

**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

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

ADDRESS (number and street)

265 Brookview Centre Way Suite 203

Check if different
than previously
reported. (ACC)

Knoxville

TN

37919

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00895706

3. IS THIS
REPORTNEW
(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

through

M M M /

D D D /

Y Y Y Y Y Y

08

01

2026

08

31

2026

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

Type or Print Name of Treasurer

Jones, David, , ,

Signature of Treasurer

Jones, David, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y

09

18

2026

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2026		175400.51
(b) Cash on Hand at Beginning of Reporting Period.....	262104.80	
(c) Total Receipts (from Line 19)	4585.50	208978.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	266690.30	384378.77
7. Total Disbursements (from Line 31)	0.00	117688.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	266690.30	266690.30
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	6

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).....	3912.05	194591.70
(ii) Unitemized	673.45	9386.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4585.50	203978.26
(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)	4585.50	203978.26
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	5000.00
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))	4585.50	208978.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4585.50	208978.26

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	150.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	150.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	97500.00
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	1038.47
(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	1038.47
29. Other Disbursements (Including Non-Federal Donations).....	0.00	19000.00
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	117688.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	117688.47

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4585.50	203978.26
34. Total Contribution Refunds (from Line 28(d))	0.00	1038.47
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4585.50	202939.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	150.00
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	150.00

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

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

FOR LINE NUMBER: PAGE 6 OF 22
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Bailey, Nellie, K, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
VP Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648979

Amount of Each Receipt this Period

19.23

☐ Memo Item

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

B. Bailey, Nellie, K, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
VP Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767091

Amount of Each Receipt this Period

19.23

☐ Memo Item

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

C. Behm, Jennifer, L, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
EVP West Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648987

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

134.61

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

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

FOR LINE NUMBER: PAGE 7 OF 22
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Behm, Jennifer, L, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
EVP West Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767063

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

B. Bell, Kimberly, A, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
Medical Director (On Leave)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.48

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1649010

Amount of Each Receipt this Period

33.50

☐ Memo Item

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

C. Callan, Lauren, , ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
Sr VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648996

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

179.65

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

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

FOR LINE NUMBER: PAGE 8 OF 22
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Callan, Lauren, , ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
Sr VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

MM / DD / YYYY
08 / 28 / 2026

Transaction ID : A2026-1767069

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Carroll, Robert, F, , Jr.

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

MM / DD / YYYY
08 / 14 / 2026

Transaction ID : A2026-1649002

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

C. Carroll, Robert, F, , Jr.

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

MM / DD / YYYY
08 / 28 / 2026

Transaction ID : A2026-1767083

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

242.30

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

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

FOR LINE NUMBER: PAGE 9 OF 22
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Cattaneo, Christine, G, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
Regional Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648976

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Cattaneo, Christine, G, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
Regional Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767099

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Dennard, Megan, , ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
SVP Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

576.90

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648974

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

78.46

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

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

FOR LINE NUMBER: PAGE 10 OF 22
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Dennard, Megan, , ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
SVP Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767097

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

B. Evans, Robert, , ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
EVP Southeast Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648994

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

C. Evans, Robert, , ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
EVP Southeast Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767068

Amount of Each Receipt this Period

192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

423.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 22
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Finefrock, Douglas, C, ,Mailing Address 265 Brookview Centre Way
Suite 203City
KnoxvilleState
TNZip Code
37919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings IncOccupation (for Individual)
Regional Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2026

Transaction ID : A2026-1649004

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

B. Finefrock, Douglas, C, ,Mailing Address 265 Brookview Centre Way
Suite 203City
KnoxvilleState
TNZip Code
37919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings IncOccupation (for Individual)
Regional Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : A2026-1767081

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

C. Flenniken, Sharon, A, ,Mailing Address 265 Brookview Centre Way
Suite 203City
KnoxvilleState
TNZip Code
37919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings IncOccupation (for Individual)
SVP Group Operations Southeast

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2026

Transaction ID : A2026-1648986

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

176.92

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 22
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Flenniken, Sharon, A, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
SVP Group Operations Southeast

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767072

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Goldfeld, Aron, P, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
VP Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648998

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

C. Goldfeld, Aron, P, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
VP Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767080

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

292.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 22
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Hill, Angela, , ,Mailing Address 265 Brookview Centre Way
Suite 203City
KnoxvilleState
TNZip Code
37919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings IncOccupation (for Individual)
VP Talent Acquisition

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2026**Transaction ID : A2026-1648985**

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

B. Hill, Angela, , ,Mailing Address 265 Brookview Centre Way
Suite 203City
KnoxvilleState
TNZip Code
37919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings IncOccupation (for Individual)
VP Talent Acquisition

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026**Transaction ID : A2026-1767078**

