

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084320	2 Total pages filed: 33				
3 COMMITTEE NAME Ardent Legacy Holdings LLC Good Government Fund			OFFICE USE ONLY				
			Date Received ELECTRONICALLY FILED 03/05/2024				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 340 Seven Springs Way Suite 100 Brentwood, TN 37027						
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mrs. Ashley M.			Date Hand-delivered or Date Postmarked				
NICKNAME LAST SUFFIX Crabtree			Receipt # Amount				
			Date Processed				
			Date Imaged				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 340 Seven Springs Way Suite 100 Brentwood, TN 37027						
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 340 Seven Springs Way Suite 100 Brentwood, TN 37027						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(615)	296-3202					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input checked="" type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	26	2024		02	25	2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Ardent Legacy Holdings LLC Good Government Fund	13 Filer ID (Ethics Commission Filers) 00084320
-----------------------------------------------------------------------------	-----------------------------------------------------------

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 63,451.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 333,887.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Ashley M. Crabtree

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME Ardent Legacy Holdings LLC Good Government Fund		18 Filer ID (Ethics Commission Filers) 00084320
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	63,451.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
10. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	1,231.47

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/29 Rpt: 4/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abreu, John (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pocatello, ID 83204	
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Portneuf Medical Center
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Lisa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Topeka, KS 66610	
Principal occupation / Job title (See Instructions) Assistant Vice President - Nursing		Employer (See Instructions) AHS Management Company, Inc.
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allusson, Valerie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Montclair, NJ 07043	
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) Hackensack Meridian Mountainside
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Paula (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Chief Strategy and Development		Employer (See Instructions) UT Health East Texas
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldrige, Dava (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Claremore, OK 74017	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hillcrest Hospital Claremore

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/29 Rpt: 5/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barlow, Carol (Ms.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code Tulsa, OK 74152	
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Bailey Medical Center
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batchelor, Teresa (Ms.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Lawrence, KS 66049	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) UK Health System - St. Francis
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bateman, Bryan (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Physicians Surgical Hospitals
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanton, James (Mr.)	Amount of Contribution (\$) \$375.00
	Contributor address; City; State; Zip Code Bullard, TX 75757	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) UT Health East Texas Rehab Hospital
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blasing, Amy (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Albuquerque, NM 87114	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lovelace Womens Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/29 Rpt: 6/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botros, Jessica (Ms.)	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code Frisco, TX 75035	
8 Principal occupation / Job title (See Instructions) Vice President - IT		9 Employer (See Instructions) AHS Management Company, Inc.
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Lecia (Ms.)	Amount of Contribution (\$) \$351.00
	Contributor address; City; State; Zip Code Bullard, TX 75757	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) UT Health Tyler
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burda, Todd (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Saylorsburg, PA 18353	
Principal occupation / Job title (See Instructions) Vice President - Operations		Employer (See Instructions) AHS Management Company, Inc.
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burden, Jennifer (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Nashville, TN 37216	
Principal occupation / Job title (See Instructions) Vice President - Human Resources		Employer (See Instructions) AHS Management Company, Inc.
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Jon (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Amarillo, TX 79124	
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) BSA Health System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/29 Rpt: 7/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byers, David (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Nashville, TN 37215	
8 Principal occupation / Job title (See Instructions) SVP & Chief Accounting Officer		9 Employer (See Instructions) AHS Management Company, Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Judith (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37206	
Principal occupation / Job title (See Instructions) Director of Community & Government Relations		Employer (See Instructions) AHS Management Company, Inc.
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Shanna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Gatesville, TX 76528	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Seton Medical Center Harker Heights
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Scott (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Topeka, KS 66604	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UK Health System - St. Francis
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Nathan (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pocatello, ID 83201	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Portneuf Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/29 Rpt: 8/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cayo, Guy (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Daingerfield, TX 75638	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) UT Health Pittsburg
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Glen (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) UT Health Tyler
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Jimmy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) UT Health Tyler
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Kelly (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Collinsville, OK 74021	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hillcrest Hospital South
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Charles (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37203	
Principal occupation / Job title (See Instructions) Vice President - Supply Chain		Employer (See Instructions) AHS Management Company, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/29 Rpt: 9/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Correll, Bodie (Dr.)	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code Belton, TX 76513	
8 Principal occupation / Job title (See Instructions) Chief Medical Officer		9 Employer (See Instructions) Seton Harker Heights
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Dave (Mr.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Murfreesboro, TN 37129	
Principal occupation / Job title (See Instructions) Vice President - Tax		Employer (See Instructions) AHS Management Company, Inc.
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crabtree, Ashley (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Nashville, TN 37215	
Principal occupation / Job title (See Instructions) SVP & Treasurer		Employer (See Instructions) AHS Management Company, Inc.
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Michael (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Amarillo, TX 79119	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) BSA Health System
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Buddy (Mr.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Athens, TX 75751	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health Athens

