# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 19 A 9:58

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
LifePoint Hospitals, Inc. Good Government Fund

ADDRESS (number and street) ☐ Check if different than previously reported
103 Powell Court, Suite 200

CITY, STATE and ZIP CODE
Brentwood, TN 37027

2. FEC IDENTIFICATION NUMBER
C-00-347955

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☒ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☒ YES ☐ NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. Covering Period 04/01/00 through 06/30/00 | | |
| 6. (a) Cash on Hand January 1, 2000 | | $ 47,690.63 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 69,772.36 | |
| (c) Total Receipts (from Line 19) | $ 5,404.40 | $ 29,352.73 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 75,176.76 | $ 76,943.36 |
| 7. Total Disbursements (from Line 30) | $ 8,780.38 | $ 9,546.88 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 67,396.38 | $ 67,396.38 |
| 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 | |

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

*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
Rob Pantoja, CFO

Sworn to and subscribed before me

Signature of Treasurer
Rob Pantoja

Sandra Bolden
SANDRA BOLDEN, NOTARY
MY COMMISSION EXPIRES 01-25-03

Date
7/18/00

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

FEC FORM 3X
(revised 9/93)

4-00173

# DETAILED SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS
### PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE LifePoint Hospitals, Inc. Good Government Fund

REPORT COVERING PERIOD FROM 04/01/00 TO: 06/30/00

| | COLUMN A Total This Period | COLUMN B Calendar Year | |
|---|---|---|---|
| **I. Receipts** | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 1,503.58 | 13,371.76 | 11(a)(i) |
| ii. Unitemized | 4,418.12 | 15,089.44 | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 5,921.70 | 28,461.20 | 11(a)(iii) |
| b. Political Party Committees | 0.00 | 0.00 | 11(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 11(c) |
| d. Total Contributions (add a iii, b and c) ➤ | 5,921.70 | 28,461.20 | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 | 12 |
| 13. All Loans Received | 0.00 | 0.00 | 13 |
| 14. Loan Repayments Received | 0.00 | 0.00 | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0.00 | 0.00 | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0.00 | 0.00 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 482.70 | 901.53 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 6,404.40 | 29,362.73 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 6,404.40 | 29,362.73 | 20 |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | 0.00 | 0.00 | 21(a)(i) |
| ii. Non-Federal Share | 0.00 | 0.00 | 21(a)(ii) |
| b. Other Federal Operating Expenditures | 0.00 | 0.00 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | 0.00 | 0.00 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 6,280.38 | 6,610.38 | 23 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 | 25 |
| 26. Loan Repayments Made | 0.00 | 0.00 | 26 |
| 27. Loans Made | 0.00 | 0.00 | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | 0.00 | 476.50 | 28(a) |
| b. Political Party Committees | 0.00 | 0.00 | 28(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 28(c) |
| d. Total Contribution Refunds (add a, b and c) ➤ | 0.00 | 476.50 | 28(d) |
| 29. Other Disbursements | 2,500.00 | 2,660.00 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 8,780.38 | 9,546.88 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | 8,780.38 | 9,546.88 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 5,921.70 | 28,461.20 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 476.50 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 5,921.70 | 27,984.70 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | 0.00 | 0.00 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | 0.00 | 0.00 | 37 |

