

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>		<input type="text" value="139890.28"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="191444.66"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20020.00"/>	<input type="text" value="71736.29"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="211464.66"/>	<input type="text" value="211626.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="71.01"/>	<input type="text" value="232.92"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="211393.65"/>	<input type="text" value="211393.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10152.15	37094.58
(ii) Unitemized	9867.85	29641.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20020.00	66736.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20020.00	71736.29
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	20020.00	71736.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20020.00	71736.29

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	71.01	232.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	71.01	232.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	71.01	232.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71.01	232.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20020.00	71736.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20020.00	71736.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	71.01	232.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	71.01	232.92

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 6 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Abercrombie, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1613 North McKenzie Street
 City Foley State AL Zip Code 36535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Baldwin Regional Medical Center Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt **03 / 29 / 2024**
Transaction ID : A2024-541584
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Arledge, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2430 W. Pierce
 City Carlsbad State NM Zip Code 88220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carlsbad Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 01 / 2024**
Transaction ID : A2024-410399
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Arledge, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2430 W. Pierce
 City Carlsbad State NM Zip Code 88220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carlsbad Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **03 / 15 / 2024**
Transaction ID : A2024-501241
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	158.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Arledge, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2430 W. Pierce
 City Carlsbad State NM Zip Code 88220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carlsbad Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541752
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Avila, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3150 Bristol St. Ste 500
 City Costa Mesa State CA Zip Code 92626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Regional Medical Center Occupation (for Individual) Chief Exec Officer (CEO)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541587
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Banks, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Hospital Drive SW
 City Huntsville State MS Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crestwood Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2024
Transaction ID : A2024-410396
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	156.15
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 8 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Banks, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Hospital Drive SW
 City Huntsville State MS Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crestwood Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2024
Transaction ID : A2024-501238
 Amount of Each Receipt this Period
 57.69
 Memo Item

B. Banks, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Hospital Drive SW
 City Huntsville State MS Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crestwood Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541749
 Amount of Each Receipt this Period
 57.69
 Memo Item

C. Benet, Miguel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Clinical Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2024
Transaction ID : A2024-410343
 Amount of Each Receipt this Period
 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	177.88
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Benet, Miguel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Clinical Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt 03 / 15 / 2024
Transaction ID : A2024-501184
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Benet, Miguel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Clinical Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 29 / 2024
Transaction ID : A2024-541696
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Blair, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 603 North Progress Ave.
 City Siloam Springs State AR Zip Code 72761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Siloam Springs Regional Hospital Occupation (for Individual) CAO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 03 / 29 / 2024
Transaction ID : A2024-541718
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	163.46
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Boyd, Roy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 575 North River Street
 City Wilkes-Barre State PA Zip Code 18764-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wilkes Barre General Hospital Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.16

Date of Receipt **03 / 29 / 2024**
Transaction ID : A2024-541716
 Amount of Each Receipt this Period 38.36
 Memo Item

B. Brooks, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7950 W. Jefferson Blvd
 City Fort Wayne State IN Zip Code 46804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lutheran Hospital Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2576.92

Date of Receipt **03 / 01 / 2024**
Transaction ID : A2024-410369
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Brooks, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7950 W. Jefferson Blvd
 City Fort Wayne State IN Zip Code 46804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lutheran Hospital Occupation (for Individual) COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2596.15

Date of Receipt **03 / 15 / 2024**
Transaction ID : A2024-501211
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.82
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Brooks, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7950 W. Jefferson Blvd
 City Fort Wayne State IN Zip Code 46804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lutheran Hospital Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2615.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541722
 Amount of Each Receipt this Period
 19.23
 Memo Item

B. Bull, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 University Boulevard
 City Durant State OK Zip Code 74701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AllianceHealth Durant & Madill Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2024
Transaction ID : A2024-371866
 Amount of Each Receipt this Period
 60.00
 Memo Item