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/29 Rpt: 10/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Kristen <hr/> 6 Contributor address; City; State; Zip Code Parkland, FL 33076	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Vice President - Hospital Operations/Service Lines		9 Employer (See Instructions) AHS Management Company, Inc.
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeMourdaunt, Jeff (Mr.) <hr/> Contributor address; City; State; Zip Code Franklin, TN 37069	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Vice President - Human Resources		Employer (See Instructions) AHS Management Company, Inc.
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSchryver, Joseph (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Americas Region
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dietze, Zach (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health Tyler
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Leah (Ms.) <hr/> Contributor address; City; State; Zip Code Palestine, TX 75803	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) UT Health East Texas Physicians

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/29 Rpt: 11/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Lisa (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Louisville, KY 40220	
8 Principal occupation / Job title (See Instructions) Chief Nursing Officer		9 Employer (See Instructions) AHS Management Company, Inc.
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donegan, Stacey (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37221	
Principal occupation / Job title (See Instructions) Senior Vice President - Risk Management		Employer (See Instructions) AHS Management Company, Inc.
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunbar, Cole (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79119	
Principal occupation / Job title (See Instructions) Associate Administrator		Employer (See Instructions) BSA Health System
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaton, Eric (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Owasso, OK 74055	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Hillcrest Hospital Henryetta
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egizio, Christopher (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Liberty Hill, TX 78642	
Principal occupation / Job title (See Instructions) Vice President - Operations		Employer (See Instructions) Seton Medical Center Harker Heights

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/29 Rpt: 12/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elrod, Ben (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Nashville, TN 37205	
8 Principal occupation / Job title (See Instructions) Vice President - Human Resources		9 Employer (See Instructions) AHS Management Company, Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escandon, Christy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Roswell, NM 88201	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Lovelace Regional Hospital
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faldetta, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Brentwood, TN 37027	
Principal occupation / Job title (See Instructions) Vice President - Legal		Employer (See Instructions) AHS Management Company, Inc.
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Nikki (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bixby, OK 74008	
Principal occupation / Job title (See Instructions) Vice President - Human Resources		Employer (See Instructions) AHS Management Company, Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastineau, Trent (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tulsa, OK 74136	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Tulsa Spine and Specialty Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/29 Rpt: 13/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatlin, Lance (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Amarillo, TX 79124	
8 Principal occupation / Job title (See Instructions) Senior Vice President		9 Employer (See Instructions) BSA Physicians Group
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geister, Bennett (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tulsa, OK 74133	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Hillcrest Hospital South
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Cynthia (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Athens, TX 75851	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Lovelace Medical Center
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Sam (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sand Springs, OK 74063	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Tulsa Spine and Specialty Hospital
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Troy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corrales, NM 87048	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lovelace Health System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/29 Rpt: 14/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Kevin (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Tulsa, OK 74137	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Hillcrest HealthCare System
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hackney, Ernest (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75701	
Principal occupation / Job title (See Instructions) Assistant VP - Operations Support		Employer (See Instructions) UT Health Tyler
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haithcoat, Jeffrey (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37215	
Principal occupation / Job title (See Instructions) Vice President - M&A		Employer (See Instructions) Vaco, Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haithcoat, Rachel (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37215	
Principal occupation / Job title (See Instructions) Vice President - Development		Employer (See Instructions) AHS Management Company, Inc.
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, DeLeigh (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rusk, TX 75785	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health Jacksonville

