



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Ardent Legacy Holdings LLC Good Government Fund	<b>13 Filer ID</b> (Ethics Commission Filers) 00084320
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 49,982.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 395,585.78
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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

<b>17 COMMITTEE NAME</b> Ardent Legacy Holdings LLC Good Government Fund		<b>18 Filer ID</b> (Ethics Commission Filers) 00084320
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	49,982.00
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	\$	1,199.53

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/21 Rpt: 4/25
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abreu, John (Mr.)	7 Amount of Contribution (\$)  \$350.00
	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 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allusson, Valerie (Dr.)	Amount of Contribution (\$)  \$400.00
	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 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aragon, Sherry (Ms.)	Amount of Contribution (\$)  \$375.00
	Contributor address; City; State; Zip Code  Albuquerque, NM 87111	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Lovelace Health System
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Armijo, Mary (Ms.)	Amount of Contribution (\$)  \$350.00
	Contributor address; City; State; Zip Code  Albuquerque, NM 87120	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Lovelace Medical Center
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Donald (Mr.)	Amount of Contribution (\$)  \$2,000.00
	Contributor address; City; State; Zip Code  Tyler, TX 75709	
Principal occupation / Job title (See Instructions) Regional President		Employer (See Instructions) Lonestar Division (BSA Health/UT Health)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/21 Rpt: 5/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baldrige, Dava (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Claremore, OK 74017	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Chief Nursing Officer		<b>9</b> Employer (See Instructions) Hillcrest Hospital Claremore
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barlow, Carol (Ms.) <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74152	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Bailey Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Batchelor, Teresa (Ms.) <hr/> Contributor address; City; State; Zip Code  Athens, TX 75751	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) UT Health Athens
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code  Montvale, NJ 07645	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Hackensack Meridian Mountainside
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bisignani, Tom (Mr.) <hr/> Contributor address; City; State; Zip Code  Olyphant, PA 18447	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hackensack Meridian Mountainside

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/21 Rpt: 6/25
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blanton, James (Mr.)	7 Amount of Contribution (\$) \$375.00
	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 East Texas EMS/Air1
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blasing, Amy (Ms.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code  Albuquerque, NM 87114	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lovelace Womens Hospital
Date 02/12/2025	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 01/31/2025	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  Smyrna, TN 37167	
Principal occupation / Job title (See Instructions) Vice President - Hospital Operations		Employer (See Instructions) AHS Management Company, Inc.
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bush, Jon (Dr.)	Amount of Contribution (\$) \$350.00
	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/21 Rpt: 7/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Byers, David (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Nashville, TN 37215	
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Chief Accounting Officer		<b>9</b> Employer (See Instructions) AHS Management Company, Inc.
Date 02/03/2025	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 02/19/2025	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 Executive Officer		Employer (See Instructions) Portneuf Medical Center
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cayo, Guy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Daingerfield, TX 75638	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health Pittsburg
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chastain, Krissy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mt. Enterprise, TX 75681	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) UT Health Henderson

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/21 Rpt: 8/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chernin, Ethan (Mr.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1,250.00</span>
	<b>6</b> Contributor address; City; State; Zip Code  Tampa, FL 33629	
<b>8</b> Principal occupation / Job title (See Instructions) President - Health Services		<b>9</b> Employer (See Instructions) AHS Management Company, Inc.
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christensen, Glen (Mr.)	Amount of Contribution (\$) <span style="float:right">\$400.00</span>
	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 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, James (Mr.)	Amount of Contribution (\$) <span style="float:right">\$500.00</span>
	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 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Kelly (Mr.)	Amount of Contribution (\$) <span style="float:right">\$350.00</span>
	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 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collins, Charles (Mr.)	Amount of Contribution (\$) <span style="float:right">\$350.00</span>
	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/21 Rpt: 9/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crabtree, Ashley (Ms.)	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Nashville, TN 37215	
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Treasurer		<b>9</b> Employer (See Instructions) AHS Management Company, Inc.
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cromeens, Julie (Ms.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Tyler, TX 75701	
Principal occupation / Job title (See Instructions) Assistant Vice President - Consumer		Employer (See Instructions) AHS Management Company, Inc.
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cromeens, Julie (Ms.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  Tyler, TX 75701	
Principal occupation / Job title (See Instructions) Assistant Vice President - Consumer		Employer (See Instructions) AHS Management Company, Inc.
Date 02/10/2025	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 02/07/2025	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 75752	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health Athens