C. Bull, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 University Boulevard
 City Durant State OK Zip Code 74701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AllianceHealth Durant & Madill Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2024
Transaction ID : A2024-516337
 Amount of Each Receipt this Period
 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	139.23
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Campbell, Chad, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2024
Transaction ID : A2024-410288
 Amount of Each Receipt this Period
 104.17
 Memo Item

B. Campbell, Chad, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.85

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2024
Transaction ID : A2024-501129
 Amount of Each Receipt this Period
 104.17
 Memo Item

C. Campbell, Chad, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) Regional President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541642
 Amount of Each Receipt this Period
 104.17
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	312.51
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 13 OF 57
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Carlisle, Gordon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) VP Facilities Mainten
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 01 / 2024
Transaction ID : A2024-410256
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Carlisle, Gordon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) VP Facilities Mainten
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt
 03 / 15 / 2024
Transaction ID : A2024-501096
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Carlisle, Gordon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) VP Facilities Mainten
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 03 / 29 / 2024
Transaction ID : A2024-541609
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	187.50
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Cobb, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) VP Legal & Corp Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 03 / 15 / 2024
Transaction ID : A2024-501107
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Cobb, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) VP Legal & Corp Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 29 / 2024
Transaction ID : A2024-541620
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Conrad, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4311 East Lohman Avenue
 City Las Cruces State NM Zip Code 88011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mountainview Regional Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 03 / 01 / 2024
Transaction ID : A2024-410418
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	141.03
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Conrad, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4311 East Lohman Avenue
 City Las Cruces State NM Zip Code 88011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mountainview Regional Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2024
Transaction ID : A2024-501260
 Amount of Each Receipt this Period
 57.69
 Memo Item

B. Conrad, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4311 East Lohman Avenue
 City Las Cruces State NM Zip Code 88011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mountainview Regional Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541771
 Amount of Each Receipt this Period
 57.69
 Memo Item

C. Cotton, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3690 Grandview Parkway
 City Birmingham State AL Zip Code 35243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grandview Medical Center Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541742
 Amount of Each Receipt this Period
 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.84
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Cova, Chuck, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) VP Operations Division
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.68

Date of Receipt **03 / 01 / 2024**
Transaction ID : A2024-410347
 Amount of Each Receipt this Period 104.17
 Memo Item

B. Cova, Chuck, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) VP Operations Division
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.85

Date of Receipt **03 / 15 / 2024**
Transaction ID : A2024-501188
 Amount of Each Receipt this Period 104.17
 Memo Item

C. Cova, Chuck, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) VP Operations Division
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt **03 / 29 / 2024**
Transaction ID : A2024-541700
 Amount of Each Receipt this Period 104.17
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	312.51
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Curran, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 746 Jefferson Ave.
 City Scranton State PA Zip Code 18510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regional Hospital of Scranton Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2024
Transaction ID : A2024-501258
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Curran, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 746 Jefferson Ave.
 City Scranton State PA Zip Code 18510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regional Hospital of Scranton Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541769
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Davis, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 Redstone Avenue, S.E.
 City Crestview State FL Zip Code 32539-5352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Okaloosa Medical Center Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541575
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	138.46
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Dobbs, Steve, , ,

Mailing Address 4000 Meridian Blvd.

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) VP Operations Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt
03 / 15 / 2024
Transaction ID : A2024-501151

Amount of Each Receipt this Period
41.66

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Dobbs, Steve, , ,

Mailing Address 4000 Meridian Blvd.

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) VP Operations Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.96

Date of Receipt
03 / 29 / 2024
Transaction ID : A2024-541663

Amount of Each Receipt this Period
41.66

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Dooley, Mark, , ,

Mailing Address 2520 E. Dupont Road

City Fort Wayne State IN Zip Code 46825

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dupont Hospital Occupation (for Individual) CEO

