

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 LIFEPPOINT HOSPITALS INC GOOD GOVERNMENT FUND

ADDRESS (number and street) 103 POWELL COURT SUITE 200 BRENTWOOD TN 37027

2. FEC IDENTIFICATION NUMBER C C00347955 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 / 01 / 2013 through 05 / 31 / 2013

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 Penny Brake

Signature of Treasurer Penny Brake [Electronically Filed] Date 06 / 18 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		114613.36
(b) Cash on Hand at Beginning of Reporting Period.....	70339.61	
(c) Total Receipts (from Line 19)	80714.00	95491.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	151053.61	210104.36
7. Total Disbursements (from Line 31).....	2524.94	61575.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	148528.67	148528.67
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:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

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

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).....	72969.00	87146.00
(ii) Unitemized	7745.00	8345.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	80714.00	95491.00
(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)	80714.00	95491.00
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	0.00
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))..... ▶	80714.00	95491.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	80714.00	95491.00

DETAILED SUMMARY PAGE
of Disbursements

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	24.94	94.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	24.94	94.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	42000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00
(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	0.00
29. Other Disbursements	2500.00	19481.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	2524.94	61575.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2524.94	61575.69

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	80714.00	95491.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80714.00	95491.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	24.94	94.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	24.94	94.69

**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 40
(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)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)
A. Deborah Almauhy

Mailing Address 103 Powell Court
Suite 200

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockdale CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : SA11AI.8519

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Claudia Ambro

Mailing Address 570 Church St E #618

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LifePoint Hospitals Dir. Bus. Offc. Ops.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : SA11AI.8467

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. David Anderson

Mailing Address 103 Powell Court

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Jackson Purchase Med Ctr CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : SA11AI.8565

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1900.00

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 7 OF 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)
A. Deborah Armstrong

Mailing Address 1412 Milstead Ave NE

City Conyers State GA Zip Code 30012

FEC ID number of contributing federal political committee. **C**

Name of Employer Rockdale Med Ctr Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : SA11AI.8518

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. James Atkins

Mailing Address 103 Powell Court Suite 200

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Rockdale Occupation Asst. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : SA11AI.8528

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Bob Barrett

Mailing Address 244 McGuire Lane

City Cedar Bluff State VA Zip Code 24609

FEC ID number of contributing federal political committee. **C**

Name of Employer Clinch Valley Med Ctr Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : SA11AI.8554

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 8 OF 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)
A. James Bills

Mailing Address 204 Timber Ridge Dr

City State Zip Code
Beckley WV 25801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Raleigh General COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2013
Transaction ID : SA11AI.8573

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Don Bivacca

Mailing Address 2455 Durham Manor Dr

City State Zip Code
Franklin TN 37064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LifePoint Hospitals, Inc. National Division President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : SA11AI.8484

Amount of Each Receipt this Period
3500.00

Full Name (Last, First, Middle Initial)
C. Pamela Booker

Mailing Address 4937 John Hager Rd

City State Zip Code
Hermitage TN 37076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LifePoint DCNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : SA11AI.8499

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4400.00

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: (check only one)	PAGE 9 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Penny Brake
Full Name (Last, First, Middle Initial)

Mailing Address 1809 Mt. Zion Rd

City Ashland City State TN Zip Code 37015

FEC ID number of contributing federal political committee. **C**

Name of Employer LifePoint Hospitals, Inc. Occupation VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 03 / 2013
Transaction ID : SA11AI.8471

Amount of Each Receipt this Period 350.00

B. Mark Brenzel
Full Name (Last, First, Middle Initial)

Mailing Address 305 Langdon Street
PO Box 620

City Somerset State KY Zip Code 42501

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Cumberland Reg Hosp Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 10 / 2013
Transaction ID : SA11AI.8568

Amount of Each Receipt this Period 1000.00

C. Rebecca Brewer
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court
Suite 200

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Lander Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 29 / 2013
Transaction ID : SA11AI.8691

Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2100.00

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 10 OF 40
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)
A. Michael Burroughs

Mailing Address 2009 Ridgemont Ct

City State Zip Code
Arlington TX 76012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Western Plains Med Complex Interim CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 29 / 2013
Transaction ID : SA11AI.8726

