

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

ADDRESS (number and street) 4000 Meridian Blvd  
▼  
 Check if different than previously reported. (ACC) Franklin TN 37067

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00485896 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of    
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2022 through 05 / 31 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Pitt, Justin, D., ,  
Type or Print Name of Treasurer

Signature of Treasurer *Pitt, Justin, D.,* [Electronically Filed] Date 06 / 16 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2022"/>	<input type="text" value="259596.14"/>	<input type="text" value="259596.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="226543.01"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="49389.85"/>	<input type="text" value="95336.72"/>
(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="275932.86"/>	<input type="text" value="354932.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="79000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="275932.86"/>	<input type="text" value="275932.86"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

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: M M / D D / Y Y Y Y 05 / 01 / 2022 To: M M / D D / Y Y Y Y 05 / 31 / 2022

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).....	47010.84	70127.28
(ii) Unitemized .....	2379.01	25209.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	49389.85	95336.72
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	49389.85	95336.72
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)).....▶	49389.85	95336.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	49389.85	95336.72

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	40000.00
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	39000.00
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)) ..	0.00	79000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	79000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	49389.85	95336.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49389.85	95336.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 53
<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)**

**A. Abercrombie, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1613 N McKenzie Street  
 City Foley State AL Zip Code 36535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Comm Health Systems-S Baldwin Regional Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2022  
**Transaction ID : A2022-1233073**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Baldwin, Russell, , ,**  
 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 Occupation (for Individual) VP Litigation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2022  
**Transaction ID : A2022-1233088**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Banks, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5001 Hardy Street  
 City Hattiesburg State MS Zip Code 39402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Merit Health Wesley Occupation (for Individual) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2022  
**Transaction ID : A2022-1000195**  
 Amount of Each Receipt this Period  
 57.70  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1557.70
<b>TOTAL</b> 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 53
<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)**

**A. Banks, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5001 Hardy Street  
 City Hattiesburg State MS Zip Code 39402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Merit Health Wesley Occupation (for Individual) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 634.70

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161843**  
 Amount of Each Receipt this Period 57.70  
 Memo Item

**B. Bess, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1320 Maplewood Avenue  
 City Ronceverte State WV Zip Code 24970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Greenbrier Valley Medical Center Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233084**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Bisignani, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 746 Jefferson Avenue  
 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) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233087**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2057.70
<b>TOTAL</b> 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 53
<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)**

**A. Bivacca, Donald, J, ,**  
 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 Occupation (for Individual) VP of Operations Regions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233082**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Blevins, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4370 West Main Street  
 City Dothan State AL Zip Code 36305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Flowers Hospital Occupation (for Individual) Chief Oper Officer (COO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161830**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Bohlke, Terry, , ,**  
 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 Occupation (for Individual) VP Ambulatory Svcs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000146**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	545.00
<b>TOTAL</b> 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 53
<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 <b>A. Boyd, Roy, , ,</b>			Date of Receipt
Mailing Address 575 N. River Street			<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2022"/>
City Wilkes Barre	State PA	Zip Code 18764	<b>Transaction ID : A2022-1000171</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="41.67"/>
Name of Employer (for Individual) CHSPSC		Occupation (for Individual) Chief Fin Officer (CFO)	<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="416.70"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Boyd, Roy, , ,</b>			Date of Receipt
Mailing Address 575 N. River Street			<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2022"/>
City Wilkes Barre	State PA	Zip Code 18764	<b>Transaction ID : A2022-1161861</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="41.67"/>
Name of Employer (for Individual) CHSPSC		Occupation (for Individual) Chief Fin Officer (CFO)	<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="458.37"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Brandau, Rose, , ,</b>			Date of Receipt
Mailing Address 218 Mocksville Road			<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2022"/>
City Statesville	State NC	Zip Code 28625	<b>Transaction ID : A2022-1233063</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="375.00"/>
Name of Employer (for Individual) CHSPSC		Occupation (for Individual) CNO	<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="375.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="458.34"/>
<b>TOTAL</b> 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 10 OF 53
<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)**

