FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084320 3 COMMITTEE NAME **OFFICE USE ONLY** Ardent Legacy Holdings LLC Good Government Fund Date Received **ELECTRONICALLY FILED** 04/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 340 Seven Springs Way Suite 100 Change of Address Brentwood, TN 37027 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mrs. Ashley M. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Crabtree CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 340 Seven Springs Way STREET **ADDRESS** Suite 100 (Residence or Business) Brentwood, TN 37027 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 340 Seven Springs Way MAILING **ADDRESS** Suite 100 Change of Address Brentwood, TN 37027 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (615) 296-3202 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 X April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 02/26/2024 03/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 File	r ID	(Ethics Commission Filers)
Ardent Legacy Holdings LLC Good Government Fund 000					
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Cole He	fner State Re	presen	tative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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.)				
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER TO DR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	HAN	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS OGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$	3,951.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	10,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	ONTRIBUTIONS MAINTAINED AS OF THE PERIOD	E LAST DAY	\$	329,157.27
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING LOANS REPORTING PERIOD	AS OF THE	\$	0.00
6 AFFIDAVIT	<u>'</u>				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information i		
		Mrs.	Ashley M. Cr	abtree	
			re of Campaign		er
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	oed before me, by the said		, this the _		day
of	, 20, to certify \	which, witness my hand and seal of office.			
0:	destricted - 1	Deligated growns of 100	_··	-£ 600	dustratus - 1
Signature of officer	administering oath	Printed name of officer administering oath	Title	OI OTTICE	er administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

				ı	Page 3 of 10
L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Ardent Legacy Holdings L	LC Good Governmer	nt Fund		0008432	0
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Jay Dean State	Representati	ve
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Cody Harris Sta	te Represent	ative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Trent Ashby Sta	ate Represent	ative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 4 of 10 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Ardent Legacy Holdings LLC Good Government Fund 00084320 14 COMMITTEE 1. Candidates A. Supported The Honorable John Smithee State Representative ACTIVITY (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

	5 of 10				
17 COMMITTEE NAME 18 Filer ID				(Ethics Commission	n Filers)
Ard	Ardent Legacy Holdings LLC Good Government Fund 00084320				ŕ
19 SC	HEDULI				
NA	ME OF		SUBTOTAL A	MOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,951.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	10,000.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	1,318.71

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUI	LE A1
	The Instru	he Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 1/2 Rpt: 6/10		
2	FILER NAME		and Francis		3	Filer ID (Ethics Commission	on Filers)
	Ardent Lega	cy Holdings LLC Good Govern	ment Fund —			00084320	
4	Date 02/26/2024	5 Full name of contributor [Baker, Donald (Mr.) 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$2,000.00
		Tyler, TX 75709					
8		pation / Job title (See Instructions)	9	1 7 (()		
	Chief Execut	tive Officer		UT Health East Texas			
	Date 02/26/2024	Full name of contributor [Brooks, Jerome (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$350.00
		Amarillo, TX 79121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief Operat	ting Officer		BSA Health System			
	Date 02/26/2024	Full name of contributor [Burton, Carol (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$500.00
		Nashville, TN 37205					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Vice Preside	nt - Physician & Provider Relat	tions	AHS Management Com	pa	ny, Inc.	
	Date 02/26/2024	Full name of contributor Lin, George (Dr.) Contributor address; City; Sta Township of Washington, N				Amount of Contribution (\$)	\$400.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Chief Medica	al Officer		Hackensack Meridian Pa	aso	ack Valley	
	Date 02/26/2024	Full name of contributor Mendoza, Joseph (Mr.) Contributor address; City; Sta Jenks, OK 74037	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$351.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Chief Financ			Hillcrest Medical Center			
			<u>'</u>				

MON	ETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Ir	truction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 7/10
2 FILER I	ME	3 Filer ID (Ethics Commission Filers)
Ardent	egacy Holdings LLC Good Government Fund	00084320
4 Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/26/2	Uhde, Jessee (Mr.)	\$350.00
	6 Contributor address; City; State; Zip Code Nolensville, TN 37135	
8 Principa	occupation / Job title (See Instructions) 9 Employer (See Instructions)	nns)
	sident - Urgent Care AHS Management Co	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/2 Rpt: 8/10	Ardent Legacy Holdings LLC Good Government Fund 00084320				
4 Date	5 Payee name				
02/28/2024	Cody Harris for State Representative				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	1007 North Mallard Street				
Expenditure from	Palastina TV 75901				
corporate funds	Palestine, TX 75801				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	nonfederal contribution				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experiulture to beliefit C/Oi					
Date	Payee name				
02/28/2024	Cole Hefner for State Representative				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	P.O. Box 167				
Ψ1,000.00	1.O. BOX 107				
Expenditure from					
corporate funds	Mount Pleasant, TX 75456				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
EXI ENDITORE	Candidate/Officeholder/Political Committee				
	nonfederal contribution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	1				
Date	Payee name				
02/28/2024	Federation of American Hospitals PAC				
Amount (\$)	Payee address; City; State; Zip Code				
\$5,000.00	750 9th Street NW, Suite 600				
Expenditure from					
corporate funds	Washington, DC 20001				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Candidate/Officeholder/Political Committee				
	association contribution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	expenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:				
Sch: 2/2 Rpt: 9/10	2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund 3 Filer ID (Ethics Commission Filers) 00084320			
4 Date	5 Payee name			
02/28/2024	Jay Dean for Texas			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	3822 Holly Ridge			
Expenditure from corporate funds	Longview, TX 75605			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXPENDITORE	Candidate/Officeholder/Political Committee			
	nonfederal contribution			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
02/28/2024	John Smithee Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	320 South Polk			
Ψ2,000.00	Suite 920			
Expenditure from				
corporate funds	Amarillo, TX 79101			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee			
	Homederal Continuution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
02/28/2024	Texans for Trent Ashby			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	P.O. Box 412			
, -, - : -, - : - : - : - : - : - : - :				
Expenditure from corporate funds	Lufkin, TX 75902			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
Di Libiloit	Candidate/Officeholder/Political Committee			
	nonfederal contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experiulture to beliefit C/Off				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ardent Legacy Holdings LLC Good Government Fund 00084320 5 Name of person from whom amount is received 8 Amount (\$) 02/29/2024 Bank of America, N.A. \$1,318.71 6 Address of person from whom amount is received; City; State; Zip Code Atlanta, GA 30308 Purpose for which amount is received Check if political contribution returned to filer Interest