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/21 Rpt: 10/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 01/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeSchryver, Joseph (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Brentwood, TN 37027	
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) Americas Region
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeVitto, Lorann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Hillsdale, NJ 07642	
Principal occupation / Job title (See Instructions) Assistant Vice President		Employer (See Instructions) Hackensack Meridian Mountainside
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dietze, Zach (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health Tyler
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dixon, Leah (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Palestine, TX 75803	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) UT Health East Texas Physicians
Date 01/27/2025	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/21 Rpt: 11/25
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elrod, Ben (Mr.)	7 Amount of Contribution (\$) \$350.00
	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 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gardenhire, Anika (Ms.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Brentwood, TN 37027	
Principal occupation / Job title (See Instructions) Chief Digital Information Officer		Employer (See Instructions) AHS Management Company, Inc.
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gatlin, Lance (Mr.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79124	
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) BSA Physicians Group
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenwood, Sam (Mr.)	Amount of Contribution (\$) \$360.00
	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 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greer, Troy (Mr.)	Amount of Contribution (\$) \$1,500.00
	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/21 Rpt: 12/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hackney, Ernest (Mr.)	<b>7</b> Amount of Contribution (\$) \$355.00
	<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	
<b>8</b> Principal occupation / Job title (See Instructions) Assistant VP - Operations Support		<b>9</b> Employer (See Instructions) UT Health East Texas
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haithcoat, Rachel (Ms.)	Amount of Contribution (\$) \$350.00
	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 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haley, DeLeigh (Ms.)	Amount of Contribution (\$) \$357.00
	Contributor address; City; State; Zip Code  Rusk, TX 75785	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health Jacksonville
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamlet, Nathan (Mr.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code  Franklin, TN 37064	
Principal occupation / Job title (See Instructions) CFO - Health Services		Employer (See Instructions) AHS Management Company, Inc.
Date 01/26/2025	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.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/21 Rpt: 13/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Glenda (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79114	<b>7</b> Amount of Contribution (\$)  \$350.00
<b>8</b> Principal occupation / Job title (See Instructions) Assistant Chief Nursing Officer		<b>9</b> Employer (See Instructions) BSA Health System
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haun, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code  Tavernier, FL 33070	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Chief Financial Officer - Operations		Employer (See Instructions) AHS Management Company, Inc.
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, G. Todd (Mr.) <hr/> Contributor address; City; State; Zip Code  Flint, TX 75762	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health East Texas Physicians
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holley, Brenda (Ms.) <hr/> Contributor address; City; State; Zip Code  Albuquerque, NM 87122	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Lovelace Womens Hospital
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holt, Rebecca (Ms.) <hr/> Contributor address; City; State; Zip Code  Thompsons Station, TN 37179	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Vice President - Supply Chain		Employer (See Instructions) AHS Management Company, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/21 Rpt: 14/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoyt, Brad (Dr.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$500.00</span>
	<b>6</b> Contributor address; City; State; Zip Code  Tulsa, OK 74135	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Medical Information Officer		<b>9</b> Employer (See Instructions) AHS Management Company, Inc.
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huffman, Todd (Mr.)	Amount of Contribution (\$) <span style="float:right">\$355.00</span>
	Contributor address; City; State; Zip Code  Franklin Lakes, NJ 07417	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hackensack Meridian Mountainside
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hurley, Rebecca (Ms.)	Amount of Contribution (\$) <span style="float:right">\$1,000.00</span>
	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 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutchison, Meghann (Ms.)	Amount of Contribution (\$) <span style="float:right">\$375.00</span>
	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 Health System
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johannsen, Rachel (Ms.)	Amount of Contribution (\$) <span style="float:right">\$375.00</span>
	Contributor address; City; State; Zip Code  Albuquerque, NM 87109	
Principal occupation / Job title (See Instructions) Assistant Vice President - Innovation		Employer (See Instructions) AHS Management Company, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/21 Rpt: 15/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Jason (Mr.)	<b>7</b> Amount of Contribution (\$) \$750.00
	<b>6</b> Contributor address; City; State; Zip Code  Claremore, OK 74017	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Executive Officer		<b>9</b> Employer (See Instructions) Hillcrest Hospital Claremore
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kendall, Abigail (Ms.)	Amount of Contribution (\$) \$400.00
	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 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirkham, Rebecca (Ms.)	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code  Nashville, TN 37212	
Principal occupation / Job title (See Instructions) SVP - Communications		Employer (See Instructions) AHS Management Company, Inc.
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knox, Vicki (Ms.)	Amount of Contribution (\$) \$350.00
	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 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kroplin, J. Matthew (Mr.)	Amount of Contribution (\$) \$351.00
	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.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/21 Rpt: 16/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamanteer, Michael (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75709	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Medical Officer		<b>9</b> Employer (See Instructions) UT Health East Texas
<b>Date</b> 01/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lasson, Scott (Mr.)	<b>Amount of Contribution (\$)</b> \$750.00
	<b>Contributor address; City; State; Zip Code</b>  Owasso, OK 74055	
<b>Principal occupation / Job title (See Instructions)</b> Chief Executive Officer		<b>Employer (See Instructions)</b> Bailey Medical Center
<b>Date</b> 02/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Latibeaudiere, Jorge (Mr.)	<b>Amount of Contribution (\$)</b> \$350.00
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75703	
<b>Principal occupation / Job title (See Instructions)</b> Chief Financial Officer		<b>Employer (See Instructions)</b> UT Health Henderson
<b>Date</b> 02/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LePera, Marianne (Ms.)	<b>Amount of Contribution (\$)</b> \$350.00
	<b>Contributor address; City; State; Zip Code</b>  Ft. Myers, FL 33908	
<b>Principal occupation / Job title (See Instructions)</b> Vice President - Legal		<b>Employer (See Instructions)</b> AHS Management Company, Inc.
<b>Date</b> 01/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Light, Rebecca (Ms.)	<b>Amount of Contribution (\$)</b> \$350.00
	<b>Contributor address; City; State; Zip Code</b>  Hopatcong, NJ 07843	
<b>Principal occupation / Job title (See Instructions)</b> Chief Nursing Officer		<b>Employer (See Instructions)</b> Hackensack Meridian Mountainside