**A. Brannon, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4370 West Main Street  
 City Dothan State AL Zip Code 36305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FlowersHospital Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2022  
**Transaction ID : A2022-1233097**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**B. Buckley, John, , ,**  
 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 Occupation (for Individual) VP Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2022  
**Transaction ID : A2022-1233174**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Burdett, Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1499 Fair Road  
 City Statesboro State GA Zip Code 30458-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) East Georgia Regional Medical Ctr Occupation (for Individual) Chief Nrsg Officer (CNO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2022  
**Transaction ID : A2022-944131**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2025.00
<b>TOTAL</b> 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 53
<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)**

**A. Burdett, Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1499 Fair Road  
 City Statesboro State GA Zip Code 30458-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) East Georgia Regional Medical Ctr Occupation (for Individual) Chief Nrsng Officer (CNO)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 20 / 2022**  
**Transaction ID : A2022-1118496**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Cain, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 923 East Central Avenue  
 City LaFollette State TN Zip Code 37766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tennoua LaFollette Medical Center Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 26 / 2022**  
**Transaction ID : A2022-1233177**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Campbell, Chad, , ,**  
 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 Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 937.53

Date of Receipt **05 / 12 / 2022**  
**Transaction ID : A2022-1000127**  
 Amount of Each Receipt this Period 104.17  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1129.17
<b>TOTAL</b> 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 53
<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)**

**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 Occupation (for Individual) VP Facilities Mainten  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000094**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**B. Carmody, James, , ,**  
 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 Occupation (for Individual) VP Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233064**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Carpenter, Shan, , ,**  
 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 Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233092**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1062.50
<b>TOTAL</b> 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 13 OF 53
<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)**

**A. Childree, Phillip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4370 West Main Street  
 City Dothan State AL Zip Code 36305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Flowers Hospital Occupation (for Individual) Chief Fin Officer (CFO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.50

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000181**  
 Amount of Each Receipt this Period 20.85  
 Memo Item

**B. Childree, Phillip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4370 West Main Street  
 City Dothan State AL Zip Code 36305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Flowers Hospital Occupation (for Individual) Chief Fin Officer (CFO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.35

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161829**  
 Amount of Each Receipt this Period 20.85  
 Memo Item

**C. Clark-Thrower, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 East Saunders Avenue  
 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) CNO Asst  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000079**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.53
<b>TOTAL</b> 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 53
	<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	

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. Clark-Thrower, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 East Saunders Avenue  
 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) CNO Asst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161859**  
 Amount of Each Receipt this Period 20.83  
 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 Occupation (for Individual) VP Legal & Corp Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000108**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Conti, 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 Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233066**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	562.50
<b>TOTAL</b> 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 53
	<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)**

**A. Cornett, Carrie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 Medical Parkway  
 City Bentonville State AR Zip Code 72712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Medical Center-Bentonville Occupation (for Individual) Hospital CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 05 / 26 / 2022  
**Transaction ID : A2022-1233172**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Davis, Gary, , ,**  
 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 32539-6026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Okaloosa Medical Center Occupation (for Individual) Chief Fin Officer (CFO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 05 / 12 / 2022  
**Transaction ID : A2022-1000073**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**C. Davis, Gary, , ,**  
 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 32539-6026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Okaloosa Medical Center Occupation (for Individual) Chief Fin Officer (CFO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
 05 / 27 / 2022  
**Transaction ID : A2022-1161847**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.34
<b>TOTAL</b> 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 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dobbs, Steven, , ,**  
 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 Occupation (for Individual) VP Operations Division  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2022  
**Transaction ID : A2022-1000145**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Dooley, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2520 E. Dupont Rd  
 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) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2022  
**Transaction ID : A2022-1000178**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Dooley, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2520 E. Dupont Rd  
 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) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2022  
**Transaction ID : A2022-1161826**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	141.67
<b>TOTAL</b> 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 53
<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)**

**A. Dubois, Brady, , ,**  
 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) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 26 / 2022  
**Transaction ID : A2022-1233171**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Ellison, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2901 N Fourth St  
 City Longview State TX Zip Code 75605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Nrsg Officer (CNO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.65

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000186**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**C. Ellison, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2901 N Fourth St  
 City Longview State TX Zip Code 75605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Nrsg Officer (CNO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161834**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1557.70
<b>TOTAL</b> 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 18 OF 53
	<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	

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. Emery, Andrew, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 505 S John Redditt Drive

