FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** — Example:If typing, type over the lines

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

ADDRESS (number and street)

103 POWELL COURT SUITE 200

☐ Check if different than previously reported. (ACC)

BRENTWOOD | TN | 37027 –

2. **FEC IDENTIFICATION NUMBER** — CITY — STATE — ZIPCODE

C00347955

3. IS THIS REPORT [X] NEW (N) **OR** [ ] AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report(Q1)
- [ ] July 15 Quarterly Report(Q2)
- [ ] October 15 Quarterly Report(Q3)
- [ ] January 31 Quarterly Report(YE)
- [ ] July 31 Mid-Year Report(Non-election Year Only) (MY)
- [ ] Termination Report (TER)

(b) Monthly Report Due On:

[ ] Feb 20 (M2)	[ ] May 20 (M5)	[ ] Aug 20 (M8)	[ ] Nov 20 (M11) (Non-Election Year Only)
[X] Mar 20 (M3)	[ ] Jun 20 (M6)	[ ] Sep 20 (M9)	[ ] Dec 20 (M12) (Non-Election Year Only)
[ ] Apr 20 (M4)	[ ] Jul 20 (M7)	[ ] Oct 20 (M10)	[ ] Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12G)

Election on ____ in the State of ____

(d) 30-Day **Post** -Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

Election on ____ in the State of ____

5. Covering Period 02 01 2010 through 02 28 2010

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: Electronically Filed by Penny Brake — Date 03 18 2010

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

Office Use Only							

FEC **Form 3X** (Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From: MM 02 DD 01 YYYY 2010 To: MM 02 DD 28 YYYY 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		50433.62
(b) Cash on Hand at Begining of Reporting Period	50313.91	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50313.91	50433.62
7. Total Disbursements (from Line 31)	5019.47	5139.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45294.44	45294.44
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	

[X] 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

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From: M M 02 D D 01 Y Y Y Y 2010 To: M M 02 D D 28 Y Y Y Y 2010

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)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ▶	0.00	0.00
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 Transfer (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))	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	19.47	39.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	19.47	39.18
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	3500.00	3500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	1500.00	1600.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))	5019.47	5139.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5019.47	5139.18

DETAILED SUMMARY PAGE

of Disbursements

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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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19.47	39.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19.47	39.18

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN MCCAIN INC

Mailing Address PO BOX 16664

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
fundraiser

Candidate Name
FRIENDS OF JOHN MCCAIN INC

Category/ Type

Office Sought: ☐ House ☒ Senate ☐ President
State: AZ District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.7361
Date of Disbursement
M M 02 / D D 08 / Y Y Y Y 2010

Amount of Each Disbursement this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN THUNE

Mailing Address 200 NORTH PHILLIPS AVENUE STE L101

City SIOUX FALLS State SD Zip Code 57104

Purpose of Disbursement
fundraiser

Candidate Name
FRIENDS OF JOHN THUNE

Category/ Type

Office Sought: ☐ House ☒ Senate ☐ President
State: SD District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7359
Date of Disbursement
M M 02 / D D 26 / Y Y Y Y 2010

Amount of Each Disbursement this Period
2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3500.00**

TOTAL This Period (last page this line number only) ..... ▶ **3500.00**

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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

A.

Full Name (Last, First, Middle Initial): Kentucky Democratic Party

Mailing Address: POB 694

City: Frankfort | State: KY | Zip Code: 40602

Purpose of Disbursement: fundraiser

Candidate Name:

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.7363

Date of Disbursement: MM 02 / DD 08 / YYYY 2010

Amount of Each Disbursement this Period: 1000.00

B.

Full Name (Last, First, Middle Initial): Senator Roger H. Bedford Jr

Mailing Address: PO Box 370

City: Russellville | State: AL | Zip Code: 35653

Purpose of Disbursement: fundraiser

Candidate Name: Senator Roger H. Bedford Jr

Category/Type:

Office Sought: ☐ House ☒ Senate ☐ President

State: AL District: 06

Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: SB29.7364

Date of Disbursement: MM 02 / DD 05 / YYYY 2010

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1500.00**

TOTAL This Period (last page this line number only) ..... ▶ **1500.00**