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/29 Rpt: 15/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, DeLeigh (Ms.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Rusk, TX 75785	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) UT Health Jacksonville
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamlet, Nathan (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Franklin, TN 37064	
Principal occupation / Job title (See Instructions) Vice President - Physician Operations		Employer (See Instructions) AHS Management Company, Inc.
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Joanne (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Chapel Hill, TN 37034	
Principal occupation / Job title (See Instructions) Chief Quality Officer		Employer (See Instructions) AHS Management Company, Inc.
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Coby (Mr.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Harker Heights, TX 76548	
Principal occupation / Job title (See Instructions) Vice President - Physician Services		Employer (See Instructions) Wellstone Physician Partners
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helveston, Susan (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions) Vice President - Case Management		Employer (See Instructions) AHS Management Company, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/29 Rpt: 16/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herget, Jordan (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pocatello, ID 83201	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Portneuf Medical Center
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, G. Todd (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Flint, TX 75762	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health East Texas Physicians
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley, Brenda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Albuquerque, NM 87122	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Lovelace Womens Hospital
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, Rebecca (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Thompsons Station, TN 37179	
Principal occupation / Job title (See Instructions) Vice President - Supply Chain		Employer (See Instructions) AHS Management Company, Inc.
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Terri (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mount Juliet, TN 37122	
Principal occupation / Job title (See Instructions) Vice President - Human Resources		Employer (See Instructions) AHS Management Company, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/29 Rpt: 17/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Todd (Mr.)	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code Franklin Lakes, NJ 07417	
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Hackensack Meridian Mountainside
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurley, Rebecca (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75209	
Principal occupation / Job title (See Instructions) Chief Development Counsel		Employer (See Instructions) AHS Management Company, Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchison, Meghann (Ms.)	Amount of Contribution (\$) \$360.00
	Contributor address; City; State; Zip Code Edgewood, NM 87015	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Lovelace Womens Hospital/Lovelace Regional Hospital
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerome, Joshua (Mr.)	Amount of Contribution (\$) \$351.00
	Contributor address; City; State; Zip Code Edgewater, NJ 07020	
Principal occupation / Job title (See Instructions) Assistant Administrator		Employer (See Instructions) Hackensack Meridian Mountainside
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Derrick (Mr.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Albuquerque, NM 87122	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lovelace Westside Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/29 Rpt: 18/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jason (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Claremore, OK 74017	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Hillcrest Hospital Claremore
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Richard (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Franklin, TN 37067	
Principal occupation / Job title (See Instructions) SVP and Chief Information Officer		Employer (See Instructions) AHS Management Company, Inc.
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Abigail (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Albuquerque, NM 87122	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Lovelace Medical Center
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinney, Jeff (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corrales, NM 87048	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Lovelace Womens Hospital
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkham, Rebecca (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37212	
Principal occupation / Job title (See Instructions) Vice President - Communications		Employer (See Instructions) AHS Management Company, Inc.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/29 Rpt: 19/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Wesley (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bullard, TX 75757	
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) UT Health Athens
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Vicki (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Goshen, AL 36035	
Principal occupation / Job title (See Instructions) Vice President - Quality		Employer (See Instructions) AHS Management Company, Inc.
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroplin, Matthew (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37221	
Principal occupation / Job title (See Instructions) Vice President - Legal		Employer (See Instructions) AHS Management Company, Inc.
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueker, Michael (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Albuquerque, NM 87113	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lovelace Medical Group
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamanteer, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75709	
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) UT Health East Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/29 Rpt: 20/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasson, Scott (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Owasso, OK 74055	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Bailey Medical Center
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laster, Nancy (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Placitas, NM 87043	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Lovelace Westside Hospital
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latibeaudiere, Jorge (Mr.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) UT Health Henderson
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Debra (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Wills Point, TX 75169	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) UT Health East Texas Physicians
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leitner, Mark (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Henderson, TX 75654	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health Henderson