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
05		12		2022

**Transaction ID : A2022-1000187**

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

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
05		27		2022

**Transaction ID : A2022-1161835**

Amount of Each Receipt this Period  
57.69

Memo Item

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

Mailing Address 12907 Sorrento Way

City Bradenton	State FL	Zip Code 34211
-------------------	-------------	-------------------

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

Name of Employer (for Individual) CHSPSC	Occupation (for Individual) Sr Director IS
---	---

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
05		26		2022

**Transaction ID : A2022-1233101**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	365.38
<b>TOTAL</b> 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 53
<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)**

**A. Francis, Keaton, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1800 W. University Blvd  
 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) Hospital ACEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233071**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Friday, Lisa, , ,**  
 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 Occupation (for Individual) Sr Regional HR Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 26 / 2022  
**Transaction ID : A2022-1233321**  
 Amount of Each Receipt this Period 250.00  
 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 Occupation (for Individual) EVP Corp Comm Mktg & PA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000122**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	865.00
<b>TOTAL</b> 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 53
<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)**

**A. Galloway, David, , ,**  
 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 Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2022  
**Transaction ID : A2022-1233176**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Garrett, II, Rhea, , ,**  
 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 Occupation (for Individual) VP Sr Employment Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2022  
**Transaction ID : A2022-1233180**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Gordon, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2901 N Fourth Street  
 City Longview State TX 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 ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2022  
**Transaction ID : A2022-1233179**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> 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 53
	<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
-----------------------------	-----------------------------	-----------------------------

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. Grey, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7565 Dannaer Dr  
 City Powell State TN Zip Code 37849-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Metro Knoxville Medical Occupation (for Individual) Chief Oper Officer (COO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2022  
**Transaction ID : A2022-944137**  
 Amount of Each Receipt this Period  
 28.85  
 Memo Item

**B. Grey, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7565 Dannaer Dr  
 City Powell State TN Zip Code 37849-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Metro Knoxville Medical Occupation (for Individual) Chief Oper Officer (COO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2022  
**Transaction ID : A2022-1118502**  
 Amount of Each Receipt this Period  
 28.85  
 Memo Item

**C. Guffey, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 S Osteopathy Ave  
 City Kirksville State MO Zip Code 63501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) CNO  
 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  
 05 / 26 / 2022  
**Transaction ID : A2022-1233173**  
 Amount of Each Receipt this Period  
 375.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	432.70
<b>TOTAL</b> 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 53
<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)**

**A. Harris, Allison, , ,**  
 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 Occupation (for Individual) VP Corporate Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233085**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Hatfield, Chad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6200 N. LaCholla Blvd.  
 City Tucson State AZ Zip Code 85741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000200**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Hatfield, Chad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6200 N. LaCholla Blvd.  
 City Tucson State AZ Zip Code 85741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161852**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 53
<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)**

**A. Hayes, James, , ,**  
 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 Occupation (for Individual) EVP CHRO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-100089**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Healey, 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 Occupation (for Individual) VP Government Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233060**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Herrin, Curtis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5001 Hardy Street  
 City Hattiesburg State MS Zip Code 39402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Merit Health Wesley Occupation (for Individual) Chief Fin Officer (CFO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161842**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	645.00
<b>TOTAL</b> 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 53
	<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	<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. Hise, Landon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 Reynoir Street  
 City Biloxi State MS Zip Code 39530-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt  
 05 / 06 / 2022  
**Transaction ID : A2022-944144**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Hise, Landon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 Reynoir Street  
 City Biloxi State MS Zip Code 39530-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt  
 05 / 20 / 2022  
**Transaction ID : A2022-1118509**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Holcombe, Nona, , ,**  
 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 32539-6026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Okaloosa Medical Center Occupation (for Individual) Chief Nrsg Officer (CNO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt  
 05 / 12 / 2022  
**Transaction ID : A2022-1000074**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.77
<b>TOTAL</b> 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 53
<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)**

**A. Holcombe, Nona, , ,**  
 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 32539-6026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Okaloosa Medical Center Occupation (for Individual) Chief Nrsng Officer (CNO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 317.35