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.76

Date of Receipt
03 / 01 / 2024
Transaction ID : A2024-410397

Amount of Each Receipt this Period
57.69

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	141.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Dooley, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2520 E. Dupont Road
 City Fort Wayne State IN Zip Code 46825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dupont Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **03 / 15 / 2024**
Transaction ID : A2024-501239
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Dooley, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2520 E. Dupont Road
 City Fort Wayne State IN Zip Code 46825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dupont Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **03 / 29 / 2024**
Transaction ID : A2024-541750
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Echavarria, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 W. Maple
 City Springdale State AR Zip Code 72764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Medical Center - Springdale Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt **03 / 29 / 2024**
Transaction ID : A2024-541763
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.84
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Emery, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 S. John Redditt Drive
 PO Box 150610
 City Lufkin State TX Zip Code 75904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Woodland Heights Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2024
Transaction ID : A2024-410378
 Amount of Each Receipt this Period
 57.69
 Memo Item

B. Emery, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 S. John Redditt Drive
 PO Box 150610
 City Lufkin State TX Zip Code 75904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Woodland Heights Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2024
Transaction ID : A2024-501220
 Amount of Each Receipt this Period
 57.69
 Memo Item

C. Emery, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 S. John Redditt Drive
 PO Box 150610
 City Lufkin State TX Zip Code 75904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Woodland Heights Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541731
 Amount of Each Receipt this Period
 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.07
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Fox, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 W. Grove Street
 City El Dorado State AR Zip Code 71730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center of South Arkansas Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt **03 / 29 / 2024**
Transaction ID : A2024-541757
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Galin, Tomi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) EVP Corp Comm Mktg & PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 01 / 2024**
Transaction ID : A2024-410280
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Galin, Tomi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) EVP Corp Comm Mktg & PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **03 / 15 / 2024**
Transaction ID : A2024-501121
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	288.46
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Galin, Tomi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) EVP Corp Comm Mktg & PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 29 / 2024
Transaction ID : A2024-541634
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Gordon, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 N. Fourth Street PO Box 14000
 City Longview State IL Zip Code 75605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Longview Regional Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 03 / 01 / 2024
Transaction ID : A2024-410407
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Gordon, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 N. Fourth Street PO Box 14000
 City Longview State IL Zip Code 75605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Longview Regional Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 03 / 15 / 2024
Transaction ID : A2024-501249
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.38
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Gordon, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 N. Fourth Street
 PO Box 14000
 City Longview State IL Zip Code 75605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Longview Regional Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **03 / 29 / 2024**
Transaction ID : A2024-541760
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Hayes, James, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) EVP, CHRO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 01 / 2024**
Transaction ID : A2024-410252
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Hayes, James, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) EVP, CHRO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **03 / 15 / 2024**
Transaction ID : A2024-501092
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	307.69
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Hayes, James, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) EVP, CHRO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541605
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Hester, Joey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 North Edwards Street
 City Enterprise State TN Zip Code 36330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Enterprise Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541754
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Horrar, James, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Managed Care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2024
Transaction ID : A2024-410299
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.96
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Horrar, James, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Managed Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2024
Transaction ID : A2024-501140
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Horrar, James, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Managed Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541653
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Johnson, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP CAO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2024
Transaction ID : A2024-410287
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	187.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 26 OF 57
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Johnson, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2024
Transaction ID : A2024-501128
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Johnson, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541641
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Jones, Sherry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Hospital Drive SW
 City Huntsville State AL Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crestwood Medical Center Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2024
Transaction ID : A2024-410394
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	187.50
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Jones, Sherry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Hospital Drive SW
 City Huntsville State AL Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crestwood Medical Center Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2024
Transaction ID : A2024-501236
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Jones, Sherry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Hospital Drive SW
 City Huntsville State AL Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crestwood Medical Center Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541747
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Josey, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 East DuBois Drive
 City Warsaw State IN Zip Code 46580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lutheran Hospital Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541738
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	163.46
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Junkins, Curt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7201 East State Highway
 City Granbury State TX Zip Code 76048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Granbury Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 03 / 01 / 2024
Transaction ID : A2024-410225
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Junkins, Curt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7201 East State Highway
 City Granbury State TX Zip Code 76048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Granbury Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 03 / 15 / 2024
Transaction ID : A2024-501065
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Junkins, Curt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7201 East State Highway
 City Granbury State TX Zip Code 76048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Granbury Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 03 / 29 / 2024
Transaction ID : A2024-541578
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	173.07
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Killion, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3150 Bristol St. Ste 500
 City Costa Mesa State CA Zip Code 92626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nevarro Regional Hospital Occupation (for Individual) Chief Fin Officer (CFO)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 03 / 29 / 2024
Transaction ID : A2024-541765
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Leal, Jorge, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 East Saunders
 City Laredo State TX Zip Code 78041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Laredo Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 03 / 01 / 2024
Transaction ID : A2024-410237
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Leal, Jorge, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 East Saunders
 City Laredo State TX Zip Code 78041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Laredo Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 03 / 15 / 2024
Transaction ID : A2024-501077
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	153.84
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Leal, Jorge, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 East Saunders
 City Laredo State TX Zip Code 78041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Laredo Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **03 / 29 / 2024**
Transaction ID : A2024-541590
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Leger, Bernard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 E. San Antonio Street
 City Victoria State TX Zip Code 77901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Detar Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt **03 / 01 / 2024**
Transaction ID : A2024-410403
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Leger, Bernard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 E. San Antonio Street
 City Victoria State TX Zip Code 77901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Detar Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **03 / 15 / 2024**
Transaction ID : A2024-501245
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.07
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Leger, Bernard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 E. San Antonio Street
 City Victoria State TX Zip Code 77901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Detar Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 03 / 29 / 2024
Transaction ID : A2024-541756
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Lomicka, Ted, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) VP Strategic Analysis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2024
Transaction ID : A2024-410259
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Lomicka, Ted, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) VP Strategic Analysis
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt 03 / 15 / 2024
Transaction ID : A2024-501099
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	182.69
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Lomicka, Ted, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) VP Strategic Analysis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 29 / 2024
Transaction ID : A2024-541612
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Lynd, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Financial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2024
Transaction ID : A2024-410272
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Lynd, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Financial Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt 03 / 15 / 2024
Transaction ID : A2024-501113
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	187.50
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Lynd, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Financial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 29 / 2024
Transaction ID : A2024-541626
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Mason, Drew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.68