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/29 Rpt: 21/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linville, Tom (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Clarksville, TN 37042	
8 Principal occupation / Job title (See Instructions) Vice President - IT		9 Employer (See Instructions) AHS Management Company, Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maes, Matthew (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Albuquerque, NM 87122	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Lovelace Westside Hospital/Lovelace Rehab Hospital
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Stacie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37206	
Principal occupation / Job title (See Instructions) Vice President - Internal Audit		Employer (See Instructions) AHS Management Company, Inc.
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann , Sandra (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Santa Fe, NM 87505	
Principal occupation / Job title (See Instructions) Vice President - Legal		Employer (See Instructions) AHS Management Company, Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Michael (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Brentwood, TN 37027	
Principal occupation / Job title (See Instructions) Senior VP - Physician Services		Employer (See Instructions) AHS Management Company, Inc.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/29 Rpt: 22/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattox, Adam (Mr.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code Nashville, TN 37215	
8 Principal occupation / Job title (See Instructions) Vice President - Supply Chain		9 Employer (See Instructions) AHS Management Company, Inc.
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Stephen (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Nashville, TN 37215	
Principal occupation / Job title (See Instructions) Vice President - Strategy		Employer (See Instructions) AHS Management Company, Inc.
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayben, Casey (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Pittsburg, TX 75686	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) UT Health Pittsburg
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPherson, Valarie (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Montville, NJ 07045	
Principal occupation / Job title (See Instructions) Chief Operating Officer/Chief Nursing Officer		Employer (See Instructions) Hackensack Meridian Mountainside
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Brian (Mr.)	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Albuquerque, NM 87120	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lovelace Medical Center/Heart Hospital at LMC

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/29 Rpt: 23/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miner, Timothy (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Franklin, TN 37067	
8 Principal occupation / Job title (See Instructions) Vice President - Reimbursement		9 Employer (See Instructions) AHS Management Company, Inc.
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudd, Brandon (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tulsa, OK 74137	
Principal occupation / Job title (See Instructions) CFO and COO		Employer (See Instructions) Utica Park Clinic and Oklahoma Physicians Group
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nedry, Jon (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Franklin, TN 37064	
Principal occupation / Job title (See Instructions) Vice President - Consumer, Brand Identity & Creative Service		Employer (See Instructions) AHS Management Company, Inc.
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Meredith (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79119	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) BSA Health System
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Tiara (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37212	
Principal occupation / Job title (See Instructions) Vice President - System Integration		Employer (See Instructions) AHS Management Company, Inc.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/29 Rpt: 24/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nir, Sharon (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Albuquerque, NM 87122	
8 Principal occupation / Job title (See Instructions) Vice President - Patient Access Optimization		9 Employer (See Instructions) AHS Management Company, Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Timothy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Montclair, NJ 07042	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Hackensack Meridian Mountainside
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivier, S. Mathew (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37221	
Principal occupation / Job title (See Instructions) Vice President - Physician Services		Employer (See Instructions) AHS Management Company, Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettes, Serena (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rio Rancho, NM 87144	
Principal occupation / Job title (See Instructions) Vice President - Consumer Experience		Employer (See Instructions) AHS Management Company, Inc.
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettes, Serena (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rio Rancho, NM 87144	
Principal occupation / Job title (See Instructions) Vice President - Consumer Experience		Employer (See Instructions) AHS Management Company, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/29 Rpt: 25/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pippin, Shawna (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Owasso , OK 74073	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Chief Nursing Officer		9 Employer (See Instructions) Bailey Medical Center
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pippin, Shawna (Ms.) <hr/> Contributor address; City; State; Zip Code Owasso, OK 74073	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Bailey Medical Center
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, James (Mr.) <hr/> Contributor address; City; State; Zip Code Broken Arrow, OK 74011	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Hillcrest Hospital South
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Christina (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) UT Health Jacksonville
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reitmaier, Alice (Ms.) <hr/> Contributor address; City; State; Zip Code Nashville, TN 37204	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Vice President - Human Resources		Employer (See Instructions) AHS Management Company, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/29 Rpt: 26/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardt, Matthew (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Spring Hill, TN 37174	
8 Principal occupation / Job title (See Instructions) Vice President - IT		9 Employer (See Instructions) AHS Management Company, Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ridlen, Bob (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Downers Grove, IL 60515	
Principal occupation / Job title (See Instructions) Vice President - Development		Employer (See Instructions) AHS Management Company, Inc.
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Justin (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Vice President - Consumer Data & Technology		Employer (See Instructions) AHS Management Company, Inc.
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rote, Katherine (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37210	
Principal occupation / Job title (See Instructions) Vice President - Accounting		Employer (See Instructions) AHS Management Company, Inc.
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Vesta (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corrales, NM 87048	
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) Lovelace Health System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/29 Rpt: 27/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schell, Jonathan (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Tulsa, OK 74136	
8 Principal occupation / Job title (See Instructions) CEO and CNO		9 Employer (See Instructions) Hillcrest Hospital Cushing
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Secor, April (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Henryetta, OK 74437	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hillcrest Hospital Henryetta
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Secor, R. Wyatt (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Henryetta, OK 74437	
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self-Employed
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shacklett, Shawna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mineola, TX 75773	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) UT Health Quitman
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaiffer, Mandy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Belton, TX 76513	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Seton Medical Center Harker Heights