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/21 Rpt: 17/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Limon, Sara (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Albuquerque, NM 87122	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Vice President - Human Resources		<b>9</b> Employer (See Instructions) Lovelace Health System
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lin, George (Dr.) <hr/> Contributor address; City; State; Zip Code  Emerson, NJ 07630	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) Hackensack Meridian Pascack Valley
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lumsdaine, Alfred (Mr.) <hr/> Contributor address; City; State; Zip Code  Brentwood, TN 37027	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) AHS Management Company, Inc.
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mann , Sandra (Ms.) <hr/> Contributor address; City; State; Zip Code  Santa Fe, NM 87505	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Vice President - Legal		Employer (See Instructions) AHS Management Company, Inc.
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Edward (Dr.) <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74136	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) Oklahoma Heart Institute

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/21 Rpt: 18/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Albert (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wyckoff, NJ 07481	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) North Hudson Fire Department
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Francesca (Ms.) <hr/> Contributor address; City; State; Zip Code  Wyckoff, NJ 07481	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hackensack Meridian Pascock Valley
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) May, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code  Nashville, TN 37215	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Vice President - Strategy		Employer (See Instructions) AHS Management Company, Inc.
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mayben, Casey (Ms.) <hr/> Contributor address; City; State; Zip Code  Pittsburg, TX 75686	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) UT Health Pittsburg
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendoza, Joseph (Mr.) <hr/> Contributor address; City; State; Zip Code  Jenks, OK 74037	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hillcrest Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/21 Rpt: 19/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mudd, Brandon (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Tulsa, OK 74137	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Executive Officer		<b>9</b> Employer (See Instructions) Utica Park Clinic and Oklahoma Physicians Group
Date 02/05/2025	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 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Passmore, Roger (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pocatello, ID 83205	
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) Portneuf Medical Center
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pippin, Shawna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Owasso, OK 74073	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Bailey Medical Center
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reitmaier, Alice (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Nashville, TN 37204	
Principal occupation / Job title (See Instructions) Vice President - Human Resources		Employer (See Instructions) AHS Management Company, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/21 Rpt: 20/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ridlen, Bob (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Downers Grove, IL 60515	
<b>8</b> Principal occupation / Job title (See Instructions) Vice President - Development		<b>9</b> Employer (See Instructions) AHS Management Company, Inc.
Date 02/05/2025	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 01/27/2025	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 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rummel, Jennifer (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Athens, TX 75752	
Principal occupation / Job title (See Instructions) Vice President - Humans Resources		Employer (See Instructions) UT Health East Texas
Date 02/10/2025	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/21 Rpt: 21/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 01/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schneider, Carolyn (Ms.)	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Nashville, TN 37205	
<b>8</b> Principal occupation / Job title (See Instructions) SVP & Chief Human Resources Officer		<b>9</b> Employer (See Instructions) AHS Management Company, Inc.
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shacklett, Shawna (Ms.)	Amount of Contribution (\$) \$351.00