Date of Receipt **05 / 27 / 2022**  
**Transaction ID : A2022-1161848**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**B. Houghton, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 S. Woodworth Loop  
 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) Hospital CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 13 / 2022**  
**Transaction ID : A2022-1233061**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Hudson, Pam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Hospital Drive  
 City Brownsboro 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) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 13 / 2022**  
**Transaction ID : A2022-1233062**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1528.85
<b>TOTAL</b> 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 26 OF 53
<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)**

**A. Hunt, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1551 E. Tangerine Road  
 City Oro Valley State AZ Zip Code 85755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oro Valley Hospital Occupation (for Individual) CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 26 / 2022  
**Transaction ID : A2022-1233181**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

**B. Jalil, Sohail, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Medical Center Drive  
 City Victoria State TX Zip Code 77904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Fin Officer (CFO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000184**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Jalil, Sohail, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Medical Center Drive  
 City Victoria State TX Zip Code 77904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Fin Officer (CFO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161832**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	451.92
<b>TOTAL</b> 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 53
	<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	

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. 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 Occupation (for Individual) SVP CAO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000126**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**B. Jones, Anetra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1331 State Street  
 City La Porte State IN Zip Code 46350-3112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Health LaPort/Starke Occupation (for Individual) Chief Nrsg Officer (CNO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000072**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**C. Jones, Anetra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1331 State Street  
 City La Porte State IN Zip Code 46350-3112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Health LaPort/Starke Occupation (for Individual) Chief Nrsg Officer (CNO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 317.35

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161846**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.20
<b>TOTAL</b> 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 53
<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)**

**A. Josey, Chuck, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 E. Dubois Drive  
 City Warsaw State IN Zip Code 46580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kosciusko Community Hospital Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000179**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Josey, Chuck, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 E. Dubois Drive  
 City Warsaw State IN Zip Code 46580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kosciusko Community Hospital Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161827**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Junkins, Curt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7201 East State Highway  
 City Corsicana State TX Zip Code 75110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Hospital CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000075**  
 Amount of Each Receipt this Period 57.69  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.61
<b>TOTAL</b> 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 53
<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)**

**A. Junkins, Curt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7201 East State Highway  
 City Corsicana State TX Zip Code 75110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Hospital CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 519.21

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161849**  
 Amount of Each Receipt this Period 57.69  
 Memo Item

**B. Kakuda, Kevin, , ,**  
 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 Occupation (for Individual) Supply Chain  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233083**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Kane, Charles, , ,**  
 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 Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2022  
**Transaction ID : A2022-1233106**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1057.69
<b>TOTAL</b> 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 53
	<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
-----------------------------	-----------------------------	-----------------------------

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. Kerrwood, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3000 Medical Center Parkway  
 City Bentonville State AR Zip Code 72712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Medical Center-Bentonville Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2022  
**Transaction ID : A2022-1233178**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Kolaczek, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5001 Hardy Street  
 City Hattiesburg State MS Zip Code 39402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Merit Health Wesley Occupation (for Individual) Chief Oper Officer (COO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2022  
**Transaction ID : A2022-1000193**  
 Amount of Each Receipt this Period  
 28.84  
 Memo Item

**C. Kolaczek, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5001 Hardy Street  
 City Hattiesburg State MS Zip Code 39402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Merit Health Wesley Occupation (for Individual) Chief Oper Officer (COO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 317.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2022  
**Transaction ID : A2022-1161841**  
 Amount of Each Receipt this Period  
 28.84  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1057.68
<b>TOTAL</b> 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 53
	<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
-----------------------------	-----------------------------	-----------------------------

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. Komoll, 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 Occupation (for Individual) VP Risk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000161**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Leal, Jorge, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 East Saunders Avenue  
 City Laredo State TX Zip Code 78041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000077**  
 Amount of Each Receipt this Period 57.70  
 Memo Item

**C. Leal, Jorge, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 East Saunders Avenue  
 City Laredo State TX Zip Code 78041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 634.70

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161857**  
 Amount of Each Receipt this Period 57.70  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.40
<b>TOTAL</b> 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 53
<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)**

**A. Leger, Bernard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 E. San Antonio  
 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) Hospital CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233070**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Lomicka, Edward, , ,**  
 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 Occupation (for Individual) VP Strategic Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000097**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**C. Martin, 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 Occupation (for Individual) VP Behavioral Health  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000170**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1587.50
<b>TOTAL</b> 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 53
	<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	<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. Mason, Austen, , ,**  
 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 Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 937.53