Date of Receipt 03 / 01 / 2024
Transaction ID : A2024-410255
 Amount of Each Receipt this Period 104.17
 Memo Item

C. Mason, Drew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) Regional President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.85

Date of Receipt 03 / 15 / 2024
Transaction ID : A2024-501095
 Amount of Each Receipt this Period 104.17
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	270.84
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Mason, Drew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541608
 Amount of Each Receipt this Period
 104.17
 Memo Item

B. May, Garrett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 Sergeant Prentiss Dr.
 City Natchez State MS Zip Code 39120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Merit Health Natchez Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541748
 Amount of Each Receipt this Period
 38.46
 Memo Item

C. McKinney, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3690 Grandview Parkway
 City Birmingham State AL Zip Code 35243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grandview Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2024
Transaction ID : A2024-410390
 Amount of Each Receipt this Period
 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.32
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. McKinney, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3690 Grandview Parkway
 City Birmingham State AL Zip Code 35243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grandview Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2024
Transaction ID : A2024-501232
 Amount of Each Receipt this Period 57.69
 Memo Item

B. McKinney, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3690 Grandview Parkway
 City Birmingham State AL Zip Code 35243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grandview Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541743
 Amount of Each Receipt this Period 57.69
 Memo Item

C. McWhorter, Juli, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 Greathouse Springs Rd.
 P.O. Box 544
 City Johnson State PA Zip Code 72741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Medical Center - Willow Cree Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541729
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	153.84
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Medley, Mark, , ,			Date of Receipt
Mailing Address 4000 Meridian Blvd.			<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2024"/>
City Franklin	State TN	Zip Code 37067	Transaction ID : A2024-410333
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="104.17"/>
Name of Employer (for Individual) CHSPSC LLC		Occupation (for Individual) Regional President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="416.68"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Medley, Mark, , ,			Date of Receipt
Mailing Address 4000 Meridian Blvd.			<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2024"/>
City Franklin	State TN	Zip Code 37067	Transaction ID : A2024-501174
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="104.17"/>
Name of Employer (for Individual) CHSPSC LLC		Occupation (for Individual) Regional President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="520.85"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Medley, Mark, , ,			Date of Receipt
Mailing Address 4000 Meridian Blvd.			<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2024"/>
City Franklin	State TN	Zip Code 37067	Transaction ID : A2024-541686
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="104.17"/>
Name of Employer (for Individual) CHSPSC LLC		Occupation (for Individual) Regional President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="625.02"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="312.51"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mergen, Lynn, , ,

Mailing Address 2101 East DuBois Drive

City Warsaw	State PA	Zip Code 46580
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lutheran Hospital	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2024

Transaction ID : A2024-410386

Amount of Each Receipt this Period
57.69

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mergen, Lynn, , ,

Mailing Address 2101 East DuBois Drive

City Warsaw	State PA	Zip Code 46580
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lutheran Hospital	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2024

Transaction ID : A2024-501228

Amount of Each Receipt this Period
57.69

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mergen, Lynn, , ,

Mailing Address 2101 East DuBois Drive

City Warsaw	State PA	Zip Code 46580
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lutheran Hospital	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2024

Transaction ID : A2024-541739

Amount of Each Receipt this Period
57.69

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	173.07
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Millsaps, Jarrett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3150 Bristol St. Ste 500
 City Costa Mesa State CA Zip Code 92626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennova Cleveland Occupation (for Individual) Chief Exec Officer (CEO)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2024
Transaction ID : A2024-410241
 Amount of Each Receipt this Period
 57.69
 Memo Item

B. Millsaps, Jarrett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3150 Bristol St. Ste 500
 City Costa Mesa State CA Zip Code 92626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennova Cleveland Occupation (for Individual) Chief Exec Officer (CEO)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2024
Transaction ID : A2024-501081
 Amount of Each Receipt this Period
 57.69
 Memo Item

C. Millsaps, Jarrett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3150 Bristol St. Ste 500
 City Costa Mesa State CA Zip Code 92626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennova Cleveland Occupation (for Individual) Chief Exec Officer (CEO)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541594
 Amount of Each Receipt this Period
 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.07
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Momany, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4309 Essex Terrace Cir.
 City Pace State FL Zip Code 32571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Santa Rosa Medical Center Occupation (for Individual) Chief Fin Officer (CFO)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt **03 / 22 / 2024**
Transaction ID : A2024-516334
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Morrison, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10820 Parkside Drive
 City Knoxville State TN Zip Code 37934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennova Healthcare, Turkey Creek Med C Occupation (for Individual) MKT CFO OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt **03 / 01 / 2024**
Transaction ID : A2024-410317
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Morrison, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10820 Parkside Drive
 City Knoxville State TN Zip Code 37934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennova Healthcare, Turkey Creek Med C Occupation (for Individual) MKT CFO OPS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **03 / 15 / 2024**
Transaction ID : A2024-501158
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.84
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Morrison, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10820 Parkside Drive
 City Knoxville State TN Zip Code 37934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennova Healthcare, Turkey Creek Med C Occupation (for Individual) MKT CFO OPS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 03 / 29 / 2024
Transaction ID : A2024-541670
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Naegler, Rick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 Oak Grove Road
 City Poplar Bluff State MO Zip Code 63902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Poplar Bluff Regional Medical Ctr. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 03 / 01 / 2024
Transaction ID : A2024-410375
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Naegler, Rick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 Oak Grove Road
 City Poplar Bluff State MO Zip Code 63902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Poplar Bluff Regional Medical Ctr. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 03 / 15 / 2024
Transaction ID : A2024-501217
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	442.29
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Naegler, Rick, , ,		Date of Receipt MM / DD / YYYY 03 / 29 / 2024 Transaction ID : A2024-541728
Mailing Address 3100 Oak Grove Road		Amount of Each Receipt this Period 192.30
City Poplar Bluff	State MO	Zip Code 63902
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Poplar Bluff Regional Medical Ctr.	Occupation (for Individual) CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nalls, Jacqueline, , ,		Date of Receipt MM / DD / YYYY 03 / 29 / 2024 Transaction ID : A2024-541768
Mailing Address 3150 Bristol St. Ste 500		Amount of Each Receipt this Period 38.46
City Costa Mesa	State CA	Zip Code 92626
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Scranton Hospital	Occupation (for Individual) Chief Financial Officer (CFO)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Parsons, Brent, , ,		Date of Receipt MM / DD / YYYY 03 / 01 / 2024 Transaction ID : A2024-410227
Mailing Address 2735 Silver Creek Road		Amount of Each Receipt this Period 57.69
City Bullhead City	State MO	Zip Code 86442
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Western Arizona Regional Medical Center	Occupation (for Individual) CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 230.76	

