Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Ardent Legacy Holdings LLC Federal PAC One Burton Hills Boulevard ADDRESS (number and street) Suite 250 (Check if address is changed) Nashville ΤN 37215 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Ashley.Crabtree@ardenthealth.com (Check if address is changed) Optional Second E-Mail Address ksphillips@comcast.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2019 C00550392 FEC IDENTIFICATION NUMBER 3. X 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. Crabtree, Ashley, M., Mrs., Type or Print Name of Treasurer Crabtree, Ashley, M., Mrs., [Electronically Filed] 03 20 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

ı	FFC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	1 ago 2
Can	didate	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. (Cominformation below.)	plete the candidate
Name Cand			
	lidate Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Parl	y Con	nmittee:	(D
(d)		· · · · ·	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	FFC Forms 1 (Davised (22/2000)	Daga 2
Write	FEC Form 1 (Revised (Page 3
		Holdings LLC Federal PAC	
		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	hin DAC Sponsor
	-		iip PAC Spoilsoi
Arde	nt Legacy Holding	JS LLC	
Mail		One Burton Hills Boulevard	
IVIali	ing Address	Suite 250	
		Nashville TN 37215	
		CITY STATE	ZIP CODE
Rela	ationship: x Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	ndership PAC Sponsor
	stodian of Records: Identification is to the latest the state of the s	ntify by name, address (phone number optional) and position of the person in pos	session of committee
- "		Ashley, M., Mrs.,	1
	Name	One Burton Hills Boulevard	
Mail	ing Address	Suite 250	
		Nashville, TN 37215	
Title	or Position	CITY STATE	ZIP CODE
Tr	easurer	Telephone number 615 –	296 - 3202
	surer: List the name and designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of
	Name Crabtree, A	Ashley, M., Mrs.,	
	ing Address	One Burton Hills Boulevard	
wiall		Suite 250	
		Nashville, TN 37215	
		CITY STATE 2	ZIP CODE
	or Position easurer		296 3202

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Full Name of Designated Agent	etrovich, Stephen, C., ,		
Mailing Address	One Burton Hills Boulevard		
	Suite 250		
	Nashville CITY	STATE	37215 ZIP CODE
Title or Position Assistant Treasure	Teleph	hone number 615	296 3384
safety deposit boxes Name of Bank, Dep	positories: List all banks or other depositories in which the or maintains funds. ository, etc. bank of America, N.A.	e committee deposits func	ds, holds accounts, rents
Mailing Address	600 Peachtree Street NE		
	Atlanta,	GA 3	30308
	CITY	STATE	ZIP CODE
Name of Bank, Dep	ository, etc.		
L			
Mailing Address			
			1

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ig raiticipant.		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund oldings LLC Good Government Fund		e, or Leadership PAC Spon
Mailing Address	One Burton Hills Boulevard		
	Sutie 250		
	Nashville,		37215
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Join by by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	by by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identing Full Name Mailing Address	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	cy by name, address (phone number – optional) CITY City	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	cy by name, address (phone number – optional) CITY City	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	cy by name, address (phone number – optional) CITY City	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	cy by name, address (phone number – optional) CITY City	STATE A Telephone Number	ZIP CODE A