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-100093**  
 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 Sgt. Prentiss Drive  
 City Natchez State MS Zip Code 39120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Hospital CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000172**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. May, Garrett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 Sgt. Prentiss Drive  
 City Natchez State MS Zip Code 39120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Hospital CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161862**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	187.51
<b>TOTAL</b> 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 53
	<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)**

**A. McClure, Jennifer, , ,**  
 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 Occupation (for Individual) VP Access & Transfer Ctr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161866**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. McKay, Phebe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5001 Hardy Street  
 City Hattiesburg State MS Zip Code 39402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Merit Health Wesley Occupation (for Individual) CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233069**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**C. Medley, Mark, , ,**  
 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 Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 937.53

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000160**  
 Amount of Each Receipt this Period 104.17  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	874.17
<b>TOTAL</b> 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 53
	<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	

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. Moore, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3201 W. Highway 22  
 City Corsicana State TX Zip Code 75110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Hospital CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000190**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Moore, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3201 W. Highway 22  
 City Corsicana State TX Zip Code 75110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Hospital CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161838**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Naegler, Rick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2620 North Westwood Blvd  
 City Poplar Bluff State MO Zip Code 63901-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 05 / 06 / 2022  
**Transaction ID : A2022-944141**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	153.92
<b>TOTAL</b> 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 53
<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)**

**A. Naegler, Rick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2620 North Westwood Blvd  
 City Poplar Bluff State MO Zip Code 63901-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 05 / 20 / 2022  
**Transaction ID : A2022-1118506**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**B. Novak, Paul, , ,**  
 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 Occupation (for Individual) VP Information Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 567.00

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000163**  
 Amount of Each Receipt this Period 63.00  
 Memo Item

**C. Olinger, Marcela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6201 North Suncoast Blvd  
 City Crystal River State FL Zip Code 34428-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bravera Health - Seven Rivers Occupation (for Individual) Chief Nrsng Officer (CNO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 20 / 2022  
**Transaction ID : A2022-1118500**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	161.00
<b>TOTAL</b> 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 37 OF 53
<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)**

**A. Ottinger, Gabe, , ,**  
 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 Occupation (for Individual) VP, Financial Reporting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233089**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Parsons, Brent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1515 Union Avenue  
 City Moberly State MO Zip Code 65270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000076**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Parsons, Brent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1515 Union Avenue  
 City Moberly State MO Zip Code 65270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161855**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1583.34
<b>TOTAL</b> 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 53
<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)**

**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 Medical Center Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2022  
**Transaction ID : A2022-1233099**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**B. Peters, Sherrill, , ,**  
 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 Occupation (for Individual) Sr Dir Clinical Risk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2022  
**Transaction ID : A2022-1000087**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Phelps, Brit, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 River Oaks Drive  
 City Canton State MS Zip Code 39046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Merit Health Madison Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2022  
**Transaction ID : A2022-1233098**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2550.00
<b>TOTAL</b> 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 53
	<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	

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. Pickard, Robert, , ,**  
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	Occupation (for Individual) SVP Corporate Taxation
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
562.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2022

**Transaction ID : A2022-100090**

Amount of Each Receipt this Period  
62.50

Memo Item

**B. Pitt, Justin, , ,**  
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	Occupation (for Individual) SVP & Chief Litigation Counsel
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2022

**Transaction ID : A2022-1233094**

Amount of Each Receipt this Period  
3000.00

Memo Item

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

Mailing Address 1700 East Saunders Avenue

City Laredo	State TX	Zip Code 78041
----------------	-------------	-------------------

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

Name of Employer (for Individual) CHSPSC	Occupation (for Individual) Chief Nrsg Officer (CNO)
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
288.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2022

**Transaction ID : A2022-1000078**

Amount of Each Receipt this Period  
28.85

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3091.35
<b>TOTAL</b> 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 53
<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)**

**A. Puente, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 East Saunders Avenue  
 City Laredo State TX Zip Code 78041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Nrsng Officer (CNO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 317.35

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161858**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