	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 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shirilla, Nicholas (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Roswell, NM 88201	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lovelace Regional Hospital
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Jared (Mr.)	Amount of Contribution (\$) \$351.00
	Contributor address; City; State; Zip Code  Mineola, TX 75773	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health Henderson/Carthage
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snider, Kaitlin (Ms.)	Amount of Contribution (\$) \$375.00
	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.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/21 Rpt: 22/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sparks, Elizabeth (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sapulpa, OK 74066	<b>7</b> Amount of Contribution (\$)  \$350.00
<b>8</b> Principal occupation / Job title (See Instructions) Chief Nursing Officer		<b>9</b> Employer (See Instructions) Tulsa Spine and Specialty Hospital
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Takacs, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code  Topeka, KS 66604	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) UK Health System - St. Francis
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Terry, Rob (Mr.) <hr/> Contributor address; City; State; Zip Code  Mount Pleasant, TX 75455	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) UT Health Quitman
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trosper, Greg (Mr.) <hr/> Contributor address; City; State; Zip Code  Shelley, ID 83274	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Portneuf Medical Center
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Uhde, Jesse (Mr.) <hr/> Contributor address; City; State; Zip Code  Nolensville, TN 37135	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Vice President - Urgent Care		Employer (See Instructions) AHS Management Company, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/21 Rpt: 23/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 02/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Xavier (Mr.)	<b>7</b> Amount of Contribution (\$) \$750.00
	<b>6</b> Contributor address; City; State; Zip Code  Bixby, OK 74008	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Executive Officer		<b>9</b> Employer (See Instructions) Hillcrest Medical Center
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vining, Missy (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code  Tulsa, OK 74133	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hillcrest Hospital Claremore
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vining, Missy (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Tulsa, OK 74133	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hillcrest Hospital Claremore
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wayt, Bree (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code  Albuquerque, NM 87123	
Principal occupation / Job title (See Instructions) Assistant Chief Nursing Officer		Employer (See Instructions) Lovelace Medical Center
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiley, George (Mr.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code  Gilbert, AZ 85296	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Lovelace Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 21/21 Rpt: 24/25
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Sheryl (Dr.) ..... 6 Contributor address; City; State; Zip Code  Amarillo, TX 79119	7 Amount of Contribution (\$)  \$350.00
8 Principal occupation / Job title (See Instructions) Vice President - Quality		9 Employer (See Instructions) BSA Health System
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Preshie (Ms.) ..... Contributor address; City; State; Zip Code  Bristow, OK 74010	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hillcrest Hospital South
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winnett, Doug (Mr.) ..... Contributor address; City; State; Zip Code  Springfield, TN 37172	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Vice President - Revenue and Analytics		Employer (See Instructions) AHS Management Company, Inc.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yost, Carla (Ms.) ..... Contributor address; City; State; Zip Code  Jenks, OK 74037	Amount of Contribution (\$)  \$351.00
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hillcrest Medical Center
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zbar, Denise (Ms.) ..... Contributor address; City; State; Zip Code  Franklin Lakes, NJ 07417	Amount of Contribution (\$)  \$355.00
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 25/25
<b>2</b> FILER NAME Ardent Legacy Holdings LLC Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00084320
<b>4</b> Date 01/31/2025	<b>5</b> Name of person from whom amount is received Bank of America, N.A. <hr/> <b>6</b> Address of person from whom amount is received; City; State; Zip Code  Atlanta, GA 30308	<b>8</b> Amount (\$)  \$1,199.53
<b>7</b> Purpose for which amount is received		<input type="checkbox"/> Check if political contribution returned to filer