Image# 202204229502365122				04/22/2022 10.22
FEC FORM 1	STATEME ORGANIZ			PAGE 1 / 4
1. NAME OF	(Check if name	Example:If typing, type		
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
UNITED HEAL	TH SERVICES PA	AC, INC.		
	1626 JEURGENS COURT			
ADDRESS (number and street				
(Check if address is changed)				
	NORCROSS		GA 300	093
	CITY 🔺		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address	SRalston@pruitthealth	n.com		
is changed)	Optional Second E-Mail Ad	Idress		
	taxinfo@pruitthealth			
COMMITTEE'S WEB PAGE . (Check if address is changed)				
2. DATE 04 /	22 / Y Y Y Y 22 2022			
3. FEC IDENTIFICATION	NUMBER ► C C	00400135		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
I certify that I have examine	d this Statement and to the best	t of my knowledge and belief	it is true, correct and	d complete.
Type or Print Name of Treas	urer Stephens, Sarah, Ralston, ,			
Type of Frink Warne of fields	uror <u> </u>			
Signature of Treasurer	ephens, Sarah, Ralston, ,	[Electronically Filed]	Date 04	22 / Y Y Y Y 2022
NOTE: Submission of false, er	roneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>	
TYPE OF C			
Candidate	e 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. (Co information below.)	mplete the candidate	
Name of Candidate			
Candidate Party Affiliat	on Office Sought: House Senate President	State	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Cor	nmittee:		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Part	
Political A	ction Committee (PAC):		
(e) <b>X</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is	
	Corporation Corporation w/o Capital Stock	Labor Organization	
	Membership Organization Trade Association	Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.		
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or committee. (i.e., nonconnected committee)		
In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fund	Iraising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate		
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political	
Com	mittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.	FEC ID number		

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## UNITED HEALTH SERVICES PAC, INC.

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

U	nited Health Services	, Inc.
L		
	Mailing Address	1626 Jeurgens Court
		Norcross     GA     30093
		CITY STATE ZIP CODE
	Relationship: <b>x</b> Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in possession of committee
	Stephens, Stephe	Sarah, Ralston, ,
	Mailing Address	1626 Jeurgens Court
		Norcross     GA     30093
	Title or Position	CITY STATE ZIP CODE
	VP Government Affair	Telephone number 706 279 6200
8.	Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name and address of ssistant treasurer).

Full Name Stephens,	, Sarah, Ralston, ,
of Treasurer	
Mailing Address	1626 Jeurgens Court
	Norcross
	CITY STATE ZIP CODE
Title or Position VP of Government Aff	Telephone number 706 279 6200

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Full Name of Designated Agent	Clements, A	my, , ,	
Mailing Address		1626 Jeurgens Court	
		Norcross GA 30093	
		CITY STATE ZIP CODE	
Title or Position	t 	Telephone number 770 279 6200	

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.

Norcross

Syno	/VUS		
Mailing Address	PO Box 2646-R		
	Columbia	GA	1902 
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.		
Wells	s Fargo		
	1625 Indian Trail Lilburn Rd		
Mailing Address			

CITY

GA

STATE

30093

ZIP CODE