**B. Ramsey, Beryl, , ,**  
 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 Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2022  
**Transaction ID : A2022-1233103**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Randolph, Mitchell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 Meridian Blvd  
 City Franklin State TN Zip Code 37067-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Supply Chain Shared Services Center Occupation (for Individual) VP Supply Chain  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161871**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	548.08
<b>TOTAL</b> 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 53
<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)**

**A. Rau, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 Meridian Blvd  
 City Franklin State TN Zip Code 37067-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) VP Supply Chain  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000207**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Rau, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 Meridian Blvd  
 City Franklin State TN Zip Code 37067-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) VP Supply Chain  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161869**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Rice, Amy, , ,**  
 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 Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233072**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	542.00
<b>TOTAL</b> 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 42 OF 53
	<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	

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. Roe, Dusten, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2520 E. Dupont Rd  
 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) Asst Chief Exec Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2022  
**Transaction ID : A2022-1161825**  
 Amount of Each Receipt this Period  
 19.23  
 Memo Item

**B. Romine, Andy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 Harbor Blvd  
 City Port Charlotte State FL Zip Code 33952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ShorePoint Health - Port Charlotte Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2022  
**Transaction ID : A2022-1233096**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**C. Rudisill, Pam, , ,**  
 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 Occupation (for Individual) SVP/CNO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2022  
**Transaction ID : A2022-1233090**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3019.23
<b>TOTAL</b> 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 53
	<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	

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. Schneider, Brian, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2520 E. Dupont Rd

City Fort Wayne	State IN	Zip Code 46825
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CHSPSC	Occupation (for Individual) Chief Fin Officer (CFO)
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2022

**Transaction ID : A2022-1000175**

Amount of Each Receipt this Period  
38.46

Memo Item

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

Mailing Address 2520 E. Dupont Rd

City Fort Wayne	State IN	Zip Code 46825
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CHSPSC	Occupation (for Individual) Chief Fin Officer (CFO)
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2022

**Transaction ID : A2022-1161823**

Amount of Each Receipt this Period  
38.46

Memo Item

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

Mailing Address 2500 Harbor Blvd

City Port Charlotte	State FL	Zip Code 33952-0000
------------------------	-------------	------------------------

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

Name of Employer (for Individual) CHSPSC	Occupation (for Individual) Chief Nrsg Officer (CNO)
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
261.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2022

**Transaction ID : A2022-944132**

Amount of Each Receipt this Period  
29.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.92
<b>TOTAL</b> 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 53
	<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	

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. Schroeder, Russell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 Harbor Blvd  
 City Port Charlotte State FL Zip Code 33952-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Nrsng Officer (CNO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2022  
**Transaction ID : A2022-1118497**  
 Amount of Each Receipt this Period  
 29.00  
 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 Occupation (for Individual) SVP Chief Purch Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 519.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2022  
**Transaction ID : A2022-1000156**  
 Amount of Each Receipt this Period  
 57.70  
 Memo Item

**C. Scott, Britney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 302 Tuscany Drive  
 City Victoria State TX Zip Code 77904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Detar Hospital Occupation (for Individual) Hospital COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2022  
**Transaction ID : A2022-1233067**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	586.70
<b>TOTAL</b> 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 53
	<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

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. Simon, Lynn, , ,**  
 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 Occupation (for Individual) President Clin Ops & CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1874.97

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000095**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. Sinotte, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6200 N Lacholla Blvd  
 City Tucson State AZ Zip Code 85741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Market CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 26 / 2022  
**Transaction ID : A2022-1233170**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Sisson, Travis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2901 N Fourth St  
 City Longview State TX Zip Code 75605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Chief Oper Officer (COO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 259.65

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000185**  
 Amount of Each Receipt this Period 28.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2237.18
<b>TOTAL</b> 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 53
<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 <b>A. Sisson, Travis, , ,</b>			Date of Receipt
Mailing Address 2901 N Fourth St			<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2022"/>
City Longview	State TX	Zip Code 75605	<b>Transaction ID : A2022-1161833</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="28.85"/>
Name of Employer (for Individual) CHSPSC		Occupation (for Individual) Chief Oper Officer (COO)	<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="288.50"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Skrzyniarz, Douglas, , ,</b>			Date of Receipt
Mailing Address 4000 Meridian Blvd			<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2022"/>
City Franklin	State TN	Zip Code 37067	<b>Transaction ID : A2022-1000168</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) CHSPSC		Occupation (for Individual) VP Government Relations	<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="225.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Stefanov, Lisa, , ,</b>			Date of Receipt
Mailing Address 4100 Eastover Drive			<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2022"/>
City Anniston	State AL	Zip Code 36207	<b>Transaction ID : A2022-1233091</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) CHSPSC		Occupation (for Individual) VP Regulatory	<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="500.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="553.85"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**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 53
	<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	

