2019 : 01 : NO : 03 : 00260287

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2019 JAN 29 AA 10: 37

NAME OF COMMITTEE (in full)	×	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
LifePpint Health Good Governm	ent PA	.C			
	<u></u>	<u> </u>		<u> </u>	
ADDRESS (number and street)	330 S	even Springs Way		<u> </u>	
(Check if address is changed)	ــــا				
•	Brent	wood IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		TN 3702 STATE ▲	7 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	ss				
	Option	p.Clark@LPNT.net lal Second E-Mail Add .Critchlow@LPNT.ne		· · ·	And the second of the second o
en e	5 p	Strain Strain Strain	CALL OF THE SECOND		19-100/00 I I I I I I I I I I I I I I I I I
COMMITTEE'S WEB PAGE ADD	e de la company	and the second s	(Adams of March 1995) - Including Adams of Adam	en la marco de la compresa de la co	with the second
(Check if address is changed)	/HE33	(OAL)	· · · · ·		· · · · · · · · · · · · · · · · · · ·
part of the	<u>L.</u>			<u></u>	
2. DATE 12 11		2018 C 000	121420	t in the life,	AND CONTRACTOR OF THE STATE OF
4. IS THIS STATEMENT		EW (N) OR	AMENDED (A)		
I certify that I have examined th	is State	ment and to the best	of my knowledge and belief	it is true, correct and	complete.
Type or Print Name of Treasure	Phi	llip Clark, Vice Pres	sident, LifePoint Health		
Signature of Treasurer	SZ.	John-	2	Date 12	11 2018
NOTE: Submission of false, errone			may subject the person signing		penalties of 52 U.S.C. §30109.
Office Use Only	<i>(,</i>	S. Dongra.	For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

· FEC	Form 1 (Revised 02/2009) Page 2
	F COMMITTEE
Candid	ate Committee:
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidat	e <u>[</u>
Candidat	
Party Aff	iliation Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of	
Candidat	e' [
Party (Committee: (National, State (Democratic,
(d)	This committee is a or subordinate) committee of the Republican, etc.) Par
Politic	al Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) ·	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa
''	committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint F	undraising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
, (h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Committees Participating in Joint Fundraiser
•	
·	P. Link and the second number C
;	3. FEC ID number
	I.

FEC Form 1 (Revised	02/2009) Page 3
Write or Type Committee Name	en de la companya de Nota de la companya
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
and the company of th	en de la companya de La companya de la co
LifePdint Health, Inc.	
Mailing Address	330 Seven Şprings Way
u	Brentwoodd
	CITY STATE ZIP CODE
Bolotionship: 🔽 Conserts	d Organization MAffiliated Committee Maint Fundamina Representative Militaria 1940/03
Helationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsol
<u> </u>	The state of the s
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in possession of committee
	and the second of the second o
Full Name Kathy Te	ague
Mailing Address	330 Seven Springs Way
	<u> </u>
	Brentwood
Title or Position	CITY STATE ZIP CODE
Senior Director	Telephone number 615 - 920 - 7000
8. Treasurer: List the name ar any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name of Treasurer Phillip Cl	ark _{grad} in the case of the
Mailing Address	330 Seven Şpringş Way
	<u> </u>
	Brentwood TN 37027 - TN CODE
Title or Position	CITY STATE ZIP CODE
Vice President	Telephone number 615 - 920 - 7000 -

CITY

100000

Page 4

ZIP CODE

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Full Name of

Designated Agent

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TITLE OR POSITION ▼

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9 FEC Form 1S (Revised 02/2017) Page of 5(g) or (h). Joint Fundralsing Participant: FEC ID number FEC ID number 2. FEC ID number FEC ID number Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address Relationship: CITY A ZIP CODE Connected Organization Affiliated Committee oint Fundraising Representative eadership PAC Sponsor Designated Agent: Identify by name, address (phone number - optional) Full Name Mailing Address

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

Name of Bank,
Depository, etc.

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ZIP CODE

STATE 4

AM 10: 37

Federal Election Commission 1050 First Street NE Nochington, DC 20403

2019 JAN 29

Helleinh Good Carenment PAC

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.									
Hand Delivered		Date of Receipt							
	Postmarked	Date of Receipt							
USPS First Class Mail	12-14-18	1-29-19							
USPS Registered/Certified	d .	Postmarked (R/C)							
USPS Priority Mail	,	Postmarked							
USPS Priority Mail Expres	ss	Postmarked							
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No Postmark		•							
Overnight Delivery Service	e (Specify):	Shipping Date							
	Nex	t Business Day Delivery							
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Received from Senate Pu	blic Records Office	Date of Receipt							
Received from Electronic	Filing Office	Date of Receipt							
Other (Specify):		Date of Receipt or Postmarked							
nf		1-29-19							
PREPARER		DATE PREPARED							
(3/2015)									