

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 The Honorable Patty Murray US Senate (WA)
		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)	\$ 12,315.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 358,240.97
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 NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,315.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,000.00
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	\$ 1,158.72

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/10
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allusson, Valerie (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Montclair, NJ 07043	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Chief Medical Officer		9 Employer (See Instructions) Hackensack Meridian Mountainside
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burda, Todd (Mr.) <hr/> Contributor address; City; State; Zip Code Smyrna, TN 37167	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Vice President - OPI		Employer (See Instructions) AHS Management Company, Inc.
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Jon (Dr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) BSA Health System
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Jimmy (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) UT Health Tyler
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code Louisville, KY 40220	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chief Nursing 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: 2/5 Rpt: 5/10
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaton, Eric (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Owasso, OK 74055	
8 Principal occupation / Job title (See Instructions) Chief Operating Officer		9 Employer (See Instructions) Hillcrest Medical Center
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatlin, Lance (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79124	
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) BSA Health System
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchison, Meghann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edgewood, NM 87015	
Principal occupation / Job title (See Instructions) Regional CFO		Employer (See Instructions) UT Health East Texas
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jason (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Claremore, OK 74017	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Hillcrest Hospital Claremore/Hillcrest Hospital Pryor
Date 01/22/2026	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/10
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LePera, Marianne (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Ft. Myers, FL 33908	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Vice President - Legal		9 Employer (See Instructions) AHS Management Company, Inc.
Date 01/20/2026	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 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPherson, Valarie (Ms.) <hr/> Contributor address; City; State; Zip Code Montville, NJ 07045	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) COO and CNO		Employer (See Instructions) Hackensack Meridian Mountainside
Date 01/22/2026	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 (\$) \$800.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lovelace Medical Center/Heart Hospital at LMC
Date 01/22/2026	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 07043	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: 4/5 Rpt: 7/10
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettes, Serena (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Rio Rancho, NM 87144	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Vice President - Consumer Experience		9 Employer (See Instructions) AHS Management Company, Inc.
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Vesta (Dr.) <hr/> Contributor address; City; State; Zip Code Corrales, NM 87048	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) Lovelace Health System
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schell, Jonathan (Mr.) <hr/> Contributor address; City; State; Zip Code Jenks, OK 74037	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Hillcrest Hospital Cushing/Hillcrest Hospital Henryetta
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Secor, April (Ms.) <hr/> Contributor address; City; State; Zip Code Henryetta, OK 74437	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hillcrest Hospital Henryetta
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaten, Jeff (Mr.) <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74133	Amount of Contribution (\$) \$355.00
Principal occupation / Job title (See Instructions) Assistant CFO		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: 5/5 Rpt: 8/10
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sean (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Brentwood, TN 37027	
8 Principal occupation / Job title (See Instructions) VP - Health Services		9 Employer (See Instructions) AHS Management Company, Inc.
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stratton, Tracie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Santa Fe, NM 87506	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Lovelace Women's Hospital
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stutzman, Ben (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Adair, OK 74330	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hillcrest Hospital Pryor
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Beth (Ms.)	Amount of Contribution (\$)
	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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 1/1 Rpt: 9/10	2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund	3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/22/2026	5 Payee name People for Patty Murray	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 3662 Seattle, WA 98124	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal Contribution Committee ID #C00257642
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

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: 10/10
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 12/31/2025	5 Name of person from whom amount is received Bank of America, N.A.	8 Amount (\$) \$1,158.72
	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