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. Stockton, Kevin, , ,**  
 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 Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 945.00

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000132**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**B. Stockton, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6201 North Suncoast Blvd  
 City Crystal River State FL Zip Code 34428-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bravera Health - Seven Rivers Occupation (for Individual) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 05 / 06 / 2022  
**Transaction ID : A2022-944136**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Stockton, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6201 North Suncoast Blvd  
 City Crystal River State FL Zip Code 34428-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bravera Health - Seven Rivers Occupation (for Individual) Chief Exec Officer (CEO)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 20 / 2022  
**Transaction ID : A2022-1118501**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	181.92
<b>TOTAL</b> 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 48 OF 53
<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)**

**A. Strawhacker, Meagan, , ,**  
 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 Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233095**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Summar, Nathaniel, , ,**  
 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 Occupation (for Individual) VP Revenue Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000107**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**C. Tefeteller, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1730 Brian Grant Court  
 City Downers Grove State IL Zip Code 60516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Market CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-1000212**  
 Amount of Each Receipt this Period 76.92  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	639.42
<b>TOTAL</b> 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 53
<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)**

**A. Teffeteller, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1730 Brian Grant Court  
 City Downers Grove State IL Zip Code 60516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Market CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161874**  
 Amount of Each Receipt this Period 76.92  
 Memo Item

**B. Thames, Suzanne, , ,**  
 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) Newport Medical Center Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2022  
**Transaction ID : A2022-1233086**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Wathen, Tajee, , ,**  
 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) Revenue Cycle Service Center Occupation (for Individual) VP PCCM  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 27 / 2022  
**Transaction ID : A2022-1161873**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	596.92
<b>TOTAL</b> 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 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. West, Nicole, , ,**  
 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 Occupation (for Individual) VP Internal Audit  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 207.54

Date of Receipt 05 / 12 / 2022  
**Transaction ID : A2022-100082**  
 Amount of Each Receipt this Period 23.06  
 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 346.14

Date of Receipt 05 / 06 / 2022  
**Transaction ID : A2022-944139**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. 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 384.60

Date of Receipt 05 / 20 / 2022  
**Transaction ID : A2022-1118504**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	99.98
<b>TOTAL</b> 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 53
	<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

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. 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) Newport Medical Center Tennova Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2022  
**Transaction ID : A2022-1233104**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Willis, Richard, , ,**  
 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 Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2022  
**Transaction ID : A2022-1233093**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**C. Witte, Sandra, , ,**  
 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 Occupation (for Individual) SVP Corp Compl & Priv Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2022  
**Transaction ID : A2022-1000086**  
 Amount of Each Receipt this Period  
 62.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2562.50
<b>TOTAL</b> 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 53
	<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
-----------------------------	-----------------------------	-----------------------------

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. Wleklinski, Anna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 N. Progress Avenue  
 City Siloam Springs State AR Zip Code 72761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHSPSC Occupation (for Individual) Hospital CNO  
 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  
 05 / 26 / 2022  
**Transaction ID : A2022-1233102**  
 Amount of Each Receipt this Period  
 375.00  
 Memo Item

**B. Wolf, Robert, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 17th St  
 City Woodward State OK Zip Code 73801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alliance Health Woodward Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2022  
**Transaction ID : A2022-1233107**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Wright, James, , ,**  
 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 Occupation (for Individual) VP Professional Fee Billi  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2022  
**Transaction ID : A2022-1000118**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> 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 53
<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)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Yehl, Warren, , ,

Mailing Address 405 W. Country Club Road

City Roswell	State NM	Zip Code 88201
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Eastern New Mexico Medical Center	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		26		2022

**Transaction ID : A2022-1233105**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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
-----	---	-----	---	---------

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
------	-------	----------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	47010.84