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 57
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Parsons, Brent, , ,

Mailing Address 2735 Silver Creek Road

City Bullhead City State MO Zip Code 86442

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Western Arizona Regional Medical Cente Occupation (for Individual) CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt
MM / DD / YYYY
03 / 15 / 2024
Transaction ID : A2024-501067

Amount of Each Receipt this Period
57.69

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Parsons, Brent, , ,

Mailing Address 2735 Silver Creek Road

City Bullhead City State MO Zip Code 86442

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Western Arizona Regional Medical Cente Occupation (for Individual) CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt
MM / DD / YYYY
03 / 29 / 2024
Transaction ID : A2024-541580

Amount of Each Receipt this Period
57.69

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Pennington, Stephen, , ,

Mailing Address 1499 Fair Road

City Statesboro State GA Zip Code 30458

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) East Georgia Regional Medical Ctr Occupation (for Individual) CEO

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.45

Date of Receipt
MM / DD / YYYY
03 / 08 / 2024
Transaction ID : A2024-371845

Amount of Each Receipt this Period
57.69

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 173.07

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Pennington, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1499 Fair Road
 City Statesboro State GA Zip Code 30458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) East Georgia Regional Medical Ctr Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2024
Transaction ID : A2024-516316
 Amount of Each Receipt this Period
 57.69
 Memo Item

B. Pickard, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Corporate Taxation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2024
Transaction ID : A2024-410253
 Amount of Each Receipt this Period
 62.50
 Memo Item

C. Pickard, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Corporate Taxation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2024
Transaction ID : A2024-501093
 Amount of Each Receipt this Period
 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	182.69
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Pickard, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Corporate Taxation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 29 / 2024
Transaction ID : A2024-541606
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Rich, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7565 Dannaer Dr
 City Powell State TN Zip Code 37849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennova Healthcare - North Knoxville M Occupation (for Individual) Chief Exec Officer (CEO)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 03 / 08 / 2024
Transaction ID : A2024-371849
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Rich, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7565 Dannaer Dr
 City Powell State TN Zip Code 37849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennova Healthcare - North Knoxville M Occupation (for Individual) Chief Exec Officer (CEO)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 03 / 22 / 2024
Transaction ID : A2024-516320
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	177.88
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Ridder, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Hospital Drive
 City Jefferson City State TN Zip Code 37934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennova Healthcare - Jefferson Memoria Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 03 / 22 / 2024
Transaction ID : A2024-516327
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Rodriguez, Marco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 East Saunders
 City Laredo State PA Zip Code 78041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Laredo Medical Center Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 03 / 29 / 2024
Transaction ID : A2024-541589
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Roley, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1613 North McKenzie Street
 City Foley State TN Zip Code 36535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Baldwin Regional Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 03 / 01 / 2024
Transaction ID : A2024-410230
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	134.61
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 57		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Roley, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1613 North McKenzie Street
 City Foley State TN Zip Code 36535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Baldwin Regional Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **03 / 15 / 2024**
Transaction ID : A2024-501070
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Roley, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1613 North McKenzie Street
 City Foley State TN Zip Code 36535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Baldwin Regional Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **03 / 29 / 2024**
Transaction ID : A2024-541583
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Samrow, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 University Boulevard
 City Durant State OK Zip Code 74701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AllianceHealth Durant & Madill Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt **03 / 29 / 2024**
Transaction ID : A2024-541724
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	153.84
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Schneider, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2520 E. Dupont Road
 City Fort Wayne State IN Zip Code 46825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dupont Hospital Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 03 / 29 / 2024
Transaction ID : A2024-541734
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Schrupp, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Chief Purch Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2024
Transaction ID : A2024-410327
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Schrupp, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Chief Purch Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt 03 / 15 / 2024
Transaction ID : A2024-501168
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	163.46
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 48 OF 57
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
[X] 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Schrupp, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4000 Meridian Blvd.
City Franklin State TN Zip Code 37067
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Chief Purch Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 375.00

