

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 The Honorable Ben Ray Lujan U.S. Senate (New Mexico)
		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)	\$ 44,313.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 390,190.60
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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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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 Rep. Cole Hefner State Representative
		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.)	

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 Mike Johnson U.S. House of Representatives (LA - District 4)
		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.)	

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	\$	44,313.00
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	\$	13,500.00
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	\$	1,136.63

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/17 Rpt: 5/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abreu, John (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pocatello, ID 83204	
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Portneuf Medical Center
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Lisa (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Topeka, KS 66610	
Principal occupation / Job title (See Instructions) Assistant Chief Nursing Officer		Employer (See Instructions) AHS Management Company, Inc.
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aragon, Sherry (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Albuquerque, NM 87111	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Lovelace Women's Hospital
Date 02/09/2026	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)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldrige, Dava (Ms.)	Amount of Contribution (\$) \$355.00
	Contributor address; City; State; Zip Code Claremore, OK 74017	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hillcrest Hospital Claremore

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/17 Rpt: 6/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barlow, Carol (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Tulsa, OK 74152	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Bailey Medical Center
Date 02/01/2026	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 (\$) \$350.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) UT Health Athens
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beard, Mary (Ms.) <hr/> Contributor address; City; State; Zip Code Nashville, TN 37215	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Vice President - Legal		Employer (See Instructions) AHS Management Company, Inc.
Date 02/15/2026	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 (\$) \$500.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Hackensack Meridian Pascock Valley
Date 02/11/2026	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/17 Rpt: 7/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonick, Martin (Mr.) 6 Contributor address; City; State; Zip Code Brentwood, TN 37027	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) AHS Management Company, Inc.
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers-Smith, Angela (Ms.) Contributor address; City; State; Zip Code Athens, TX 75752	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Assistant CNO		Employer (See Instructions) UT Health Tyler
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brink, Harrison (Mr.) Contributor address; City; State; Zip Code Albuquerque, NM 87114	Amount of Contribution (\$) \$351.00
Principal occupation / Job title (See Instructions) Assistant COO		Employer (See Instructions) Lovelace Medical Center
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Shanna (Ms.) Contributor address; City; State; Zip Code Gatesville, TX 76528	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) BSA Health System
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Scott (Mr.) Contributor address; City; State; Zip Code Topeka, KS 66604	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UK Health System St Francis

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/17 Rpt: 8/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Nathan (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pocatello, ID 83201	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Portneuf Medical Center
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caspers, Dave (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Franklin, TN 37067	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) AHS Management Company, Inc.
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chernin, Ethan (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tampa, FL 33629	
Principal occupation / Job title (See Instructions) President - Health Services		Employer (See Instructions) AHS Management Company, Inc.
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Dave (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Murfreesboro, TN 37133	
Principal occupation / Job title (See Instructions) Vice President - Tax		Employer (See Instructions) AHS Management Company, Inc.
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crabtree, Ashley (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37215	
Principal occupation / Job title (See Instructions) SVP & Treasurer		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: 5/17 Rpt: 9/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Michael (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Amarillo, TX 79119	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) BSA Health System
Date 02/06/2026	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
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSchryver, Joseph (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Brentwood, TN 37027	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Americas Region
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dietze, Zach (Mr.)	Amount of Contribution (\$) \$750.00
	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 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Annie (Ms.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Terrell, TX 75160	
Principal occupation / Job title (See Instructions) Assistant Administrator		Employer (See Instructions) UT Health Tyler