4-00178

**SCHEDULE A** **ITEMIZED RECEIPTS**

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



FOR LINE NUMBER 11 a I

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, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Juanita Radford<br>2234 Ridgemore Dr<br>Valrico, FL 33594<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Bartow Memorial Hospital<br>Occupation: Healthcare<br>Aggregate Year-to-Date > $ 655.00 | 06/29/00 | 50.00 |
| B. Jim Edmondson<br>1207 Jackson Drive<br>Pulaski, TN 38478<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Hillside Hospital<br>Occupation: CEO<br>Aggregate Year-to-Date > $ 208.00 | 06/29/00 | 52.00 |
| C. Kerry Wehmeyer<br>2001 Doctors Drive<br>Springhill, LA 71075<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Springhill Medical Center<br>Occupation: CEO<br>Aggregate Year-to-Date > $ 272.72 | 06/29/00 | 68.18 |
| D. Jim Edmondson<br>1207 Jackson Drive<br>Pulaski, TN 38478<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Hillside Hospital<br>Occupation: CEO<br>Aggregate Year-to-Date > $ 260.00 | 06/29/00 | 52.00 |
| E. Michael Morrison<br>177 Ridgeview Drive<br>Pulaski, TN 38478<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Hillside Hospital<br>Occupation: CFO<br>Aggregate Year-to-Date > $ 250.00 | 06/29/00 | 50.00 |
| F. Kerry Wehmeyer<br>2001 Doctors Drive<br>Springhill, LA 71075<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Springhill Medical Center<br>Occupation: CEO<br>Aggregate Year-to-Date > $ 340.90 | 06/29/00 | 68.18 |
| G. Michael Wiechart<br>317 Inwood Way<br>Franklin, TN 37064<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Lifepoint Corporate Office<br>Occupation: CFO<br>Aggregate Year-to-Date > $ 210.00 | 06/29/00 | 30.00 |

SUBTOTAL of Receipts This Page (optional) ..... 370.38

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

4-60173

SCHEDULE A

# ITEMIZED RECEIPTS

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



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NAME OF COMMITTEE (in Full)
LifePoint Hospitals, Inc. Good Government Fund

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Jim Edmondson<br>1207 Jackson Drive<br>Pulaski, TN 38478<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillside Hospital<br>CEO<br>Aggregate Year-to-Date $ 312.00 | 06/29/00 | 52.00 |
| B. Michael Morrison<br>177 Ridgeview Drive<br>Pulaski, TN 38478<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillside Hospital<br>CFO<br>Aggregate Year-to-Date $ 300.00 | 06/29/00 | 60.00 |
| C. Kerry Weinmeyer<br>2001 Doctors Drive<br>Springhill, LA 71075<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Springhill Medical Center<br>CEO<br>Aggregate Year-to-Date $ 409.08 | 06/29/00 | 65.15 |
| D. Michael Wiechart<br>317 Inwood Way<br>Franklin, TN 37064<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Lifepoint Corporate Office<br>CFO<br>Aggregate Year-to-Date $ 240.00 | 06/29/00 | 30.00 |
| E. Curtis Courtney<br>220 Edgemont Rd<br>Maysville, KY 41056<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Meadowview Regional Medical Center<br>CEO<br>Aggregate Year-to-Date $ 218.75 | 06/29/00 | 31.25 |
| F. Jim Edmondson<br>1207 Jackson Drive<br>Pulaski, TN 38478<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillside Hospital<br>CEO<br>Aggregate Year-to-Date $ 364.00 | 06/29/00 | 52.00 |
| G. Barry Keel<br>101 Brookwood Lane<br>Andalusia, AL 36420<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Andalusia Regional Hospital<br>CEO<br>Aggregate Year-to-Date $ 210.00 | 06/29/00 | 30.00 |

SUBTOTAL of Receipts This Page (optional) ..... 313.43

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

4-90/29

**SCHEDULE A** **ITEMIZED RECEIPTS**

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



FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (In Full)
LifePoint Hospitals, Inc. Good Government Fund

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Timothy McGill<br>221 Russell Street<br>Livingston, TN 38570<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Livingston Regional Hospital<br>CEO<br>Aggregate Year-to-Date $ 210.75 | 06/29/00 | 31.25 |
| B. Michael Morrison<br>177 Ridgeview Drive<br>Pulaski, TN 38479<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillside Hospital<br>CFO<br>Aggregate Year-to-Date $ 350.00 | 06/29/00 | 50.00 |
| C. William Spray<br>204 Kingsbridge Boulevard<br>Tullahoma, TN 37388<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Southern Tennessee Medical Center<br>Field Administration<br>Aggregate Year-to-Date $ 210.00 | 06/29/00 | 30.00 |
| D. Kerry Wehmeyer<br>2001 Doctors Drive<br>Springhill, LA 71075<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Springhill Medical Center<br>CEO<br>Aggregate Year-to-Date $ 477.28 | 06/29/00 | 68.18 |
| E. Michael Wiechart<br>317 Inwood Way<br>Franklin, TN 37064<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Lifepoint Corporate Office<br>CFO<br>Aggregate Year-to-Date $ 270.00 | 06/29/00 | 30.00 |
| F. Michael Clark<br>1002 West 9th Street<br>Russellville, KY 42276<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Logan<br>CEO<br>Aggregate Year-to-Date $ 210.00 | 06/29/00 | 35.00 |
| G. Curtis Courtney<br>220 Edgemont Rd<br>Maysville, KY 41056<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Meadowview Regional Medical Center<br>CEO<br>Aggregate Year-to-Date $ 260.00 | 06/29/00 | 31.25 |

