determined				
8. List Any Issues this Cor	nmittee is Supporting: None	at this time		
List Any Issues this Cor		at this time		
9. If this Committee is Sup N/a	porting the Entire Ticket of a	Party, Give Name of I	Party	
	tion, What Disposition will be ributed to an IRC 527 entity	Made of Residual Fu	nds?	
11. List all Banks, Safety 🛭	Deposit Boxes, or Other Depos	sitories Used for Com	nmittee F	unds
Name of Bank or Depo	sitory & Account Number		Mailing A	Address
and the state of t		3522 Thomasville Road Tallahassee, FL 32309		
12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any				
Report Title	Dates Required to be Filed	Name & Position of 0	Official	Mailing Address
IRS 8871	Upon Creation	IRS		Ogden, UT 84201
STATE OF Florida	<u>+</u>	Leon		COUNTY
I, Bruce Rueben , certify that the information in this Statement of				
Organization is complete, true and correct.				
X June 1	Krehe_		7/	19/13
Signature of C	hairman of Political Committee		•	Date