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

C. Himebaugh, Roberta, P, ,Mailing Address 265 Brookview Centre Way
Suite 203City
KnoxvilleState
TNZip Code
37919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings IncOccupation (for Individual)
EVP Northeast Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2026**Transaction ID : A2026-1648988**

Amount of Each Receipt this Period

192.30

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

269.22

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

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

FOR LINE NUMBER: PAGE 14 OF 22
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐	☐	☐	☐ 17

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NAME OF COMMITTEE (In Full)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Himebaugh, Roberta, P, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
EVP Northeast Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.20

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767079

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

B. Hopson, Joshua, P, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
VP Integrated Marketing Communicatic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1649000

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Hopson, Joshua, P, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
VP Integrated Marketing Communication

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767065

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

272.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 22
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Istvan, David, J, ,Mailing Address 265 Brookview Centre Way
Suite 203City
KnoxvilleState
TNZip Code
37919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings IncOccupation (for Individual)
President Northeast Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2026

Transaction ID : A2026-1648989

Amount of Each Receipt this Period

192.00

☐ Memo Item

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

B. Istvan, David, J, ,Mailing Address 265 Brookview Centre Way
Suite 203City
KnoxvilleState
TNZip Code
37919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings IncOccupation (for Individual)
President Northeast Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3456.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : A2026-1767074

Amount of Each Receipt this Period

192.00

☐ Memo Item

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

C. Lusk, Christy, , ,Mailing Address 265 Brookview Centre Way
Suite 203City
KnoxvilleState
TNZip Code
37919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings IncOccupation (for Individual)
Sr VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2026

Transaction ID : A2026-1648991

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

404.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 22
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Lusk, Christy, , ,Mailing Address 265 Brookview Centre Way
Suite 203City
KnoxvilleState
TNZip Code
37919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings IncOccupation (for Individual)
Sr VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : A2026-1767073

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Malone, Brian, P, ,Mailing Address 265 Brookview Centre Way
Suite 203City
KnoxvilleState
TNZip Code
37919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings IncOccupation (for Individual)
SVP Growth & Strategic Accounts Man

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2026

Transaction ID : A2026-1648977

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Malone, Brian, P, ,Mailing Address 265 Brookview Centre Way
Suite 203City
KnoxvilleState
TNZip Code
37919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings IncOccupation (for Individual)
SVP Growth & Strategic Accounts Mana

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : A2026-1767090

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

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

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

FOR LINE NUMBER: PAGE 17 OF 22
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Mendelson, Neil, A, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
SVP Clinical West

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648978

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

B. Mendelson, Neil, A, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
SVP Clinical West

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767071

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

C. Porter, Jessica, A, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

961.50

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648965

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

288.45

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

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

FOR LINE NUMBER: PAGE 18 OF 22
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Shah, Gaurang, N, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648967

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Simon, Emily, M, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
SVP Group Operations Southeast

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648981

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

C. Simon, Emily, M, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
SVP Group Operations Southeast

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

269.22

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767095

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

176.92

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

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

FOR LINE NUMBER: PAGE 19 OF 22
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Sittig, Roy, I, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
Regional Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648999

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Sittig, Roy, I, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
Regional Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767066

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Stone, Allister, G, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
Regional Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648990

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

196.15

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

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

FOR LINE NUMBER: PAGE 20 OF 22
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐	☐	☐	☐ 17

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NAME OF COMMITTEE (In Full)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Stone, Allister, G, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
Regional Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767075

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

B. Sublett, Glenda, T, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
SVP Operations Support & Provider Se

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648995

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

C. Sublett, Glenda, T, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
SVP Operations Support & Provider Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

653.82

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767062

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

173.07

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

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

FOR LINE NUMBER: PAGE 21 OF 22
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐	☐	☐	☐ 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)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Wiechart, Michael, A, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
President & Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.96

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1649009

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

B. Wiechart, Michael, A, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
President & Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.27

Date of Receipt

08 / 28 / 2026

Transaction ID : A2026-1767088

Amount of Each Receipt this Period

192.31

☐ Memo Item

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

C. Williams, Ronnie, L, ,

Mailing Address 265 Brookview Centre Way
Suite 203

City
Knoxville

State
TN

Zip Code
37919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings Inc

Occupation (for Individual)
SVP Operations Finance Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 14 / 2026

Transaction ID : A2026-1648972

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

434.62

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 22

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

TeamHealth Holdings, Inc PAC (TeamHealth Providers PAC)

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

A. Williams, Ronnie, L, ,Mailing Address 265 Brookview Centre Way
Suite 203City
KnoxvilleState
TNZip Code
37919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Holdings IncOccupation (for Individual)
SVP Operations Finance Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2026**Transaction ID : A2026-1767098**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

C.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

3912.05