



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="81050.51"/>	<input type="text" value="81050.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="80129.81"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="29675.00"/>	<input type="text" value="29820.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="109804.81"/>	<input type="text" value="110870.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4721.26"/>	<input type="text" value="5786.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="105083.55"/>	<input type="text" value="105083.55"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28875.00	28875.00
(ii) Unitemized .....	800.00	800.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29675.00	29675.00
(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) .....	29675.00	29675.00
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	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))..... ▶	29675.00	29820.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29675.00	29820.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	21.26	162.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	21.26	162.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
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 .....	2200.00	3124.00
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)) ..	4721.26	5786.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4721.26	5786.96

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	29675.00	29675.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29675.00	29675.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	21.26	162.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21.26	162.96

**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 OF 17
<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) <b>A. Claudia Ambro</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2012 <b>Transaction ID : SA11AI.7999</b>
Mailing Address 570 Church St E #618		Amount of Each Receipt this Period 500.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LifePoint Hospitals	Occupation Dir. Bus. Offc. Ops.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Penny Brake</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2012 <b>Transaction ID : SA11AI.8008</b>
Mailing Address 1809 Mt. Zion Rd		Amount of Each Receipt this Period 600.00
City Ashland City	State TN	Zip Code 37015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer LifePoint Hospitals, Inc.	Occupation VP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Margie Brusseau</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2012 <b>Transaction ID : SA11AI.8009</b>
Mailing Address 1030 Cedar Springs Road		Amount of Each Receipt this Period 400.00
City Athens	State TN	Zip Code 37303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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 7 OF 17
	<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. John Bumpus**  
Full Name (Last, First, Middle Initial)

Mailing Address 6118 Paddock Place

City Brentwood State TN Zip Code 37027

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

Name of Employer LifePoint Hospitals, Inc. Occupation SVP Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 03 / 27 / 2012  
**Transaction ID : SA11AI.7987**

Amount of Each Receipt this Period 2750.00

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

Mailing Address 907 Shady Ln

City Mexia State TX Zip Code 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 03 / 27 / 2012  
**Transaction ID : SA11AI.7988**

Amount of Each Receipt this Period 850.00

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

Mailing Address 103 Powell Court

City Brentwood State TN Zip Code 37027

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

Name of Employer LifePoint Hospitals Occupation SVP, CAO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 27 / 2012  
**Transaction ID : SA11AI.8005**

Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 17
	(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**

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

Mailing Address 103 Powell Court  
Suite 200

City Brentwood State TN Zip Code 37027

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

Name of Employer LifePoint Hospitals Occupation CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3400.00

Date of Receipt  
03 / 27 / 2012  
Transaction ID : SA11AI.7989

Amount of Each Receipt this Period  
3400.00

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

Mailing Address 131 Great View Rd

City Cedar Bluff State VA Zip Code 24609

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

Name of Employer Clinch Valley Medical Ctr. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 27 / 2012  
Transaction ID : SA11AI.8001

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 126 Oak Bend Drive

City Lafayette State LA Zip Code 70506

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

Name of Employer Ville Platte Med Ctr Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 27 / 2012  
Transaction ID : SA11AI.7990

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
	<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. Jamie Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Canterbury Drive

City State Zip Code  
Culleoka TN 38451

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

Name of Employer Occupation  
LifePoint Hospitals, Inc. Director Emerging Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
03 / 30 / 2012  
**Transaction ID : SA11AI.8010**

Amount of Each Receipt this Period  
850.00

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

Mailing Address 863 E Bunkerhill Hill Dr

City State Zip Code  
Terre Haute IN 47802

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

Name of Employer Occupation  
Georgetown CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 27 / 2012  
**Transaction ID : SA11AI.7992**

Amount of Each Receipt this Period  
500.00

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

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 Occupation  
AMC CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 27 / 2012  
**Transaction ID : SA11AI.7993**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2350.00

**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 17  
(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. George E. French III**

Mailing Address 1106 Broadway

City Minden State LA Zip Code 71055

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

Name of Employer Minden Medical Center Occupation CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2012  
**Transaction ID : SA11AI.7985**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 275 Northridge Drive

City Pulaski State TN Zip Code 38478

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

Name of Employer Hillside Occupation CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2012  
**Transaction ID : SA11AI.8002**

Amount of Each Receipt this Period  
750.00

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

Mailing Address 841 Hundley St

City Martinsville State VA Zip Code 24112

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

Name of Employer Memorial Hospital Occupation COO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2012  
**Transaction ID : SA11AI.7994**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 17
<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) <b>A. Mark Holyoak</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2012 <b>Transaction ID : SA11AI.8011</b>
Mailing Address 1216 W 1650 S		Amount of Each Receipt this Period 400.00
City Vernal State UT Zip Code 84078	FEC ID number of contributing federal political committee. C	
Name of Employer Ashley Regional Occupation CNO/CCO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