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/17 Rpt: 10/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrlinspiel, Jason (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Franklin, TN 37067	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) VP - Compliance		9 Employer (See Instructions) AHS Management Company, Inc.
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrison, Lonnie (Mr.) <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions) AHS Management Company, Inc.
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastineau, Trent (Mr.) <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74103	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Tulsa Spine & Specialty Hospital
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Sam (Mr.) <hr/> Contributor address; City; State; Zip Code Sand Springs, OK 74063	Amount of Contribution (\$) \$365.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Tulsa Spine & Specialty Hospital
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hackney, Ernest (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Assistant VP - Operations Support		Employer (See Instructions) UT Health East Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/17 Rpt: 11/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hennum, Laura (Ms.)	7 Amount of Contribution (\$) \$750.00
	6 Contributor address; City; State; Zip Code Bixby, OK 74008	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Hillcrest Hospital South
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, G. Todd (Mr.)	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Flint, TX 75762	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health East Texas Physicians
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley, Brenda (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Albuquerque, NM 87122	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Lovelace Women's Hospital
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, Rebecca (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Thompsons Station, TN 37179	
Principal occupation / Job title (See Instructions) Vice President - Supply Chain		Employer (See Instructions) AHS Management Company, Inc.
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Housley, Brandon (Mr.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Mount Juliet, TN 37122	
Principal occupation / Job title (See Instructions) Vice President - IT		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: 8/17 Rpt: 12/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurley, Rebecca (Ms.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75209	
8 Principal occupation / Job title (See Instructions) Chief Development Counsel		9 Employer (See Instructions) AHS Management Company, Inc.
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerome, Joshua (Mr.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Edgewater, NJ 07020	
Principal occupation / Job title (See Instructions) Assistant COO		Employer (See Instructions) Hackensack Meridian Mountainside
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Jeffrey	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Tulsa, OK 74105	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Hillcrest HealthCare System
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkham, Rebecca (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Nashville, TN 37212	
Principal occupation / Job title (See Instructions) Chief Communications Officer		Employer (See Instructions) AHS Management Company, Inc.
Date 01/30/2026	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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/17 Rpt: 13/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueker, Michael (Mr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Albuquerque, NM 87113	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Lovelace Medical Group
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamanteer, Michael (Dr.)	Amount of Contribution (\$) \$375.00
	Contributor address; City; State; Zip Code Tyler, TX 75709	
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) UT Health East Texas
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasson, Scott (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Owasso, OK 74055	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Bailey Medical Center
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latibeaudiere, Jorge (Mr.)	Amount of Contribution (\$) \$450.00
	Contributor address; City; State; Zip Code Sandia Park, NM 87047	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Lovelace Medical Center
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Debra (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Tyler, TX 75771	
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: 10/17 Rpt: 14/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Light, Rebecca (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Hopatcong, NJ 07843	
8 Principal occupation / Job title (See Instructions) Assistant CNO		9 Employer (See Instructions) Hackensack Meridian Mountainside
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, George (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Township of Washington, NJ 07676	
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) Hackensack Meridian Pascack Valley
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Oshean (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tulsa, OK 74132	
Principal occupation / Job title (See Instructions) VP - Clinical Informatics		Employer (See Instructions) AHS Management Company, Inc.
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann , Sandra (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Santa Fe, NM 87505	
Principal occupation / Job title (See Instructions) Vice President - Legal		Employer (See Instructions) AHS Management Company, Inc.
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Stephen (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37215	
Principal occupation / Job title (See Instructions) VP - Strategy & Development		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: 11/17 Rpt: 15/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayben, Casey (Ms.)	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code Pittsburg, TX 75686	
8 Principal occupation / Job title (See Instructions) Chief Nursing Officer		9 Employer (See Instructions) UT Health Pittsburg
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Min , Christina (Ms.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Nashville, TN 37203	
Principal occupation / Job title (See Instructions) VP - OPI		Employer (See Instructions) AHS Management Company, Inc.
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudd, Brandon (Mr.)	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Tulsa, OK 74137	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Utica Park Clinic/Oklahoma Physicians Group
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Meredith (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Corrales, NM 87048	
Principal occupation / Job title (See Instructions) Regional CFO		Employer (See Instructions) Americas Region
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Karlee (Ms.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Tulsa, OK 74120	
Principal occupation / Job title (See Instructions) Assistant Administrator		Employer (See Instructions) Hillcrest Hospital South