SUBTOTAL of Receipts This Page (optional) ..... 275.68

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

4-00173

SCHEDULE A

# ITEMIZED RECEIPTS

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



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NAME OF COMMITTEE (in Full)
LifePoint Hospitals, Inc. Good Government Fund

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Jim Edmondson<br>1207 Jackson Drive<br>Pulaski, TN 38478<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillside Hospital<br>CEO<br>Aggregate Year-to-Date $ 416.00 | 06/29/00 | 62.00 |
| B. Barry Keel<br>101 Brookwood Lane<br>Andalusia, AL 36420<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Andalusia Regional Hospital<br>CEO<br>Aggregate Year-to-Date $ 240.00 | 06/29/00 | 30.00 |
| C. Timothy McGill<br>221 Russell Street<br>Livingston, TN 38570<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Livingston Regional Hospital<br>CEO<br>Aggregate Year-to-Date $ 250.00 | 06/29/00 | 31.25 |
| D. William Spray<br>204 Kingsbridge Boulevard<br>Tullahoma, TN 37388<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Southern Tennessee Medical Center<br>Field Administration<br>Aggregate Year-to-Date $ 240.00 | 06/29/00 | 30.00 |
| E. Kerry Wehmeyer<br>2001 Doctors Drive<br>Springhill, LA 71075<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Springhill Medical Center<br>CEO<br>Aggregate Year-to-Date $ 545.44 | 06/29/00 | 68.18 |
| F. Michael Wiechart<br>317 Inwood Way<br>Franklin, TN 37064<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Lifepoint Corporate Office<br>CFO<br>Aggregate Year-to-Date $ 300.00 | 06/30/00 | 30.00 |
| G. Kathy Bobbs<br>2215 S. Evergreen<br>Gonzales, LA 70737<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Riverview Medical Center<br>CEO<br>Aggregate Year-to-Date $ 225.00 | 06/30/00 | 25.00 |

SUBTOTAL of Receipts This Page (optional) ..... 269.43

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

4-00173

SCHEDULE A

# ITEMIZED RECEIPTS

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



FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (In Full)
LifePoint Hospitals, Inc. Good Government Fund

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Michael Clark<br>1002 West 9th Street<br>Russellville, KY 42276<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Logan<br>CEO<br>Aggregate Year-to-Date $ 245.00 | 06/30/00 | 35.00 |
| B. Curtis Courtney<br>220 Edgemont Rd<br>Maysville, KY 41056<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Meadowview Regional Medical Center<br>CEO<br>Aggregate Year-to-Date $ 281.25 | 06/30/00 | 31.25 |
| C. Jim Edmondson<br>1207 Jackson Drive<br>Pulaski, TN 38478<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Hillside Hospital<br>CEO<br>Aggregate Year-to-Date $ 468.00 | 06/30/00 | 52.00 |
| D. Barry Keel<br>101 Brookwood Lane<br>Andalusia, AL 36420<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Andalusia Regional Hospital<br>CEO<br>Aggregate Year-to-Date $ 270.00 | 06/30/00 | 30.00 |
| E. Timothy McGill<br>221 Bussell Street<br>Livingston, TN 38570<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Livingston Regional Hospital<br>CEO<br>Aggregate Year-to-Date $ 281.25 | 06/30/00 | 31.25 |
| F. William Spray<br>204 Kingsbridge Boulevard<br>Tullahoma, TN 37388<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Southern Tennessee Medical Center<br>Field Administration<br>Aggregate Year-to-Date $ 270.00 | 06/30/00 | 30.00 |
| G. Kerry Wehmeyer<br>2001 Doctors Drive<br>Springhill, LA 71078<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Springhill Medical Center<br>CEO<br>Aggregate Year-to-Date $ 613.92 | 06/30/00 | 68.16 |