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Donna S. Carter

Mailing Address 1120 Claiborne Avenue

City State Zip Code
Minden LA 71055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Minden Medical Center CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
05 / 15 / 2013
Transaction ID : SA11AI.8586

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
C. Gerald S. Christine

Mailing Address 13116 Peregine Cir

City State Zip Code
Bradenton FL 34212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LifePoint Hospitals National Div - CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 29 / 2013
Transaction ID : SA11AI.8718

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2400.00

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: (check only one)	PAGE 11 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) A. Michael Citak		Date of Receipt MM / DD / YYYY 05 / 10 / 2013 Transaction ID : SA11AI.8569
Mailing Address 103 Powell Court		Amount of Each Receipt this Period 750.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		
Name of Employer Lake Cumberland	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Michael Coggin		Date of Receipt MM / DD / YYYY 05 / 03 / 2013 Transaction ID : SA11AI.8468
Mailing Address 103 Powell Court		Amount of Each Receipt this Period 2250.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		
Name of Employer LifePoint Hospitals	Occupation SVP, CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) c. Lanny Copeland		Date of Receipt MM / DD / YYYY 05 / 03 / 2013 Transaction ID : SA11AI.8464
Mailing Address 103 Powell Court Suite 200		Amount of Each Receipt this Period 2500.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		
Name of Employer LifePoint Hospitals	Occupation CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
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: (check only one)	PAGE 12 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Teresa Daniel
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Powell Court
 Suite 200
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Meadowview Regional Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.8579
 Amount of Each Receipt this Period
 750.00

B. Melissa Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1935 Ed Davis Lane
 City Florala State AL Zip Code 36442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Andalusia Regional Hospital Occupation CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2013
Transaction ID : SA11AI.8693
 Amount of Each Receipt this Period
 250.00

C. Ann Debooy
 Full Name (Last, First, Middle Initial)
 Mailing Address 9845 Hardrock Road
 City Las Cruces State NM Zip Code 88011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Medical Center Occupation RN - CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2013
Transaction ID : SA11AI.8727
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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: (check only one)	PAGE 13 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Jerry Dooley
Full Name (Last, First, Middle Initial)

Mailing Address 863 E Bunkerhill Hill Dr

City State Zip Code
Terre Haute IN 47802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Georgetown CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2013
Transaction ID : SA11AI.8531

Amount of Each Receipt this Period
500.00

B. Scott Duello
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LifePoint Hospitals Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013
Transaction ID : SA11AI.8507

Amount of Each Receipt this Period
300.00

C. Stephen Erixon
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lander Regional Hosp CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2013
Transaction ID : SA11AI.8729

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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: (check only one)	PAGE 14 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Ronald Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Powell Court
 Suite 200
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lifepoint Hospitals Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : SA11AI.8511
 Amount of Each Receipt this Period
 360.00

B. Michael Everett
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 N Starview Drive
 City Somerset State KY Zip Code 42508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Cumberland Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.8570
 Amount of Each Receipt this Period
 250.00

C. Louis Ferguson
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Powell Court
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Palestine Regional Med Ctr Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 29 / 2013
Transaction ID : SA11AI.8598
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	960.00
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: (check only one)	PAGE 15 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Theresa Fite
Full Name (Last, First, Middle Initial)
Mailing Address 103 Powell Court
City Brentwood State TN Zip Code 37027
FEC ID number of contributing federal political committee. **C**
Name of Employer Logan Memorial Hospital Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2013
Transaction ID : SA11AI.8576
Amount of Each Receipt this Period 250.00

B. Michael Fontenot
Full Name (Last, First, Middle Initial)
Mailing Address 103 Powell Court Suite 200
City Brentwood State TN Zip Code 37027
FEC ID number of contributing federal political committee. **C**
Name of Employer Mercy Regional Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2013
Transaction ID : SA11AI.8582
Amount of Each Receipt this Period 250.00

C. Steve W. Frantz
Full Name (Last, First, Middle Initial)
Mailing Address 1919 Ashwood Avenue
City Nashville State TN Zip Code 37212
FEC ID number of contributing federal political committee. **C**
Name of Employer LifePoint Hospitals Occupation Division CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 05 / 23 / 2013
Transaction ID : SA11AI.8503
Amount of Each Receipt this Period 1800.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00
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: (check only one)	PAGE 16 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Butch Frazier
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Teche Regional Med Ctr Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.8590

Amount of Each Receipt this Period
 1000.00

B. George E. French III
Full Name (Last, First, Middle Initial)

Mailing Address 1106 Broadway

City Minden State LA Zip Code 71055

FEC ID number of contributing federal political committee. **C**

Name of Employer Minden Medical Center Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.8583

Amount of Each Receipt this Period
 1000.00

C. Donald Gavin II
Full Name (Last, First, Middle Initial)

Mailing Address 1967 Alf Harris Road

City Prospect State TN Zip Code 38477

FEC ID number of contributing federal political committee. **C**

Name of Employer Hillside Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2013
Transaction ID : SA11AI.8638

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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: (check only one)	PAGE 17 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) A. Michael Gentile		Date of Receipt MM / DD / YYYY 05 / 03 / 2013 Transaction ID : SA11AI.8490
Mailing Address 103 Powell Court		Amount of Each Receipt this Period 250.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer LifePoint Hospitals	Occupation Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Alan George		Date of Receipt MM / DD / YYYY 05 / 29 / 2013 Transaction ID : SA11AI.8600
Mailing Address 103 Powell Court Suite 200		Amount of Each Receipt this Period 750.00
City Brentwood	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Palestine Regional	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Paul D. Gilbert		Date of Receipt MM / DD / YYYY 05 / 03 / 2013 Transaction ID : SA11AI.8472
Mailing Address 715 Cantrell Ave		Amount of Each Receipt this Period 3789.00
City Nashville	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3789.00
Name of Employer LifePoint Hospitals, Inc.	Occupation EVP Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3789.00	

SUBTOTAL of Receipts This Page (optional).....▶	4789.00
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: (check only one)	PAGE 18 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Lisa Gillespie
Full Name (Last, First, Middle Initial)

Mailing Address 4600 Gin Plantation Drive

City Snellville State GA Zip Code 30039

FEC ID number of contributing federal political committee. **C**

Name of Employer Rockdale Med Ctr Occupation CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013

Transaction ID : SA11AI.8525

Amount of Each Receipt this Period
 750.00

B. Sheryl Glasscock
Full Name (Last, First, Middle Initial)

Mailing Address 20 Wondering Woods

City Somerset State KY Zip Code 42503

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Cumberland Regional Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2013

Transaction ID : SA11AI.8572

Amount of Each Receipt this Period
 400.00

C. David Graser
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Marquette General Health Syste Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.8626

Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
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: (check only one)	PAGE 19 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) A. Nan Gregg		Date of Receipt MM / DD / YYYY 05 / 29 / 2013 Transaction ID : SA11AI.8601
Mailing Address 900 LaVilleta St		Amount of Each Receipt this Period 400.00
City Mexia	State TX	Zip Code 76667
FEC ID number of contributing federal political committee. C		
Name of Employer Parkview Regional	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Julia Grove		Date of Receipt MM / DD / YYYY 05 / 29 / 2013 Transaction ID : SA11AI.8567
Mailing Address 3865 PLymouth Rd		Amount of Each Receipt this Period 400.00
City Paducah	State KY	Zip Code 42001
FEC ID number of contributing federal political committee. C		
Name of Employer Jackson Purchase Med Ctr	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Kathy Hamrick		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : SA11AI.8654
Mailing Address 103 Powell Court Suite 200		Amount of Each Receipt this Period 400.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		
Name of Employer Southern TN	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 20 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) A. Timothy Harclerode		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : SA11AI.8604
Mailing Address 101 Fawn Circle		Amount of Each Receipt this Period 750.00
City Bluefield	State VA	Zip Code 24605
FEC ID number of contributing federal political committee. C		
Name of Employer Clinch Valley Med Ctr	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Heather Harper		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : SA11AI.8650
Mailing Address 275 Northridge Drive		Amount of Each Receipt this Period 250.00
City Pulaski	State TN	Zip Code 38478
FEC ID number of contributing federal political committee. C		
Name of Employer Hillside	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Sandra Hogston		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : SA11AI.8509
Mailing Address 103 Powell Court		Amount of Each Receipt this Period 400.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		
Name of Employer LifePoint Hospitals	Occupation Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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: (check only one)	PAGE 21 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) A. Mark Holyoak		Date of Receipt MM / DD / YYYY 05 / 29 / 2013 Transaction ID : SA11AI.8728
Mailing Address 1216 W 1650 S		Amount of Each Receipt this Period 500.00
City Vernal	State UT	Zip Code 84078
FEC ID number of contributing federal political committee. C	Name of Employer Ashley Regional	Occupation CNO/CCO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. J. Gregory Hostettler		Date of Receipt MM / DD / YYYY 05 / 17 / 2013 Transaction ID : SA11AI.8494
Mailing Address 432 Cotton Lane		Amount of Each Receipt this Period 2550.00
City Franklin	State TN	Zip Code 37069
FEC ID number of contributing federal political committee. C	Name of Employer LifePoint Corporate	Occupation VP Materials Management
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2550.00	

Full Name (Last, First, Middle Initial) C. Diane Huggins		Date of Receipt MM / DD / YYYY 05 / 03 / 2013 Transaction ID : SA11AI.8488
Mailing Address 86 Blue Ridge Trace		Amount of Each Receipt this Period 645.00
City Hendersonville	State TN	Zip Code 37075
FEC ID number of contributing federal political committee. C	Name of Employer LifePoint Hospitals	Occupation VP of Corp. Communications
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 645.00	

SUBTOTAL of Receipts This Page (optional).....▶	3695.00
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: (check only one)	PAGE 22 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) A. Jeff Jennings			Date of Receipt M M / D D / Y Y Y Y Y 05 / 29 / 2013 Transaction ID : SA11AI.8648
Mailing Address 103 Powell Court			Amount of Each Receipt this Period 1000.00
City Brentwood	State TN	Zip Code 37027	
FEC ID number of contributing federal political committee. C			
Name of Employer Hillside Hospital	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Belinda Johnson			Date of Receipt M M / D D / Y Y Y Y Y 05 / 23 / 2013 Transaction ID : SA11AI.8714
Mailing Address 30 Quail Run Road			Amount of Each Receipt this Period 300.00
City Russellville	State AL	Zip Code 35654	
FEC ID number of contributing federal political committee. C			
Name of Employer Russellville Hospital	Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Jess N. Judy			Date of Receipt M M / D D / Y Y Y Y Y 05 / 29 / 2013 Transaction ID : SA11AI.8515
Mailing Address 112 Chatsworth Drive			Amount of Each Receipt this Period 3500.00
City Nashville	State TN	Zip Code 37215	
FEC ID number of contributing federal political committee. C			
Name of Employer LifePoint Hospitals, Inc.	Occupation Division President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00		

SUBTOTAL of Receipts This Page (optional).....▶	4800.00
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: (check only one)	PAGE 23 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Clint Kerndall
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Clinch Valley Medical Center Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.8656

Amount of Each Receipt this Period
 400.00

B. Kriengkrai Kitiphongspattana
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court Suite 200

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Logan Regional Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : SA11AI.8620

Amount of Each Receipt this Period
 400.00

C. Joseph Koch
Full Name (Last, First, Middle Initial)

Mailing Address 419 Houston Oaks Dr

City Paris State KY Zip Code 40361

FEC ID number of contributing federal political committee. **C**

Name of Employer Bourbon Community Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : SA11AI.8535

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

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: (check only one)	PAGE 24 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Susan Mahoney
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court
Suite 200

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Meadowview Regional Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
05 / 10 / 2013
Transaction ID : SA11AI.8580

Amount of Each Receipt this Period
400.00

B. Timothy Matney
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 281

City Wilkinson State WV Zip Code 25653

FEC ID number of contributing federal political committee. **C**

Name of Employer Logan Regional Med Ctr Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
05 / 23 / 2013
Transaction ID : SA11AI.8605

Amount of Each Receipt this Period
750.00

C. Wanda Meador
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer LifePoint Hospitals Occupation Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 03 / 2013
Transaction ID : SA11AI.8465

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00

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: (check only one)	PAGE 25 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Edwina Miner
Full Name (Last, First, Middle Initial)
Mailing Address 103 Powell Court
City Brentwood State TN Zip Code 37027
FEC ID number of contributing federal political committee. **C**
Name of Employer Ennis Regional Med Ctr Occupation CNO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 23 / 2013
Transaction ID : SA11AI.8594
Amount of Each Receipt this Period 400.00

B. Chistopher Monte
Full Name (Last, First, Middle Initial)
Mailing Address 804 Breckston Lane
City Nashville State TN Zip Code 37221
FEC ID number of contributing federal political committee. **C**
Name of Employer LifePoint Hospitals, Inc. Occupation Vice President Tax
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 29 / 2013
Transaction ID : SA11AI.8512
Amount of Each Receipt this Period 600.00

C. Peter M. Mulkey
Full Name (Last, First, Middle Initial)
Mailing Address 686 Grace Street
City Pounding Mill State VA Zip Code 24637
FEC ID number of contributing federal political committee. **C**
Name of Employer Clinch Valley Medical Center Occupation Assistant Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 23 / 2013
Transaction ID : SA11AI.8658
Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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: (check only one)	PAGE 26 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Gary Muller
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Marquette General Health Syste Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : SA11AI.8624

Amount of Each Receipt this Period
 1000.00

B. Cindy Nichols
Full Name (Last, First, Middle Initial)

Mailing Address 808 Arrowhead

City Winfield State AL Zip Code 35594

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Medical Center Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.8703

Amount of Each Receipt this Period
 400.00

C. Jeff Noblin
Full Name (Last, First, Middle Initial)

Mailing Address 419 Weakley Creek Rd

City Lawrenceburg State TN Zip Code 38464

FEC ID number of contributing federal political committee. **C**

Name of Employer Crockett Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : SA11AI.8731

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
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: (check only one)	PAGE 27 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) A. Debra Noyes		Date of Receipt MM / DD / YYYY 05 / 29 / 2013 Transaction ID : SA11AI.8725
Mailing Address 103 Powell Court Suite 200		Amount of Each Receipt this Period 400.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C	Name of Employer Putnam	Occupation CFO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Barbara Olson		Date of Receipt MM / DD / YYYY 05 / 23 / 2013 Transaction ID : SA11AI.8504
Mailing Address 103 Powell Court		Amount of Each Receipt this Period 375.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C	Name of Employer LifePoint Hospitals	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Robert Parker		Date of Receipt MM / DD / YYYY 05 / 10 / 2013 Transaction ID : SA11AI.8578
Mailing Address 209 Richwood Drive		Amount of Each Receipt this Period 1000.00
City Somerset	State KY	Zip Code 42503
FEC ID number of contributing federal political committee. C	Name of Employer Lake Cumberland Regional	Occupation COO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1775.00
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: (check only one)	PAGE 28 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) A. Michael Patterson		Date of Receipt
Mailing Address 331 Apache Street		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Ft. Morgan	CO	80701
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Colorado Plains Medical Center	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. Joshua Perry		Date of Receipt
Mailing Address 7221 Hwy 70 S #634		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Nashville	TN	37221
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
LifePoint Hospitals	Reimbursement Mgr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="315.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="315.00"/>

Full Name (Last, First, Middle Initial) C. Thomas Pezanosky Jr.		Date of Receipt
Mailing Address 1192 McCoury Lane		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Spring Hill	TN	37174
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
LifePoint Hospitals, Inc.	Reimbursement Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="400.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1715.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Roxana Pool
Full Name (Last, First, Middle Initial)
Mailing Address 401 N. High Street
City Winchester State TN Zip Code 37398
FEC ID number of contributing federal political committee. **C**
Name of Employer Clinch Valley Occupation CNO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 975.00

Date of Receipt 05 / 20 / 2013
Transaction ID : SA11AI.8496
Amount of Each Receipt this Period 975.00

B. Mark Poppell
Full Name (Last, First, Middle Initial)
Mailing Address 1615 Championship Blvd
City Franklin State TN Zip Code 37064
FEC ID number of contributing federal political committee. **C**
Name of Employer LifePoint Hospitals, Inc. Occupation VP Reimbursement
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 23 / 2013
Transaction ID : SA11AI.8506
Amount of Each Receipt this Period 1100.00

C. Tracy Rankin
Full Name (Last, First, Middle Initial)
Mailing Address 908 Sixth Street
City Morgan City State LA Zip Code 70380
FEC ID number of contributing federal political committee. **C**
Name of Employer Teche Regional Med. Ctr Occupation CNO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 10 / 2013
Transaction ID : SA11AI.8592
Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2475.00
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: (check only one)	PAGE 30 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)
A. Kimberly Reynolds

Mailing Address 1970 Sams Creek Rd

City Pegram State TN Zip Code 37143

FEC ID number of contributing federal political committee. **C**

Name of Employer LifePoint Hospitals Occupation Sr Dir Mktg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : SA11Al.8477

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. Saria Saccocio

Mailing Address 103 Powell Court

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Danville Regional Occupation CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2013
Transaction ID : SA11Al.8679

Amount of Each Receipt this Period
 750.00

Full Name (Last, First, Middle Initial)
C. Sherry Sands

Mailing Address 103 Powell Court Suite 200

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Hillside Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2013
Transaction ID : SA11Al.8639

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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: (check only one)	PAGE 31 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Jason Schmiedt
Full Name (Last, First, Middle Initial)

Mailing Address 713 Sherbrooke Ct

City Nashville State TN Zip Code 37211

FEC ID number of contributing federal political committee. **C**

Name of Employer LifePoint Hospitals Occupation Reimb. Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SA11AI.8655

Amount of Each Receipt this Period
750.00

B. Thomas Scott
Full Name (Last, First, Middle Initial)

Mailing Address 2108 Loudenslager

City Thompsons Station State TN Zip Code 37179

FEC ID number of contributing federal political committee. **C**

Name of Employer LifePoint Hospitals, Inc. Occupation Sr. Director Rev. Cycle

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2013

Transaction ID : SA11AI.8478

Amount of Each Receipt this Period
900.00

C. Rebecca Segal
Full Name (Last, First, Middle Initial)

Mailing Address 505 Cobalt Ln

City Beckley State WV Zip Code 25801

FEC ID number of contributing federal political committee. **C**

Name of Employer Raleigh General Hosp Occupation Asst Admin.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2013

Transaction ID : SA11AI.8690

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
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 32 OF 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)
A. Shellie Shouse

Mailing Address 103 Powell Court

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bluegrass Community Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : SA11AI.8533

Amount of Each Receipt this Period
210.00

Full Name (Last, First, Middle Initial)
B. Cherie Sibley

Mailing Address 3 Wilkins Road

City State Zip Code
Selma AL 36701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vaughan Regional Med Ctr CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2013
Transaction ID : SA11AI.8541

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
C. Steve Sloan

Mailing Address 3812 Heather Way

City State Zip Code
Somerset KY 42503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lake Cumberland Reg CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.8571

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1710.00

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: (check only one)	PAGE 33 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) A. Shirley Smith		Date of Receipt MM / DD / YYYY 05 / 29 / 2013 Transaction ID : SA11AI.8692
Mailing Address Rt 5 Box 208AA		Amount of Each Receipt this Period 600.00
City Andalusia	State AL	Zip Code 36420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Andalusia Regional Hospital	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Michael Snedegar		Date of Receipt MM / DD / YYYY 05 / 21 / 2013 Transaction ID : SA11AI.8536
Mailing Address 103 Powell Court		Amount of Each Receipt this Period 750.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Bourbon Community Hospital	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Brian Springate		Date of Receipt MM / DD / YYYY 05 / 21 / 2013 Transaction ID : SA11AI.8538
Mailing Address 103 Powell Court Suite 200		Amount of Each Receipt this Period 400.00
City Brentwood	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Bourbon	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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: (check only one)	PAGE 34 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Christine Stewart
Full Name (Last, First, Middle Initial)

Mailing Address 434 Grayland

City Russellville State AL Zip Code 35653

FEC ID number of contributing federal political committee. **C**

Name of Employer Russellville Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2013

