

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** C00347955
3. IS THIS REPORT 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)
 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 03 01 2011 through 03 31 2011

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 04 14 2011

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. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		68973.96
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	57833.55									
(c) Total Receipts (from Line 19)	25299.00	25299.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83132.55	94272.96								
7. Total Disbursements (from Line 31)	16347.40	27487.81								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	66785.15	66785.15								
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:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	25099.00	25099.00
(ii) Unitemized	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	25299.00	25299.00
(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)	25299.00	25299.00
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))	25299.00	25299.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25299.00	25299.00

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.....	21.41	61.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	21.41	61.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7500.00	17500.00
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.....	8825.99	9925.99
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))..	16347.40	27487.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16347.40	27487.81

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)	25299.00	25299.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25299.00	25299.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21.41	61.82
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21.41	61.82

**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 6 / 13
	<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	

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) Margie Brusseau		Date of Receipt	
	Mailing Address 1030 Cedar Springs Road		M M / D D / Y Y Y Y 03 / 29 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.7705
	Athens	TN	37303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		400.00	
Name of Employer Athens Regional Med. Ctr.		Occupation RN, CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) John Bumpus		Date of Receipt	
	Mailing Address 6118 Paddock Place		M M / D D / Y Y Y Y 03 / 25 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.7700
	Brentwood	TN	37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		2500.00	
Name of Employer LifePoint Hospitals, Inc.		Occupation SVP Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00		

C.	Full Name (Last, First, Middle Initial) Thomas H. Butler		Date of Receipt	
	Mailing Address 4717 Potomac Lane		M M / D D / Y Y Y Y 03 / 25 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.7695
	Brentwood	TN	37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1860.00	
Name of Employer LifePoint Hospitals, Inc.		Occupation Healthcare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1860.00		

SUBTOTAL of Receipts This Page (optional)	▶	4760.00
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 / 13
(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)
Michael Cheek

Mailing Address 907 Shady Ln

City State Zip Code
Mexia TX 76667

FEC ID number of contributing federal political committee. C

Name of Employer Parkview Regional Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt MM / DD / YYYY
03 / 29 / 2011

Transaction ID: SA11AI.7703

Amount of Each Receipt this Period 850.00

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

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 LifePoint Hospitals Occupation CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt MM / DD / YYYY
03 / 29 / 2011

Transaction ID: SA11AI.7711

Amount of Each Receipt this Period 2400.00

C. Full Name (Last, First, Middle Initial)
James P. Frazier, III

Mailing Address 2144 E Ardoin St

City State Zip Code
Eunice LA 70535

FEC ID number of contributing federal political committee. C

Name of Employer AMC Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 29 / 2011

Transaction ID: SA11AI.7706

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 4250.00

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 / 13
(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)
Paul D. Gilbert

Mailing Address 715 Cantrell Ave

City Nashville State TN Zip Code 37215

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

Name of Employer LifePoint Hospitals, Inc. Occupation EVP Chief Legal Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3789.00

Date of Receipt: 03 / 25 / 2011
Transaction ID: SA11AI.7701
Amount of Each Receipt this Period: 3789.00

B.

Full Name (Last, First, Middle Initial)
Belinda Johnson

Mailing Address 30 Quail Run Road

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 25 / 2011
Transaction ID: SA11AI.7698
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Jess N. Judy

Mailing Address 112 Chatsworth Drive

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 03 / 29 / 2011
Transaction ID: SA11AI.7704
Amount of Each Receipt this Period: 3500.00

SUBTOTAL of Receipts This Page (optional) ► 7539.00

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 / 13
	<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) Jone Koford		Date of Receipt
	Mailing Address 1493 Willowbrooke Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 29 / 2011
	City	State	Zip Code
	Franklin	TN	37069
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7702
Name of Employer LifePoint Hospitals, Inc.		Occupation Healthcare Executive - Division Pres.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00	3000.00

B.	Full Name (Last, First, Middle Initial) Brad Langdorf		Date of Receipt
	Mailing Address 12 Yates Terrace		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 29 / 2011
	City	State	Zip Code
	Ft. Morgan	CO	80701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7709
Name of Employer Colorado Plains Med Ctr		Occupation CNO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	400.00

C.	Full Name (Last, First, Middle Initial) Michael Mayeux		Date of Receipt
	Mailing Address 34 Oak Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 29 / 2011
	City	State	Zip Code
	New Iberia	LA	70563
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7707
Name of Employer Teche		Occupation CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	750.00

SUBTOTAL of Receipts This Page (optional)	4150.00
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 / 13
(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)
Brad Owens

Mailing Address 1014 Crimson Clover Drive

City State Zip Code
Brentwood TN 37027

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

Name of Employer
LifePoint Hospitals, Inc. Occupation
Division CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2011

Transaction ID: SA11AI.7694

Amount of Each Receipt this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
Michael Patterson

Mailing Address 331 Apache Street

City State Zip Code
Ft. Morgan CO 80701

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

Name of Employer
Colorado Plains Medical Center Occupation
CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2011

Transaction ID: SA11AI.7710

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Tracy Rankin

Mailing Address 908 Sixth Street

City State Zip Code
Morgan City LA 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
M M / D D / Y Y Y Y Y
03 / 29 / 2011

Transaction ID: SA11AI.7708

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **3400.00**

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 11 / 13	
	(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"/> 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) John Workman		Date of Receipt																					
Mailing Address 3025 Hawthorne		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	5		2	0	1	1														
City	State	Zip Code	Transaction ID: SA11AI.7697																				
Athens	TN	37303	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	1000.00																				
Name of Employer Athens Regional Medical Center		Occupation CEO																					
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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	25099.00

**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)

PAGE 12 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) FEDPAC Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245 City WASHINGTON State DC Zip Code 20004 Purpose of Disbursement fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7684 Date of Disbursement 03 / 10 / 2011
	Amount of Each Disbursement this Period 5000.00
B. Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US Mailing Address P.O. BOX 490 City ST. JOSEPH State MI Zip Code 49085 Purpose of Disbursement fund raiser Candidate Name FREDERICK STEPHEN UPTON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7688 Date of Disbursement 03 / 21 / 2011
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

7500.00

**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

A. Full Name (Last, First, Middle Initial)
Friends of TN Hospital Association

Mailing Address 500 Interstate Blvd S

City Nashville State TN Zip Code 37210

Purpose of Disbursement fundraiser

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.7685
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
HOSPAC-LA

Mailing Address 9521 Brookline Avenue

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement fundraiser

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.7686
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)