

**Kathryn Sevier Phillips
& Associates**

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2013 OCT 17 PM 1:27
FEC MAIL CENTER

1528 Richlawn Drive
Brentwood, TN 37027
(615) 714-6930
ksphillips@comcast.net

October 9, 2013

Via FedEx

Federal Election Commission
999 E Street NW
Washington, D.C. 20463

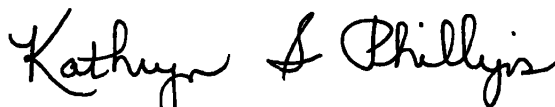
RE: AHS Medical Holdings LLC Federal PAC

Dear Sir or Madam:

Enclosed please find the Statement of Organization on FEC Form 1 for AHS Medical Holdings LLC Federal PAC for filing with your office. As indicated on the enclosed Form 1, please note that this political committee is affiliated with AHS Medical Holdings LLC Good Government Fund (Committee ID # C00390963). An amendment to the existing committee's Statement of Organization is being filed simultaneously herewith through the electronic filing system.

Please contact me should you have any questions regarding the enclosed information.

Very truly yours,



Kathryn Sevier Phillips

/ksp

Enclosure

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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

AHS Medical Holdings LLC Federal PAC

ADDRESS (number and street) One Burton Hills Boulevard Suite 250 Nashville, TN 37215 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) [] (Check if address is changed) ashley.crabtree@ardenthealth.com

COMMITTEE'S WEB PAGE ADDRESS (URL) [] (Check if address is changed)

2. DATE 10 8 2013

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT [X] NEW (N) OR [] AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ashley M. Crabtree

Signature of Treasurer [Signature] Date 10 8 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

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Write or Type Committee Name

AHS Medical Holdings LLC Federal PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

AHS Medical Holdings LLC (Connected Organization)

AHS Medical Holdings LLC Good Government Fund (Affiliated Committee)

Mailing Address

One Burton Hills Boulevard

Suite 250

Nashville, TN 37215

CITY STATE ZIP CODE

Relationship: [X] Connected Organization [X] Affiliated Committee [] Joint Fundraising Representative [] Leadership PAC Sponsor

The connected organization is a limited liability company that is treated as a corporation for tax purposes.

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Ashley M. Crabtree

Mailing Address

One Burton Hills Boulevard

Suite 250

Nashville, TN 37215

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number 615-296-3202

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Ashley M. Crabtree

Mailing Address

One Burton Hills Boulevard

Suite 250

Nashville, TN 37215

CITY STATE ZIP CODE

Title or Position

Treasurer

Telephone number 615-296-3202

13031130232

Full Name of Designated Agent

Stephen C. Petrovich

Mailing Address

One Burton Hills Boulevard

Suite 250

Nashville,

TN

3215

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

615

296

3384

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America N.A.

Mailing Address

600 Peachtree Street NE

14th Floor

Atlanta,

GA

30308

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031130233

1 From
 Date 10-9-2013
 Sender's Name Kathryn Phillips Phone 615 714-6930
 Company Sevier Phillips & Associates
 Address 1528 Richlawn Drive
 City Brentwood, State TN ZIP 37027

2 Your Internal Billing Reference

3 To
 Recipient's Name
 Company Federal Election Commission
 Address 999 E Street NW
 City Washington, DC State ZIP 20463

130213021



8032 5385 7870

4 Express Package Service *To most locations.
 NOTE: Service order has changed. Please select carefully.

Next Business Day
 FedEx First Overnight
 FedEx Priority Overnight
 FedEx Standard Overnight

2 or 3 Business Days
 FedEx 2Day A.M.
 FedEx 2Day
 FedEx Express Saver

5 Packaging *Declared value limit \$500.
 FedEx Envelope*
 FedEx Pak*
 FedEx Box
 FedEx Tube
 Other

6 Special Handling and Delivery Signature Options

SATURDAY Delivery
 No Signature Required
 Direct Signature
 Indirect Signature

Does this shipment contain dangerous goods?
 No
 Yes
 Dry Ice
 Cargo Aircraft Only

7 Payment Bill to:

Sender Acct. No. in Section I will be billed.
 Recipient
 Third Party
 Credit Card
 Cash/Check

Total Packages Total Weight lbs. Credit Card Auth.

fedex.com 1 800 66FedEx 1 800 463 3339

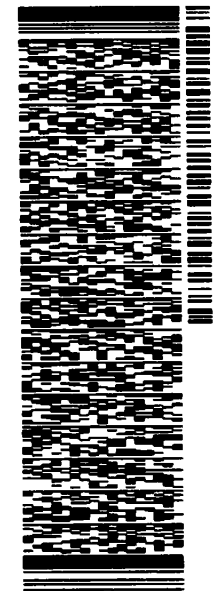


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DC-US IAD 20463

TRK# 8032 5385 7870

THU - 10 OCT AA
 STANDARD OVERNIGHT



WASHINGTON DC 20463

FEDERAL ELECTION COMMISSION
 999 E ST NW

UNITED STATES US

SHIP DATE: 09OCT13
 ACTWGT: 0.2 LB
 CAD: 70/FCT1400
 DIMS: 0X0X0 IN
 BILL SENDER

ORIGIN ID: TH0A

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10.10.13

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RECU

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Exp</i>	Shipping Date <i>10/9/13</i>
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jm/p</i> PREPARER (8/2013)	<i>10/18/13</i> DATE PREPARED