Transaction ID : SA11AI.8715

Amount of Each Receipt this Period
 400.00

B. Daniel Sykes
Full Name (Last, First, Middle Initial)

Mailing Address 2285 Mark Ct

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer LifePoint Hospitals, Inc. Occupation COO Phys. Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2013

Transaction ID : SA11AI.8495

Amount of Each Receipt this Period
 400.00

C. Jian Tang
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Logan Regional Med Ctr Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013

Transaction ID : SA11AI.8618

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 35 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Denise Thomas
Full Name (Last, First, Middle Initial)
Mailing Address 255 N. Spalding Ave.
City Lebanon State KY Zip Code 40033
FEC ID number of contributing federal political committee. **C**
Name of Employer Spring View Hospital Occupation CFO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 05 / 21 / 2013
Transaction ID : SA11AI.8581
Amount of Each Receipt this Period 300.00

B. William Truex Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 902 Hunters Court
City Franklin State TN Zip Code 37069
FEC ID number of contributing federal political committee. **C**
Name of Employer LifePoint Hospitals, Inc. Occupation Director of IT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 05 / 03 / 2013
Transaction ID : SA11AI.8489
Amount of Each Receipt this Period 400.00

C. Ralph Underwood
Full Name (Last, First, Middle Initial)
Mailing Address 264 Cascade Drive
City Winchester State TN Zip Code 37398
FEC ID number of contributing federal political committee. **C**
Name of Employer Emerald Hodgson Hospital Occupation Asst. Admin.
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 23 / 2013
Transaction ID : SA11AI.8651
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00
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: (check only one)	PAGE 36 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. John Walker
Full Name (Last, First, Middle Initial)

Mailing Address 151 Brookside Meadows

City Chapmanville State WV Zip Code 25508

FEC ID number of contributing federal political committee. **C**

Name of Employer Logan Regional Med Ctr Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013

Transaction ID : SA11AI.8603

Amount of Each Receipt this Period
 1000.00

B. Waris Waris
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court Suite 200

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Logan Regional Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013

Transaction ID : SA11AI.8622

Amount of Each Receipt this Period
 400.00

C. Michelle Watson
Full Name (Last, First, Middle Initial)

Mailing Address 160 Green Acres

City Livingston State TN Zip Code 38570

FEC ID number of contributing federal political committee. **C**

Name of Employer Livingston Regional Hospital Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013

Transaction ID : SA11AI.8479

Amount of Each Receipt this Period
 900.00

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
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: (check only one)	PAGE 37 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Penny Westmoreland
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Hickory Drive
 City Muscle Shoals State AL Zip Code 35661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Russellville/Lakeland Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : SA11AI.8709
 Amount of Each Receipt this Period
 250.00

B. Jack Wilcox
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Powell Court
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ennis Regional Med Ctr Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2013
Transaction ID : SA11AI.8596
 Amount of Each Receipt this Period
 250.00

C. John Workman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3025 Hawthorne
 City Athens State TN Zip Code 37303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Athens Regional Medical Center Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2013
Transaction ID : SA11AI.8630
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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: (check only one)	PAGE 38 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Austin Wratchford
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Clinch Valley Medical Ctr Occupation Asst Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : SA11AI.8659

Amount of Each Receipt this Period
 250.00

B. Robyn Yackell
Full Name (Last, First, Middle Initial)

Mailing Address 103 Powell Court

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer LifePoint Hospitals Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : SA11AI.8480

Amount of Each Receipt this Period
 300.00

C. Phillip Young
Full Name (Last, First, Middle Initial)

Mailing Address 111 Duncan

City Winchester State TX Zip Code 37398

FEC ID number of contributing federal political committee. **C**

Name of Employer STMC/EHH Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : SA11AI.8653

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
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 39 OF 40
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Kevin Zachary

Mailing Address 103 Powell Court
Suite 200

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Parkview Regional CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.8602

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

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

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

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

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	72969.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Arizona's Legacy

Mailing Address 7000 N 16th St Suite 120-102

City Phoenix State AZ Zip Code 85020

Purpose of Disbursement fundraiser for Governor

Candidate Name

Arizona's Legacy

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2013

Transaction ID : SB29.8461

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

2500.00

2500.00
