

# 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

LifePoint Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

ADDRESS (number and street) 330 Seven Springs Way

(Check if address is changed)

Brentwood TN 37027  
 CITY ▲ STATE ▲ ZIP CODE ▲

### COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) Phillip.Clark@LPNT.net

Optional Second E-Mail Address  
david.critchlow@lpnt.net

### COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 02 / 16 / 2023

3. FEC IDENTIFICATION NUMBER C C00347955

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 Clark, Phillip, , ,

Signature of Treasurer Clark, Phillip, , , [Electronically Filed] Date 02 / 16 / 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

LifePoint Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

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

LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

Empty grid lines for organization name

Mailing Address 330 Seven Springs Way

Empty grid lines for address

Brentwood TN 37027

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.

Full Name Lawrence, Charlotte, , ,

Mailing Address 330 Seven Springs Way

Empty grid lines for address

Brentwood TN 37027

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ Custodian of Records Telephone number 615 920 7688

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 Clark, Phillip, , ,

Mailing Address 330 Seven Springs Way

Empty grid lines for address

Brentwood TN 37027

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ Treasurer Telephone number 615 950 7612

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

Regions Bank

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

One Nashville Place, 150 4th A

[Empty grid for Mailing Address line 2]

Nashville TN 37219

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A

Transaction ID :

The Statement of Organization is being amended to disclose the new name for the Custodian of Records. Please update your records accordingly.

Form/Schedule:

Transaction ID: