



**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<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2012"/>  |                         | 81050.51                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 105083.55               |                                   |
| (c) Total Receipts (from Line 19) .....  | 63897.75                | 93717.75                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 168981.30               | 174768.26                         |
| 7. Total Disbursements (from Line 31).....   | 14026.60                | 19813.56                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 154954.70               | 154954.70                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**LIFEPPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 60576.25                      | 89451.25                          |
| (ii) Unitemized .....   | 3321.50                       | 4121.50                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 63897.75                      | 93572.75                          |
| (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) .....  | 63897.75                      | 93572.75                          |
| 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                          | 145.00                            |
| 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))..... ▶                        | 63897.75                      | 93717.75                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 63897.75                      | 93717.75                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 26.60                         | 189.56                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 26.60                         | 189.56                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 13000.00                      | 15500.00                          |
| 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 .....  | 1000.00                       | 4124.00                           |
| 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)) ..      | 14026.60                      | 19813.56                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 14026.60                      | 19813.56                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 63897.75                      | 93572.75                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 63897.75                      | 93572.75                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 26.60                         | 189.56                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 26.60                         | 189.56                            |

**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 34  
(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 Brentwood State TN Zip Code 37027

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

Name of Employer Rockdale 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 Y  
 04 / 06 / 2012  
**Transaction ID : SA11AI.8086**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**B. 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 / D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : SA11AI.8081**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : SA11AI.8084**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1650.00

**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 7 OF 34                 |
|   | <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             | <input type="checkbox"/> 17  |

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

**A. Chris Bangerter**  
Full Name (Last, First, Middle Initial)

Mailing Address 411 Dahlia Drive

City Brentwood State TN Zip Code 37027

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

Name of Employer LifePoint Hospitals, Inc. Occupation Compliance Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012

**Transaction ID : SA11AI.8200**

Amount of Each Receipt this Period  
 500.00

**B. Sonya Bass**  
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 Colorado Plains 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 Y  
 04 / 06 / 2012

**Transaction ID : SA11AI.8077**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 2455 Durham Manor Dr

City Franklin State TN Zip Code 37064

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

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

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  
 04 / 17 / 2012

**Transaction ID : SA11AI.8102**

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: (check only one)       | PAGE 8 OF 34                 |
|   | <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. Beth Blankenship**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8870 Big Springs Rd  
City Christianiana State TN Zip Code 37037  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LifePoint Hospitals Occupation Legal Dept  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 26 / 2012  
**Transaction ID : SA11AI.8201**  
Amount of Each Receipt this Period 500.00

**B. Pamela Booker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4937 John Hager Rd  
City Hermitage State TN Zip Code 37076  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LifePoint Occupation DCNO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 12 / 2012  
**Transaction ID : SA11AI.8090**  
Amount of Each Receipt this Period 300.00

**C. David C. Bowling**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1039 Kingman Avenue  
City Murfreesboro State TN Zip Code 37129  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LifePoint Hospitals, Inc. Occupation Ops Controller  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 261.25

Date of Receipt 04 / 26 / 2012  
**Transaction ID : SA11AI.8186**  
Amount of Each Receipt this Period 261.25

**SUBTOTAL** of Receipts This Page (optional).....▶ 1061.25  
**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 9 OF 34  
(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. Julie Bowman**

Mailing Address 103 Powell Court, Suite 100

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Havasu CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
04 / 03 / 2012

Transaction ID : SA11AI.8056

Amount of Each Receipt this Period  
400.00

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

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  
Lander CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
04 / 17 / 2012

Transaction ID : SA11AI.8104

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
750.00

Date of Receipt  
04 / 26 / 2012

Transaction ID : SA11AI.8189

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2150.00

**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 34  
(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. Thomas H. Butler**

Mailing Address 4717 Potomac Lane

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
LifePoint Hospitals, Inc. Healthcare

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1860.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2012  
**Transaction ID : SA11AI.8093**

Amount of Each Receipt this Period  
1860.00

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 ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : SA11AI.8124**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Rick Carter**

Mailing Address 103 Powell Court  
Suite 200

City State Zip Code  
Brentwood TN 37067

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

Name of Employer Occupation  
Valley View Hospital 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  
 04 / 26 / 2012  
**Transaction ID : SA11AI.8187**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3360.00

**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 12 OF 34  
(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. Michael Clark**

Mailing Address 101 Gillespie Dr

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
LifePoint Hospitals American Division President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2012  
**Transaction ID : SA11AI.8054**

Amount of Each Receipt this Period  
3000.00

Full Name (Last, First, Middle Initial)  
**B. David Critchlow**

Mailing Address 111 Cotton Lane

City State Zip Code  
Franklin TN 37069

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

Name of Employer Occupation  
LifePoint Hospitals VP Govt Programs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : SA11AI.8103**

Amount of Each Receipt this Period  
3700.00

Full Name (Last, First, Middle Initial)  
**C. Teresa Daniel**

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  
Meadowview Regional 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  
 04 / 23 / 2012  
**Transaction ID : SA11AI.8130**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7200.00

**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 13 OF 34  
(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. Ann Debooy**

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 M / D D D / Y Y Y Y Y Y  
04 / 23 / 2012  
**Transaction ID : SA11AI.8157**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**B. Aphreikah Duhaney**

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 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  
04 / 17 / 2012  
**Transaction ID : SA11AI.8109**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**C. Ronald Evans**

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 ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2012  
**Transaction ID : SA11AI.8091**

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00

**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 14 OF 34  
(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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. Christopher Flores**

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 Havasu Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
04 / 03 / 2012  
**Transaction ID : SA11AI.8058**

Amount of Each Receipt this Period  
750.00

Full Name (Last, First, Middle Initial)  
**B. Richard Flores**

Mailing Address 9439 Timber Ridge Court

City Brentwood State TN Zip Code 37027

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

Name of Employer LifePoint, Hospitals, Inc. Occupation VP Revenue Cycle Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
04 / 12 / 2012  
**Transaction ID : SA11AI.8094**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**C. Michael Fontenot**

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  
04 / 17 / 2012  
**Transaction ID : SA11AI.8106**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

**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 15 OF 34  
(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**

**A. 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 ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.8198**  
 Amount of Each Receipt this Period  
 750.00

**B. Alan George**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 Powell Court Suite 200  
 City Brentwood State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Palestine Regional Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.8190**  
 Amount of Each Receipt this Period  
 500.00

**C. Paul D. Gilbert**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 3700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2012  
**Transaction ID : SA11AI.8088**  
 Amount of Each Receipt this Period  
 3700.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4950.00  
**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 16 OF 34  
(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. Lisa Gillespie**

Mailing Address 4600 Gin Plantation Drive

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Snellville | State<br>GA | Zip Code<br>30039 |
|--------------------|-------------|-------------------|

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

|                                      |                   |
|--------------------------------------|-------------------|
| Name of Employer<br>Rockdale Med Ctr | Occupation<br>CMO |
|--------------------------------------|-------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 06  | / | 2012    |

**Transaction ID : SA11AI.8083**

Amount of Each Receipt this Period  

|        |
|--------|
| 750.00 |
|--------|

Full Name (Last, First, Middle Initial)  
**B. Susan K. Goetzinger**

Mailing Address 4220 Windsong Drive

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Riverton | State<br>WY | Zip Code<br>82501 |
|------------------|-------------|-------------------|

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

|                              |                   |
|------------------------------|-------------------|
| Name of Employer<br>Riverton | Occupation<br>CFO |
|------------------------------|-------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 23  | / | 2012    |

**Transaction ID : SA11AI.8136**

Amount of Each Receipt this Period  

|        |
|--------|
| 750.00 |
|--------|

Full Name (Last, First, Middle Initial)  
**C. Nan Gregg**

Mailing Address 900 LaVilleta St

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Mexia | State<br>TX | Zip Code<br>76667 |
|---------------|-------------|-------------------|

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

|                                       |                   |
|---------------------------------------|-------------------|
| Name of Employer<br>Parkview Regional | Occupation<br>CNO |
|---------------------------------------|-------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 12  | / | 2012    |

**Transaction ID : SA11AI.8100**

Amount of Each Receipt this Period  

|        |
|--------|
| 400.00 |
|--------|

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>1900.00</b> |
| <b>TOTAL</b> 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 17 OF 34                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <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)<br><b>A. Kathy Hamrick</b>  |                                     | Date of Receipt   |
| Mailing Address 103 Powell Court<br>Suite 200   |                                     | <input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2012"/> |
| City<br>Brentwood   | State<br>TN                         | Zip Code<br>37027   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11AI.8139</b>   |
| Name of Employer<br>Southern TN   | Occupation<br>CNO                   | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼            | <input type="text" value="400.00"/>   |
|   | <input type="text" value="400.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Timothy Harclerode</b>   |                                     | Date of Receipt   |
| Mailing Address 101 Fawn Circle   |                                     | <input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2012"/> |
| City<br>Bluefield   | State<br>VA                         | Zip Code<br>24605   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11AI.8111</b>   |
| Name of Employer<br>Clinch Valley Med Ctr   | Occupation<br>CNO                   | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼            | <input type="text" value="750.00"/>   |
|   | <input type="text" value="750.00"/> |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Diane Huggins</b>  |  | Date of Receipt   |
| Mailing Address 86 Blue Ridge Trace   |  | <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2012"/> |
| City<br>Hendersonville  | State<br>TN                              | Zip Code<br>37075   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>           | <b>Transaction ID : SA11AI.8053</b>   |
| Name of Employer<br>LifePoint Hospitals   | Occupation<br>VP of Corp. Communications | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼                 | <input type="text" value="655.00"/>   |
|   | <input type="text" value="655.00"/>      |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="1805.00"/> |
| <b>TOTAL</b> 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: PAGE 18 OF 34  
(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. Si Hutt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3165 West 400 South  
City Vernal State UT Zip Code 84078  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ashley Regional Occupation CEO  
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  
04 / 03 / 2012  
**Transaction ID : SA11AI.8064**  
Amount of Each Receipt this Period  
750.00

**B. Belinda Johnson**  
Full Name (Last, First, Middle Initial)  
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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2012  
**Transaction ID : SA11AI.8129**  
Amount of Each Receipt this Period  
300.00

**C. 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 / D D / Y Y Y Y Y Y  
04 / 17 / 2012  
**Transaction ID : SA11AI.8118**  
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: PAGE 19 OF 34  
(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. Robert Klein**

Mailing Address 107 Bluegrass Cove

City Hendersonville      State TN      Zip Code 37075

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 ▼  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2012  
**Transaction ID : SA11AI.8089**

Amount of Each Receipt this Period  
4000.00

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

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 / D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.8193**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Jone Koford**

Mailing Address 1493 Willowbrooke Circle

City Franklin      State TN      Zip Code 37069

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

Name of Employer LifePoint Hospitals, Inc.      Occupation Healthcare Executive - Division Pres.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.8159**

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00

**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 34                |
|   | <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. Kathy Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 42 Sunny View Lane

City Carthage State TN Zip Code 37030

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

Name of Employer Riverview 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  
 04 / 06 / 2012  
**Transaction ID : SA11AI.8068**

Amount of Each Receipt this Period  
 400.00

**B. 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  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2012  
**Transaction ID : SA11AI.8133**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 232 Poteat Place

City Franklin State TN Zip Code 37064

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

Name of Employer LifePoint Hospitals Occupation VP Assoc Gen Counsel

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  
 04 / 26 / 2012  
**Transaction ID : SA11AI.8202**

Amount of Each Receipt this Period  
 500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1300.00 |
| <b>TOTAL</b> 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 34                |
|   | <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. Donna Martin-Howell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 Powell Court  
 Suite 200  
 City Brentwood State TN Zip Code 37067  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.8204**  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : SA11AI.8113**  
 Amount of Each Receipt this Period  
 750.00

**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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.8203**  
 Amount of Each Receipt this Period  
 500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1650.00 |
| <b>TOTAL</b> 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 34                |
|   | <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)<br><b>A. Debra Noyes</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>04 / 23 / 2012<br><b>Transaction ID : SA11AI.8144</b> |
| Mailing Address 103 Powell Court<br>Suite 200   |                                    | Amount of Each Receipt this Period<br>400.00  |
| City<br>Brentwood   | State<br>TN                        | Zip Code<br>37027   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |
| Name of Employer<br>Putnam  | Occupation<br>CFO                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Robert Parker</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>04 / 23 / 2012<br><b>Transaction ID : SA11AI.8132</b> |
| Mailing Address 209 Richwood Drive  |                                     | Amount of Each Receipt this Period<br>1000.00   |
| City<br>Somerset  | State<br>KY                         | Zip Code<br>42503   |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |
| Name of Employer<br>Lake Cumberland Regional  | Occupation<br>COO                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Michael Patterson</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>04 / 06 / 2012<br><b>Transaction ID : SA11AI.8074</b> |
| Mailing Address 331 Apache Street   |                                     | Amount of Each Receipt this Period<br>1000.00   |
| City<br>Ft. Morgan  | State<br>CO                         | Zip Code<br>80701   |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |
| Name of Employer<br>Colorado Plains Medical Center  | Occupation<br>CFO                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2400.00 |
| <b>TOTAL</b> 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 34                |
|   | <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)<br><b>A. Christina Patton</b>   |                            | Date of Receipt<br>MM / DD / YYYY<br>04 / 06 / 2012<br><b>Transaction ID : SA11AI.8075</b> |
| Mailing Address 103 Powell Court<br>Suite 200   |                            | Amount of Each Receipt this Period<br>350.00   |
| City<br>Brentwood   | State Zip Code<br>TN 37027 |  |
| FEC ID number of contributing federal political committee.<br>C   |                            | Aggregate Year-to-Date ▼<br>350.00   |
| Name of Employer<br>Colorado Plains   | Occupation<br>CFO          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                            |  |

|   |                            |  |
|---|----------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Fred Pelle</b>   |                            | Date of Receipt<br>MM / DD / YYYY<br>04 / 03 / 2012<br><b>Transaction ID : SA11AI.8065</b> |
| Mailing Address 103 Powell Court<br>Suite 200   |                            | Amount of Each Receipt this Period<br>1000.00  |
| City<br>Brentwood   | State Zip Code<br>TN 37027 |  |
| FEC ID number of contributing federal political committee.<br>C   |                            | Aggregate Year-to-Date ▼<br>1000.00  |
| Name of Employer<br>Jackson Purchase  | Occupation<br>CEO          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                            |  |

|   |                            |  |
|---|----------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Robert Perez</b>   |                            | Date of Receipt<br>MM / DD / YYYY<br>04 / 17 / 2012<br><b>Transaction ID : SA11AI.8122</b> |
| Mailing Address 103 Powell Court<br>Suite 200   |                            | Amount of Each Receipt this Period<br>400.00   |
| City<br>Brentwood   | State Zip Code<br>TN 37027 |  |
| FEC ID number of contributing federal political committee.<br>C   |                            | Aggregate Year-to-Date ▼<br>400.00   |
| Name of Employer<br>Logan Regional  | Occupation<br>Physician    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                            |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> 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 34                |
|   | <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. Allen Peters**  
Full Name (Last, First, Middle Initial)

Mailing Address 6107 Via Del Agua

City Ft. Mohave State AZ Zip Code 86426

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

Name of Employer Valley View Med Ctr 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  
 04 / 26 / 2012  
**Transaction ID : SA11AI.8176**

Amount of Each Receipt this Period  
 1000.00

**B. Thomas Pezanosky Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1192 McCoury Lane

City Spring Hill State TN Zip Code 37174

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

Name of Employer LifePoint Hospitals, Inc. Occupation Reimbursement Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2012  
**Transaction ID : SA11AI.8127**

Amount of Each Receipt this Period  
 350.00

**C. Sandra Podley**  
Full Name (Last, First, Middle Initial)

Mailing Address 8309 Fresno Way NE

City Albuquerque State NM Zip Code 87122

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

Name of Employer Los Alamos Medical Ctr 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  
 04 / 03 / 2012  
**Transaction ID : SA11AI.8062**

Amount of Each Receipt this Period  
 1000.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2350.00 |
| <b>TOTAL</b> 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 25 OF 34  
(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. Roxana Pool**

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 ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.8199**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Michael Rosen**

Mailing Address 3208 Maverick Dr

City LHL State AZ Zip Code 86404

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

Name of Employer Havasu 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  
 04 / 03 / 2012  
**Transaction ID : SA11AI.8063**

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  
 04 / 06 / 2012  
**Transaction ID : SA11AI.8070**

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2150.00

**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 26 OF 34  
(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. Scott Smith**

Mailing Address 1007 Woodview Court

City Morgan City State LA Zip Code 70380

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

Name of Employer Teche Regional Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.8160**

Amount of Each Receipt this Period  
500.00

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

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 Southern TN Occupation Director

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  
 04 / 23 / 2012  
**Transaction ID : SA11AI.8142**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**C. James Smolik**

Mailing Address 4242 Valley Green Circle

City Riverton State WY Zip Code 82501

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

Name of Employer Riverton Memorial Hospital 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  
 04 / 23 / 2012  
**Transaction ID : SA11AI.8135**

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 27 OF 34  
(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. Brian Springate**

Mailing Address 103 Powell Court  
Suite 200

City State Zip Code  
Brentwood TN 37067

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

Name of Employer Occupation  
Bourbon CNO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.8196**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Jimmy Stuart**

Mailing Address 829 Krisker Ave

City State Zip Code  
Mexia TX 76667

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

Name of Employer Occupation  
Parkview CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : SA11AI.8069**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Ralph Underwood**

Mailing Address 264 Cascade Drive

City State Zip Code  
Winchester TN 37398

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

Name of Employer Occupation  
Emerald Hodgson Hospital 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  
 04 / 23 / 2012  
**Transaction ID : SA11AI.8141**

Amount of Each Receipt this Period  
250.00

**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: PAGE 28 OF 34  
(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. John Walker**

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  
 04 / 17 / 2012  
**Transaction ID : SA11AI.8117**

Amount of Each Receipt this Period  
1000.00

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

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 ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : SA11AI.8120**

Amount of Each Receipt this Period  
500.00

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

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 ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.8192**

Amount of Each Receipt this Period  
800.00

**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 29 OF 34                |
|   | <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 **04 / 12 / 2012**  
**Transaction ID : SA11AI.8101**  
 Amount of Each Receipt this Period **250.00**

**B. 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 **1000.00**

Date of Receipt **04 / 03 / 2012**  
**Transaction ID : SA11AI.8067**  
 Amount of Each Receipt this Period **1000.00**

**C. David Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 Powell Court Suite 200  
 City Brentwood State TN Zip Code 37067  
 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 **400.00**

Date of Receipt **04 / 26 / 2012**  
**Transaction ID : SA11AI.8206**  
 Amount of Each Receipt this Period **400.00**

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>1650.00</b> |
| <b>TOTAL</b> 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 30 OF 34  
(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. Phillip Young**

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  
04 / 23 / 2012  
**Transaction ID : SA11AI.8138**

Amount of Each Receipt this Period  
1000.00

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

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 Parkview Regional Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 17 / 2012  
**Transaction ID : SA11AI.8125**

Amount of Each Receipt this Period  
500.00

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

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

Amount of Each Receipt this Period

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 60576.25 |

**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 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)  
**LIFEPPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. BERKLEY FOR SENATE**

Mailing Address 7437 S EASTERN AVE SUITE 427

City LAS VEGAS State NV Zip Code 89123

Purpose of Disbursement fundraiser

Candidate Name  
**SHELLEY BERKLEY**

Office Sought:  House  Senate  President  
State: NV District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2012

**Transaction ID : SB23.8038**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. CHARLES BOUSTANY JR MD FOR CONGRESS, INC**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement fundraiser

Candidate Name  
**CHARLES DR. JR. BOUSTANY**

Office Sought:  House  Senate  President  
State: LA District: 07

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2012

**Transaction ID : SB23.8041**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MIKE LEE INC**

Mailing Address 190 WEST 800 NORTH STE 100

City PROVO State UT Zip Code 84601

Purpose of Disbursement fundraiser

Candidate Name  
**MIKE LEE**

Office Sought:  House  Senate  President  
State: UT District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2012

**Transaction ID : SB23.8042**

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

**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 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**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SCOTT DESJARLAIS**

Mailing Address P O BOX 90133

City NASHVILLE State TN Zip Code 37209

Purpose of Disbursement fundraiser

Candidate Name

**SCOTT EUGENE DESJARLAIS**

Office Sought:  House  
 Senate  
 President  
State: TN District: 04

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2012

Transaction ID : **SB23.8037**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. MATHESON FOR CONGRESS**

Mailing Address 677 SOUTH 200 WEST SUITE A

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement fundraiser

Candidate Name

**JAMES D MATHESON**

Office Sought:  House  
 Senate  
 President  
State: UT District: 04

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2012

Transaction ID : **SB23.8048**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. NEXT CENTURY FUND**

Mailing Address 116 S ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement fundraiser

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2012

Transaction ID : **SB23.8035**

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

**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 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**

Full Name (Last, First, Middle Initial)

**A. TIBERI FOR CONGRESS**

Mailing Address 2931 E DUBLIN GRANVILLE ROAD  
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement fundraiser

Candidate Name  
**PATRICK J. TIBERI**

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2012

Transaction ID : **SB23.8050**

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2500.00

13000.00

# 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. McCrory for Governor Campaign

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 6 |   | 2 | 0 | 1 | 2 |   |   |

Mailing Address

City State Zip Code

**Transaction ID : SB29.8047**

Purpose of Disbursement  
fundraiser

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: NC District:

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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