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/29 Rpt: 28/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirilla, Nicholas (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Roswell, NM 88201	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Lovelace Regional Hospital
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaten, Jeff (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tulsa, OK 74133	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hillcrest Hospital Cushing
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jared (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mineola, TX 75773	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health Quitman
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Chandler, TX 75758	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health East Texas EMS/Air One
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Reed (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Thompsons Station, TN 37179	
Principal occupation / Job title (See Instructions) Chief Consumer Officer		Employer (See Instructions) AHS Management Company, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/29 Rpt: 29/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sneed, Guy (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Tulsa, OK 74104	
8 Principal occupation / Job title (See Instructions) Chief Medical Officer		9 Employer (See Instructions) Hillcrest HealthCare System
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snider, Kaitlin (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tulsa, OK 74105	
Principal occupation / Job title (See Instructions) Vice President - Consumer Engagement		Employer (See Instructions) AHS Management Company, Inc.
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Elizabeth (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sapulpa, OK 74066	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Tulsa Spine and Specialty Hospital
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stutzman, Ben (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pryor, OK 74361	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hillcrest Hospital Pryor
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swindle, Patrick (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Belton, TX 76513	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Seton Medical Center Harker Heights

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/29 Rpt: 30/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Takacs, Susan (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Topeka, KS 66604	
8 Principal occupation / Job title (See Instructions) Chief Operating Officer		9 Employer (See Instructions) UK Health System - St. Francis
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Rob (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mount Pleasant, TX 75455	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) UT Health Quitman
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trosper, Greg (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Shelley, ID 83274	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Portneuf Medical Center
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Kerkhove, Sean (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37221	
Principal occupation / Job title (See Instructions) Vice President - Physician Services		Employer (See Instructions) AHS Management Company, Inc.
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Xavier (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bixby, OK 74008	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Hillcrest Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/29 Rpt: 31/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Richard (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Westlake, FL 33470	
8 Principal occupation / Job title (See Instructions) Vice President - Revenue Cycle		9 Employer (See Instructions) AHS Management Company, Inc.
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitton, Jeff (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Marietta, GA 30064	
Principal occupation / Job title (See Instructions) Vice President - Physician Services		Employer (See Instructions) UK Health System - St. Francis
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, David (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Athens, TX 75751	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) UT Health Jacksonville
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Sheryl (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79119	
Principal occupation / Job title (See Instructions) Medical Director - Quality		Employer (See Instructions) BSA Health System
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilmore, Robert (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Albuquerque, NM 87120	
Principal occupation / Job title (See Instructions) Vice President - Accounting		Employer (See Instructions) AHS Management Company, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/29 Rpt: 32/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Preshie (Ms.)	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code Bristow, OK 74010	
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Hillcrest Hospital South
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winnett, Doug (Mr.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Brentwood, TN 37027	
Principal occupation / Job title (See Instructions) Vice President - Revenue & Analytics		Employer (See Instructions) AHS Management Company, Inc.
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yost, Carla (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Jenks, OK 74037	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hillcrest Medical Center
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zbar, Denise (Ms.)	Amount of Contribution (\$) \$355.00
	Contributor address; City; State; Zip Code Franklin Lakes, NJ 07417	
Principal occupation / Job title (See Instructions) Vice President - Physician Practices		Employer (See Instructions) MPV NJ MD Services

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 33/33
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/31/2024	5 Name of person from whom amount is received Bank of America, N.A. <hr/> 6 Address of person from whom amount is received; City; State; Zip Code Atlanta, GA 30308	8 Amount (\$) \$1,231.47
7 Purpose for which amount is received Interest		<input type="checkbox"/> Check if political contribution returned to filer