SUBTOTAL of Receipts This Page (optional) ..... 277.66

TOTAL This Period (last page this line number only) ..... 1,503.58

4-00172

SCHEDULE A

# ITEMIZED RECEIPTS

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



FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
LifePoint Hospitals, Inc. Good Government Fund

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. First American Bank<br>500 Metroplex Drive<br>Nashville, TN 37211<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ 555.72 | 04/28/00 | 148.89 |
| B. First American Bank<br>500 Metroplex Drive<br>Nashville, TN 37211<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ 624.37 | 06/12/00 | 68.65 |
| C. First American Bank<br>500 Metroplex Drive<br>Nashville, TN 37211<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ 731.17 | 05/31/00 | 106.80 |
| D. First American Bank<br>500 Metroplex Drive<br>Nashville, TN 37211<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ 891.53 | 06/30/00 | 160.36 |
| E. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ | | |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ | | |
| G. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date $ | | |

SUBTOTAL of Receipts This Page (optional) ..... 482.70

TOTAL This Period (last page this line number only) ..... 482.70

4-00173

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
LifePoint Hospitals, Inc. Good Government Fund

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| Bill Thomas Campaign Committee<br>P.O. Box 395<br>Bakersfield, CA 93302 | Thomas , U.S. HOUSE CA<br>Disbursement for: [ ] Primary [X] General<br>[ ] Other (specify) 2000 | 05/08/00 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Friends of THA<br>500 Interstate Boulevard South<br>Nashville, TN 37210 | Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) 2000 | 05/23/00 | 1,260.38 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| FedPAC<br>801 Pennsylvania Ave.<br>NW Suite 246<br>Washington, DC 20004-2604 | Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) 2000 | 05/12/00 | 4,000.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General<br>[ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) | 6,260.38 |
| TOTAL This Period (last page this line number only) | 6,260.38 |

4-00172

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)
LifePoint Hospitals, Inc. Good Government Fund

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. McGaha for Senate Campaign Fund<br>4787 West Hwy 76<br>Russell Springs, KY 42642 | McGaha , STATE SENATE KY<br>Disbursement for: Primary ☒ General ☐ Other (specify) 2000 | 06/28/00 | 500.00 |
| B. Victory 2000 Republican Party of Kentucky<br>PO Box 1068<br>Frankfort, KY 40602 | Fundraiser<br>Disbursement for: Primary ☐ General ☐ Other (specify) 2000 | 05/09/00 | 2,000.00 |
| C. | Purpose of Disbursement<br>Disbursement for: Primary ☐ General ☐ Other (specify) | | |
| D. | Purpose of Disbursement<br>Disbursement for: Primary ☐ General ☐ Other (specify) | | |
| E. | Purpose of Disbursement<br>Disbursement for: Primary ☐ General ☐ Other (specify) | | |
| F. | Purpose of Disbursement<br>Disbursement for: Primary ☐ General ☐ Other (specify) | | |
| G. | Purpose of Disbursement<br>Disbursement for: Primary ☐ General ☐ Other (specify) | | |
| H. | Purpose of Disbursement<br>Disbursement for: Primary ☐ General ☐ Other (specify) | | |
| I. | Purpose of Disbursement<br>Disbursement for: Primary ☐ General ☐ Other (specify) | | |

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) | 2,500.00 |
| TOTAL This Period (last page this line number only) | 2,500.00 |

4-00173

Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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| ☑ | Hand Delivered | Date of Receipt 7·19·00 |
| ☐ | First Class Mail | POSTMARKED |
| ☐ | Registered/Certified Mail | POSTMARKED (R/C) |
| ☐ | No Postmark | |
| ☐ | Postmark Illegible | |
| ☐ | Received from the House office of Records and Registration | Date of Receipt |
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| ☐ | Other ( Specify): | Postmarked _____ and/or Date of Receipt |
| ☐ | Electronic Filing | |

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7·19·00
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(6/2000)