

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

ADDRESS (number and street) 103 POWELL COURT SUITE 200  
 Check if different than previously reported. (ACC)  
BRENTWOOD TN 37027

2. **FEC IDENTIFICATION NUMBER** C00347955  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Penny Brake  
Signature of Treasurer Electronically Filed by Penny Brake Date 04 16 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		18034.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	864.68									
(c) Total Receipts (from Line 19) .....	32257.50	32257.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	33122.18	50291.50								
7. Total Disbursements (from Line 31) .....	2011.93	19181.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	31110.25	31110.25								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	31557.50	31557.50
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	700.00	700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	32257.50	32257.50
(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) .....	32257.50	32257.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	32257.50	32257.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32257.50	32257.50

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	11.93	134.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	11.93	134.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	17000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	2047.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2011.93	19181.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2011.93	19181.25

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	32257.50	32257.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32257.50	32257.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11.93	134.25
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11.93	134.25

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

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

FOR LINE NUMBER: PAGE 6 / 13  
(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

**A.** Full Name (Last, First, Middle Initial)  
Margie Brusseau

Mailing Address 1030 Cedar Springs Road

City Athens State TN Zip Code 37303

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

Name of Employer Athens Regional Med. Ctr. Occupation RN, CNO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 27 / 2008  
Transaction ID: SA11AI.6605  
Amount of Each Receipt this Period 400.00

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

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 ▼ 2000.00

Date of Receipt 03 / 17 / 2008  
Transaction ID: SA11AI.6588  
Amount of Each Receipt this Period 2000.00

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

Mailing Address 4717 Potomac Lane

City Brentwood State TN Zip Code 37027

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

Name of Employer LifePoint Hospitals, Inc. Occupation Healthcare

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 03 / 17 / 2008  
Transaction ID: SA11AI.6587  
Amount of Each Receipt this Period 1800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4200.00

**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 / 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Copeland		Date of Receipt MM / DD / YYYY 03 / 27 / 2008		
	Mailing Address 779 Old Florence Pulaski Road		<b>Transaction ID:</b> SA11AI.6613		
	City Leoma	State TN	Zip Code 38468	Amount of Each Receipt this Period 3000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Crockett Hospital	Occupation Accountant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Eric Deaton		Date of Receipt MM / DD / YYYY 03 / 27 / 2008		
	Mailing Address 193 Rose Hill Way		<b>Transaction ID:</b> SA11AI.6612		
	City Bluffton	State SC	Zip Code 29910	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Coastal Carolina Medical Centre	Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Jim Edmondson		Date of Receipt MM / DD / YYYY 03 / 27 / 2008		
	Mailing Address 500 Hunter Lane		<b>Transaction ID:</b> SA11AI.6607		
	City Pulaski	State TN	Zip Code 38478	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hillside Hospital	Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<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 8 / 13  
(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

**A.** Full Name (Last, First, Middle Initial)  
Sue A. Eubanks

Mailing Address 5625 Cedar Rock Drive

City Nashville State TN Zip Code 37211

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

Name of Employer LifePoint Hospitals, Inc. Occupation Reimbursement Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2008  
Transaction ID: SA11AI.6610  
Amount of Each Receipt this Period 300.00

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

Mailing Address 160 Eagles Peak Drive South

City Bullard State TX Zip Code 75757

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

Name of Employer LifePoint Hospitals, Inc. Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 21 / 2008  
Transaction ID: SA11AI.6599  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
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 03 / 27 / 2008  
Transaction ID: SA11AI.6617  
Amount of Each Receipt this Period 1000.00

**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:	PAGE 9 / 13
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Donald Gavin II		Date of Receipt	
	Mailing Address 1967 Alf Harris Road		M M / D D / Y Y Y Y Y 03 / 27 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6606
	Prospect	TN	38477	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		750.00		
Name of Employer Hillside		Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) William Gracey		Date of Receipt	
	Mailing Address 14 Wynstone		M M / D D / Y Y Y Y Y 03 / 17 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6590
	Nashville	TN	37215	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		3000.00		
Name of Employer LifePoint Hospitals, Inc.		Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) William E. Hoffman, Jr.		Date of Receipt	
	Mailing Address 1017 Jones Parkway		M M / D D / Y Y Y Y Y 03 / 17 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6589
	Brentwood	TN	37027	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1700.00		
Name of Employer LifePoint Hospitals, Inc.		Occupation VP, Reimbursement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5450.00
<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 10 / 13  
(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

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

Mailing Address 112 Chatsworth Drive

City State Zip Code  
Nashville TN 37215

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

Name of Employer LifePoint Hospitals, Inc. Occupation Division President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** SA11AI.6598

Amount of Each Receipt this Period  
3200.00

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

Mailing Address 76 Blueridge Trace

City State Zip Code  
Hendersonville TN 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 ▼ 3500.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** SA11AI.6591

Amount of Each Receipt this Period  
3500.00

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

Mailing Address 1493 Willowbrooke Circle

City State Zip Code  
Franklin TN 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 ▼ 3800.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2008

**Transaction ID:** SA11AI.6608

Amount of Each Receipt this Period  
3800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10500.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Don Larson

Mailing Address 492 Broadview Drive

City State Zip Code  
Nashville TN 37220

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

Name of Employer LifePoint Hospitals, Inc. Occupation Director Constituency Satisfaction

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2008

**Transaction ID:** SA11AI.6611

Amount of Each Receipt this Period  
250.00

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

Mailing Address 8201 Spring Ridge Drive

City State Zip Code  
Nashville TN 37221

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

Name of Employer LifePoint Hospitals Occupation Director Internal Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** SA11AI.6596

Amount of Each Receipt this Period  
270.00

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

Mailing Address 1014 Crimson Clover Drive

City State Zip Code  
Brentwood TN 37027

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

Name of Employer LifePoint Hospitals, Inc. Occupation Division CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1687.50

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** SA11AI.6595

Amount of Each Receipt this Period  
1687.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2207.50

**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 / 13  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dana Rice		Date of Receipt	
	Mailing Address 2101 E Desert Lakes Drive		M M / D D / Y Y Y Y Y 03 / 27 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6609
	Fort Mohave	AZ	86426	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Valley View Medical Center		Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Sherrod		Date of Receipt	
	Mailing Address 185 Hospital Road		M M / D D / Y Y Y Y Y 03 / 21 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6602
	Winchester	TN	37398	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Southern Tennessee Medical Center		Occupation Assistant Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Gordon Smith		Date of Receipt	
	Mailing Address 9347 Ansley Lane		M M / D D / Y Y Y Y Y 03 / 21 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6592
	Brentwood	TN	37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		400.00	
Name of Employer LifePoint Hospitals, Inc.		Occupation Director of Business Development		
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) .....	▶	1900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	31557.50

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)  
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement  
fundraiser

Candidate Name

Category/  
Type

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6585

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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