Full Name (Last, First, Middle Initial) <b>B. Jess N. Judy</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2012 <b>Transaction ID : SA11AI.8003</b>
Mailing Address 112 Chatsworth Drive		Amount of Each Receipt this Period 3500.00
City Nashville State TN Zip Code 37215	FEC ID number of contributing federal political committee. C	
Name of Employer LifePoint Hospitals, Inc. Occupation Division President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00

Full Name (Last, First, Middle Initial) <b>C. Debbie Kyzar</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2012 <b>Transaction ID : SA11AI.8006</b>
Mailing Address 16301 Woodland Estates Road		Amount of Each Receipt this Period 750.00
City Andalusia State AL Zip Code 36420	FEC ID number of contributing federal political committee. C	
Name of Employer Andalusia Regional Hospital Occupation Acctg/IS Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4650.00
<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 12 OF 17
<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. Jeff Noblin**  
Full Name (Last, First, Middle Initial)

Mailing Address 419 Weakley Creek Rd

City Lawrenceburg State TN Zip Code 38464

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

Name of Employer Crockett Hospital Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2012  
**Transaction ID : SA11AI.8014**

Amount of Each Receipt this Period 1000.00

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

Mailing Address 1014 Crimson Clover Drive

City Brentwood State TN Zip Code 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 ▼ 1325.00

Date of Receipt 03 / 27 / 2012  
**Transaction ID : SA11AI.8007**

Amount of Each Receipt this Period 1325.00

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

Mailing Address 103 Powell Place

City Brentwood State TN Zip Code 37064

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

Name of Employer LifePoint Hospitals Occupation Hospital Support Center

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 27 / 2012  
**Transaction ID : SA11AI.7995**

Amount of Each Receipt this Period 325.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2650.00

**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 17  
(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. 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 Occupation  
Teche Regional Med. Ctr 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  
 03 / 30 / 2012  
**Transaction ID : SA11AI.8015**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 2108 Loudenslager

City State Zip Code  
Thompsons Station TN 37179

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2012  
**Transaction ID : SA11AI.8016**

Amount of Each Receipt this Period  
900.00

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

Mailing Address 103 Powell Court

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
LifePoint Hospitals Manager Reimbursement

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2012  
**Transaction ID : SA11AI.8004**

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1525.00

**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 17  
(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. Gene Smith**

Mailing Address 1098 Walnut Bend Ln

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
LifePoint - American Div. CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  
03 / 27 / 2012  
**Transaction ID : SA11AI.7997**

Amount of Each Receipt this Period  
1700.00

Full Name (Last, First, Middle Initial)  
**B. Jim R. Williams Jr**

Mailing Address PO Box 397

City State Zip Code  
Minden LA 71058

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

Name of Employer Occupation  
Minden Medical Ctr CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
03 / 27 / 2012  
**Transaction ID : SA11AI.7998**

Amount of Each Receipt this Period  
750.00

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).....▶	2450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	28875.00

**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. MCCASKILL FOR MISSOURI 2012**

Mailing Address 700 13TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
fundraiser

Candidate Name  
**CLAIRE MCCASKILL**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2012

Transaction ID : SB23.8021

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

2500.00

**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. Campaign Fund of Rupert Phillips**

Mailing Address Room 224E Building 1  
State Capitol Complx

City Charleston State WV Zip Code 25305

Purpose of Disbursement fundraiser

Candidate Name

Office Sought:  House  Senate  President  
State: WV District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2012

Transaction ID : **SB29.8029**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Richard Browning for Senate**

Mailing Address PO Box 158

City Oceana State WV Zip Code 24870

Purpose of Disbursement fundraiser

Candidate Name

**Richard Browning**

Office Sought:  House  Senate  President  
State: WV District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2012

Transaction ID : **SB29.8024**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Senator Art Kirkendoll**

Mailing Address Room 218iV Building 8  
State Capitol Complx

City Charleston State WV Zip Code 25305

Purpose of Disbursement fundraiser

Candidate Name

Office Sought:  House  Senate  President  
State: WV District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2012

Transaction ID : **SB29.8026**

Amount of Each Disbursement this Period

400.00

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

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

1200.00

**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. Tomblin for Governor 2012**

Mailing Address 1598 Washington St E

City Charleston State WV Zip Code 25311

Purpose of Disbursement  
campaign

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2012

**Transaction ID : SB29.8031**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/  
Type

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

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

1000.00

2200.00