Date of Receipt 03 / 29 / 2024
Transaction ID : A2024-541680
Amount of Each Receipt this Period 62.50
Memo Item

B. Serrano, Justin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 6002 Berryhill Road
City Milton State FL Zip Code 32570
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Santa Rosa Medical Center Occupation (for Individual) COO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 288.45

Date of Receipt 03 / 08 / 2024
Transaction ID : A2024-371864
Amount of Each Receipt this Period 57.69
Memo Item

C. Serrano, Justin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 6002 Berryhill Road
City Milton State FL Zip Code 32570
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Santa Rosa Medical Center Occupation (for Individual) COO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 346.14

Date of Receipt 03 / 22 / 2024
Transaction ID : A2024-516335
Amount of Each Receipt this Period 57.69
Memo Item

SUBTOTAL of Receipts This Page (optional)..... 177.88
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Simon, Lynn, , ,			Date of Receipt												
Mailing Address 4000 Meridian Blvd.			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>01</td> <td></td> <td>2024</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	03		01		2024
M M M	/	D D D	/	Y Y Y Y Y Y											
03		01		2024											
City Franklin		State TN	Zip Code 37067												
FEC ID number of contributing federal political committee. C			Transaction ID : A2024-410257												
Name of Employer (for Individual) CHSPSC LLC		Occupation (for Individual) President Clin Ops & CMO													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.33													
			<input type="checkbox"/> Memo Item												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Simon, Lynn, , ,			Date of Receipt												
Mailing Address 4000 Meridian Blvd.			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>15</td> <td></td> <td>2024</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	03		15		2024
M M M	/	D D D	/	Y Y Y Y Y Y											
03		15		2024											
City Franklin		State TN	Zip Code 37067												
FEC ID number of contributing federal political committee. C			Transaction ID : A2024-501097												
Name of Employer (for Individual) CHSPSC LLC		Occupation (for Individual) President Clin Ops & CMO													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1041.65													
			<input type="checkbox"/> Memo Item												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Simon, Lynn, , ,			Date of Receipt												
Mailing Address 4000 Meridian Blvd.			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>29</td> <td></td> <td>2024</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	03		29		2024
M M M	/	D D D	/	Y Y Y Y Y Y											
03		29		2024											
City Franklin		State TN	Zip Code 37067												
FEC ID number of contributing federal political committee. C			Transaction ID : A2024-541610												
Name of Employer (for Individual) CHSPSC LLC		Occupation (for Individual) President Clin Ops & CMO													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 208.33													
			<input type="checkbox"/> Memo Item												

SUBTOTAL of Receipts This Page (optional).....▶	624.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Sisson, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 Reynoir Street
 City Biloxi State TX Zip Code 39530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Merit Health Biloxi Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 15 / 2024
Transaction ID : A2024-501255
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Sisson, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 Reynoir Street
 City Biloxi State TX Zip Code 39530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Merit Health Biloxi Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 29 / 2024
Transaction ID : A2024-541766
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Sistrunk, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Crossgates Boulevard
 City Brandon State MS Zip Code 39042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Merit Health Rankin Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 03 / 22 / 2024
Transaction ID : A2024-516331
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	118.46
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stockton, Kevin, , ,

Mailing Address 4000 Meridian Blvd.