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/17 Rpt: 16/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivier, S. Mathew (Mr.)	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code Nashville, TN 37221	
8 Principal occupation / Job title (See Instructions) VP Physician Services OPI		9 Employer (See Instructions) AHS Management Company, Inc.
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Passmore, Roger (Dr.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Pocatello, ID 83201	
Principal occupation / Job title (See Instructions) Chief Medical Officer		Employer (See Instructions) Portneuf Medical Center
Date 02/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pippin, Shawna (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Sperry, OK 74073	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Bailey Medical Center
Date 01/30/2026	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 North Campus
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Daniel J. (Mr.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Albuquerque, NM 87109	
Principal occupation / Job title (See Instructions) Assistant CFO		Employer (See Instructions) Lovelace Women's Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/17 Rpt: 17/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ridlen, Bob (Mr.)	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code Downers Grove, IL 60515	
8 Principal occupation / Job title (See Instructions) Vice President - Development		9 Employer (See Instructions) AHS Management Company, Inc.
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Justin (Mr.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code San Antonio, TX 78255	
Principal occupation / Job title (See Instructions) Vice President - Enterprise Data & Analytics		Employer (See Instructions) AHS Management Company, Inc.
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Jason (Mr.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Tyler, TX 75707	
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) UT Health North Campus
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rote, Katherine (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Nashville, TN 37210	
Principal occupation / Job title (See Instructions) Vice President - Accounting		Employer (See Instructions) AHS Management Company, Inc.
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rummel, Jennifer (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Athens, TX 75752	
Principal occupation / Job title (See Instructions) AVP - Humans Resources		Employer (See Instructions) UT Health East Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/17 Rpt: 18/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoeplein, Christopher (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Franklin, TN 37069	
8 Principal occupation / Job title (See Instructions) Chief Development Officer		9 Employer (See Instructions) AHS Management Company, Inc.
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shacklett, Shawna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mineola, TX 75773	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) UT Health Quitman
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirilla, Nicholas (Mr.)	Amount of Contribution (\$)
	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 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jared (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Henderson, TX 75654	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) UT Health Henderson/Carthage
Date 02/02/2026	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/17 Rpt: 19/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Reed (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Thompsons Station, TN 37179	
8 Principal occupation / Job title (See Instructions) Chief Consumer Officer		9 Employer (See Instructions) AHS Management Company, Inc.
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snider, Kaitlin (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tulsa, OK 74105	
Principal occupation / Job title (See Instructions) Vice President - Consumer		Employer (See Instructions) AHS Management Company, Inc.
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanage, Tiffani (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rio Rancho, NM 87144	
Principal occupation / Job title (See Instructions) Assistant CNO		Employer (See Instructions) Lovelace Women's Hospital
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staples, Dannette (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tulsa, OK 74137	
Principal occupation / Job title (See Instructions) Director - Nursing Administration		Employer (See Instructions) Hillcrest Medical Center
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Styblo, Dave (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Franklin, TN 37064	
Principal occupation / Job title (See Instructions) SVP - Investor Relations		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: 16/17 Rpt: 20/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sundheimer, John (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Rio Rancho, NM 87124	
8 Principal occupation / Job title (See Instructions) Chief Nursing Officer		9 Employer (See Instructions) Lovelace Westside Hospital
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swarringim, Jason (Mr.)	Amount of Contribution (\$) \$355.00
	Contributor address; City; State; Zip Code Tulsa, OK 74145	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) Hillcrest Hospital Cushing
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tokar, Katrina (Ms.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Amarillo, TX 79121	
Principal occupation / Job title (See Instructions) Chief Nursing Officer		Employer (See Instructions) BSA Health System
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Xavier (Mr.)	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Bixby, OK 74008	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Hillcrest Medical Center
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vining, Missy (Ms.)	Amount of Contribution (\$) \$351.00
	Contributor address; City; State; Zip Code Tulsa, OK 74133	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Hillcrest Hospital Claremore

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/17 Rpt: 21/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayt, Bree (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Albuquerque, NM 87123	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Assistant Chief Nursing Officer		9 Employer (See Instructions) Lovelace Medical Center
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Cliff (Mr.) <hr/> Contributor address; City; State; Zip Code Rio Rancho, NM 87124	Amount of Contribution (\$) \$900.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lovelace Health System
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Preshie (Ms.) <hr/> 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 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zbar, Denise (Ms.) <hr/> Contributor address; City; State; Zip Code Montclair, NJ 07042	Amount of Contribution (\$) \$355.00
Principal occupation / Job title (See Instructions) Vice President - Health Services		Employer (See Instructions) Hackensack Meridian Pascock Valley Medical Center

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 22/24	2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund	3 Filer ID (Ethics Commission Filers) 00084320
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4 Date 02/16/2026	5 Payee name Cole Hefner for State Representative
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 167 Mount Pleasant, TX 75456
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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 Texas House of Representatives District 5
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2026	Payee name Mike Johnson for Louisiana
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Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 6075 Bossier City, LA 71171
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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 for U.S. House of Representatives (LA District 4 FEC ID # C00608695)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2026	Payee name Oklahoma Hospital Association
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4000 Lincoln Boulevard Oklahoma City, OK 73105
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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 State Association Support
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 23/24	2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund	3 Filer ID (Ethics Commission Filers) 00084320
4 Date 02/16/2026	5 Payee name People for Ben	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 25371 Albuquerque, NM 87125	
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 - US Senate NM (FEC ID# C00443689)
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: 24/24
2 FILER NAME Ardent Legacy Holdings LLC Good Government Fund		3 Filer ID (Ethics Commission Filers) 00084320
4 Date 01/30/2026	5 Name of person from whom amount is received Bank of America, N.A. <hr/> 6 Address of person from whom amount is received; City; State; Zip Code Atlanta, GA 30308	8 Amount (\$) \$1,136.63
7 Purpose for which amount is received Interest		<input type="checkbox"/> Check if political contribution returned to filer