

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

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

ADDRESS (number and street) 4000 Meridian Blvd

(Check if address is changed)

Franklin CITY ▲ TN STATE ▲ 37067 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) fecinfo@pass1.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) None

2. DATE 06 / 08 / 2023

3. FEC IDENTIFICATION NUMBER ► C C00485896

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

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

Type or Print Name of Treasurer Pitt, Justin, D, ,

Signature of Treasurer Pitt, Justin, D, , [Electronically Filed] Date 06 / 08 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE:

Candidate Committee:

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

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization
 Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

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

Committees Participating in Joint Fundraiser

1. _____

2. _____

C _____

C _____

Write or Type Committee Name

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

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

CHS/Community Health Systems, Inc.

Grid lines for name entry

Mailing Address

4000 Meridian Blvd

Grid lines for address line 2

Franklin

TN

37067

CITY ▲

STATE ▲

ZIP CODE ▲

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

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

PASS, INC, PAC AGENT, , ,

Full Name

Grid lines for full name

Mailing Address

1950 Roland Clarke Place

Suite 300

Reston

VA

20191

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

Grid lines for telephone number

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

Full Name of Treasurer

Pitt, Justin, D, ,

Grid lines for full name of treasurer

Mailing Address

4000 Meridian Blvd

Grid lines for address line 2

Franklin

TN

37067

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

615

465

7370

Grid lines for telephone number

Full Name of Designated Agent | Skrzyniarz, Doug, , ,

Mailing Address | 4000 Meridian Blvd
Franklin | TN | 37067
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ | Assistant Treasurer
Telephone number | 615 | 465 | 7172

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

Name of Bank, Depository, etc.

Wells Fargo
Mailing Address | 420 Montgomery Street
San Francisco | CA | 94104
CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address
CITY ▲ STATE ▲ ZIP CODE ▲

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

The registration is being amended to disclose a change of bank.

Form/Schedule:
Transaction ID: