

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
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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)	\$ 23,821.00
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	\$ 344,404.25
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	\$ 23,821.00
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	\$ 1,218.87

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/12
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Lisa (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Topeka, KS 66610	
8 Principal occupation / Job title (See Instructions) Assistant Chief Nursing Officer		9 Employer (See Instructions) AHS Management Company, Inc.
Date 01/21/2025	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 01/22/2025	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
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bateman, Bryan (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) BSA Health System
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beard, Mary (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37215	
Principal occupation / Job title (See Instructions) Vice President - Legal		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: 2/8 Rpt: 5/12
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonick, Martin (Mr.)	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Brentwood, TN 37027	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) AHS Management Company, Inc.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botros, Jessica (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Vice President - Technology & Consumer Services		Employer (See Instructions) AHS Management Company, Inc.
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Carol (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Nashville, TN 37205	
Principal occupation / Job title (See Instructions) Vice President - Physician & Provider Relations		Employer (See Instructions) AHS Management Company, Inc.
Date 01/21/2025	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 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Kristen (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Brentwood, TN 37027	
Principal occupation / Job title (See Instructions) Vice President - Hospital Operations/Service Lines		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: 3/8 Rpt: 6/12
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeMourdaunt, Jeff (Mr.)	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code Franklin, TN 37069	
8 Principal occupation / Job title (See Instructions) Vice President - Human Resources		9 Employer (See Instructions) AHS Management Company, Inc.
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Lisa (Ms.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Louisville, KY 40220	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) AHS Management Company, Inc.
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faldetta, John (Mr.)	Amount of Contribution (\$) \$350.00
	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 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Nikki (Ms.)	Amount of Contribution (\$) \$350.00
	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 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastineau, Trent (Mr.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Tulsa, OK 74136	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Tulsa Spine & Specialty Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/12
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/21/2025	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 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hennum, Laura (Ms.)	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 Hospital South
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerome, Joshua (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edgewater, NJ 07020	
Principal occupation / Job title (See Instructions) Assistant Administrator		Employer (See Instructions) Hackensack Meridian Mountainside
Date 01/21/2025	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 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Debra (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75701	
Principal occupation / Job title (See Instructions) Chief Financial 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: 5/8 Rpt: 8/12
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPherson, Valarie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Montville, NJ 07045	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Chief Operating Officer		9 Employer (See Instructions) Hackensack Meridian Mountainside
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Brian (Mr.) <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87120	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lovelace Medical Center/Heart Hospital at LMC
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miner, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code Franklin, TN 37067	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Vice President - Reimbursement		Employer (See Instructions) AHS Management Company, Inc.
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Meredith (Ms.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) BSA Health System
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code Montclair, NJ 07042	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Hackensack Meridian Mountainside

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/12
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petrovich, Stephen (Mr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Brentwood, TN 37027	
8 Principal occupation / Job title (See Instructions) Chief Legal Officer		9 Employer (See Instructions) AHS Management Company, Inc.
Date 01/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettes, Serena (Ms.)	Amount of Contribution (\$) \$360.00
	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 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Christina (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) UT Health Jacksonville
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schell, Jonathan (Mr.)	Amount of Contribution (\$) \$800.00
	Contributor address; City; State; Zip Code Tulsa, OK 74132	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Hillcrest Hospital Cushing
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, David (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Brentwood, TN 37027	
Principal occupation / Job title (See Instructions) President - Hospital Operations		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: 7/8 Rpt: 10/12
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Secor, April (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Henryetta, OK 74437	
8 Principal occupation / Job title (See Instructions) Chief Nursing Officer		9 Employer (See Instructions) Hillcrest Hospital Henryetta
Date 01/21/2025	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 01/23/2025	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 01/21/2025	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.
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sneed, Guy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tulsa, OK 74104	
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) Hillcrest HealthCare System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/12
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stutzman, Ben (Mr.)	7 Amount of Contribution (\$) \$351.00
6 Contributor address; City; State; Zip Code Pryor, OK 74361		
8 Principal occupation / Job title (See Instructions) Chief Nursing Officer		9 Employer (See Instructions) Hillcrest Hospital Pryor
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Beth (Ms.)	Amount of Contribution (\$) \$350.00
Contributor address; City; State; Zip Code Jenks, OK 74037		
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Oklahoma Physicians/Utica Park Clinic
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitton, Jeff (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Marietta, GA 30064		
Principal occupation / Job title (See Instructions) Vice President - Physician Services		Employer (See Instructions) UK Physician - Topeka

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: 12/12
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 12/31/2024	5 Name of person from whom amount is received Bank of America, N.A.	8 Amount (\$) \$1,218.87
	6 Address of person from whom amount is received; City; State; Zip Code Atlanta, GA 30308	
	7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	