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CHSPSC LLC	Occupation (for Individual) Regional President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2024

Transaction ID : A2024-410292

Amount of Each Receipt this Period
104.17

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stockton, Kevin, , ,

Mailing Address 4000 Meridian Blvd.

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CHSPSC LLC	Occupation (for Individual) Regional President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2024

Transaction ID : A2024-501133

Amount of Each Receipt this Period
104.17

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stockton, Kevin, , ,

Mailing Address 4000 Meridian Blvd.

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CHSPSC LLC	Occupation (for Individual) Regional President
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
625.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2024

Transaction ID : A2024-541646

Amount of Each Receipt this Period
104.17

Memo Item

SUBTOTAL of Receipts This Page (optional).....	312.51
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Turner, Amie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1310 Paluxy Road
 City Granbury State TX Zip Code 76048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Granbury Medical Center Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt **03 / 29 / 2024**
Transaction ID : A2024-541577
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Wallace, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 S. Woodworth Loop (P.O. Box 1)
 City Palmer State AK Zip Code 99645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mat-Su Regional Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt **03 / 01 / 2024**
Transaction ID : A2024-410417
 Amount of Each Receipt this Period 58.00
 Memo Item

C. Wallace, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 S. Woodworth Loop (P.O. Box 1)
 City Palmer State AK Zip Code 99645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mat-Su Regional Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt **03 / 15 / 2024**
Transaction ID : A2024-501259
 Amount of Each Receipt this Period 58.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	154.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Wallace, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 S. Woodworth Loop (P.O. Box 1)
 City Palmer State AK Zip Code 99645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mat-Su Regional Medical Center Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 348.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541770
 Amount of Each Receipt this Period 58.00
 Memo Item

B. White, Tammy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1030 River Oak Dr.
 City Flowood State MS Zip Code 39232-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Merit Health River Oaks Occupation (for Individual) Chief Fin Officer (CFO)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2024
Transaction ID : A2024-541755
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Williams, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 435 Second Street
 City Newport State TN Zip Code 37821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennova Healthcare - Newport Medical Ce Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2024
Transaction ID : A2024-516325
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	134.92
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Williams, Shelton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 East Saunders
 City Laredo State TX Zip Code 78041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Laredo Medical Center Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2024
Transaction ID : A2024-371867
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Williams, Shelton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 East Saunders
 City Laredo State TX Zip Code 78041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Laredo Medical Center Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2024
Transaction ID : A2024-516338
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Witte, Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Corp Compl & Priv Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2024
Transaction ID : A2024-410249
 Amount of Each Receipt this Period 62.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	177.88
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Witte, Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Corp Compl & Priv Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt
 03 / 15 / 2024
Transaction ID : A2024-501089
 Amount of Each Receipt this Period 62.50
 Memo Item

B. Witte, Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Meridian Blvd.
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHSPSC LLC Occupation (for Individual) SVP Corp Compl & Priv Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 03 / 29 / 2024
Transaction ID : A2024-541602
 Amount of Each Receipt this Period 62.50
 Memo Item

C. Wood, Clyde, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7950 W. Jefferson Blvd.
 City Fort Wayne State NC Zip Code 46804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lutheran Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 03 / 08 / 2024
Transaction ID : A2024-371869
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	182.69
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 57
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wood, Clyde, , ,

Mailing Address 7950 W. Jefferson Blvd.

City Fort Wayne	State NC	Zip Code 46804
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lutheran Hospital	Occupation (for Individual) CEO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2024

Transaction ID : A2024-516340

Amount of Each Receipt this Period
57.69

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	10152.15

