



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

LifePoint Health PAC

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="2015"/>		145180.70
(b) Cash on Hand at Beginning of Reporting Period.....	169408.77	
(c) Total Receipts (from Line 19) .....	74247.50	129322.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	243656.27	274503.44
7. Total Disbursements (from Line 31).....	22570.54	53417.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	221085.73	221085.73
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**LifePoint Health PAC**

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).....	66677.50	119727.25
(ii) Unitemized .....	7570.00	9595.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	74247.50	129322.25
(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) .....	74247.50	129322.25
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	0.49
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))..... ▶	74247.50	129322.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	74247.50	129322.74

**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 .....	70.54	298.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	70.54	298.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	39000.00
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 .....	0.00	14119.00
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)) ..	22570.54	53417.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22570.54	53417.71

**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) .....	74247.50	129322.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	74247.50	129322.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	70.54	298.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	70.54	298.71

**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 37
	(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

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 Health PAC**

Full Name (Last, First, Middle Initial)  
**A. Claudia Ambro**

Mailing Address 570 Church St E #618

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
LifePoint Health Dir. Bus. Offc. Ops.

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  
05 / 28 / 2015  
**Transaction ID : SA11AI.9644**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Jackson Purchase Med Ctr 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  
05 / 11 / 2015  
**Transaction ID : SA11AI.9695**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
LifePoint Health Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
267.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2015  
**Transaction ID : SA11AI.9629**

Amount of Each Receipt this Period  
267.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1767.50
<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 37
	<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 Health PAC**

**A. Jon Applebaum**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 Seven Springs Way

City Brentwood State TN Zip Code 37027

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

Name of Employer Twin County Regional Healthcar 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  
 05 / 07 / 2015  
**Transaction ID : SA11AI.9752**

Amount of Each Receipt this Period  
 1000.00

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

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 M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : SA11AI.9653**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 330 Seven Springs Way

City Brentwood State TN Zip Code 37027

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

Name of Employer LifePoint Health Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : SA11AI.9627**

Amount of Each Receipt this Period  
 325.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2325.00

**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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**LifePoint Health PAC**

**A. James Atkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 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)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : SA11AI.9649**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**B. Jessica Ayers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Person Memorial Occupation CFO  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2015  
**Transaction ID : SA11AI.9729**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**C. Rodger Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifePoint Health Occupation CEO  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2015  
**Transaction ID : SA11AI.9749**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date ▼  
 1000.00

<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 9 OF 37
	<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 Health PAC**

**A. Bob Barrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 244 McGuire Lane  
 City Cedar Bluff State VA Zip Code 24609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clinch Valley Med Ctr 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  
 05 / 28 / 2015  
**Transaction ID : SA11AI.9723**  
 Amount of Each Receipt this Period  
**750.00**

**B. Sonya Bass**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 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 **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2015  
**Transaction ID : SA11AI.9771**  
 Amount of Each Receipt this Period  
**600.00**

**C. Pam Belcher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4217 Cecil Court South  
 City Nashville State TN Zip Code 37207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifePoint Health Occupation VP Org Dev & Recruiting  
 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  
 05 / 28 / 2015  
**Transaction ID : SA11AI.9630**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2350.00</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 10 OF 37
	(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 Health PAC**

**A. Greg Bengston**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 Seven Springs Way

City Brentwood State TN Zip Code 37027

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

Name of Employer LifePoint Health Occupation COO

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  
 05 / 08 / 2015

**Transaction ID : SA11AI.9750**

Amount of Each Receipt this Period  
 750.00

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

Mailing Address 204 Timber Ridge Dr

City Beckley State WV Zip Code 25801

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

Name of Employer Raleigh General 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  
 05 / 11 / 2015

**Transaction ID : SA11AI.9700**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 8870 Big Springs Rd

City Christiana State TN Zip Code 37037

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

Name of Employer LifePoint Health Occupation Legal Dept

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  
 05 / 08 / 2015

**Transaction ID : SA11AI.9596**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<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 11 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**LifePoint Health PAC**

Full Name (Last, First, Middle Initial)  
**A. Arnita Brooks**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Lifepoint Health Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : SA11AI.9623**

Amount of Each Receipt this Period  
360.00

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

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
LifePoint Health Associate CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2015  
**Transaction ID : SA11AI.9609**

Amount of Each Receipt this Period  
550.00

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

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Rutherford Regional 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  
 05 / 14 / 2015  
**Transaction ID : SA11AI.9731**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1910.00
<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 37
	<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 Health PAC**

**A. Fred Capozello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Valley View 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  
 05 / 14 / 2015  
**Transaction ID : SA11AI.9765**  
 Amount of Each Receipt this Period  
**1000.00**

**B. William Carpenter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4005 Newman Place  
 City Nashville State TN Zip Code 37204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifePoint Health Occupation General Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : SA11AI.9628**  
 Amount of Each Receipt this Period  
**5000.00**

**C. Anne Challis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Saratoga Blvd  
 City Hendersonville State TN Zip Code 37075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifePoint Health Occupation DCNO  
 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  
 05 / 28 / 2015  
**Transaction ID : SA11AI.9639**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>6500.00</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: (check only one)	PAGE 13 OF 37
	<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 Health PAC**

Full Name (Last, First, Middle Initial) <b>A. Andrea Cleeton</b>		Date of Receipt MM / DD / YYYY 05 / 08 / 2015 <b>Transaction ID : SA11AI.9595</b>
Mailing Address 330 Seven Springs Way		Amount of Each Receipt this Period 700.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer LifePoint Health	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Ben Cluff</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2015 <b>Transaction ID : SA11AI.9821</b>
Mailing Address 330 Seven Springs Way		Amount of Each Receipt this Period 1000.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer LifePoint Health	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Coello</b>		Date of Receipt MM / DD / YYYY 05 / 08 / 2015 <b>Transaction ID : SA11AI.9742</b>
Mailing Address 330 Seven Springs Way		Amount of Each Receipt this Period 750.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer LifePoint Health	Occupation COO	
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).....▶	2450.00
<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 14 OF 37
	<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 Health PAC**

**A. William Dark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifePoint Health Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2015  
**Transaction ID : SA11AI.9594**  
 Amount of Each Receipt this Period  
 300.00

**B. Ann Debooy**  
 Full Name (Last, First, Middle Initial)  
 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  
 05 / 11 / 2015  
**Transaction ID : SA11AI.9806**  
 Amount of Each Receipt this Period  
 400.00

**C. Conrad Deese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lifepoint Health Occupation VP  
 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  
 05 / 11 / 2015  
**Transaction ID : SA11AI.9598**  
 Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<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 15 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**LifePoint Health PAC**

**A. David Dill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifePoint Health Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 05 / 28 / 2015  
**Transaction ID : SA11AI.9640**  
 Amount of Each Receipt this Period  
 2000.00

**B. Angela Doan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scott Memorial Hospital Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 05 / 08 / 2015  
**Transaction ID : SA11AI.9660**  
 Amount of Each Receipt this Period  
 750.00

**C. Michael Everett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 N Starview Drive  
 City Somerset State KY Zip Code 42508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lake Cumberland Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 05 / 08 / 2015  
**Transaction ID : SA11AI.9659**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<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 16 OF 37  
(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 Health PAC**

Full Name (Last, First, Middle Initial)  
**A. George Farrell**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Wythe County Community Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
05 / 14 / 2015  
**Transaction ID : SA11AI.9753**

Amount of Each Receipt this Period  
750.00

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

Mailing Address 330 Seven Springs Way

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 ▼  
750.00

Date of Receipt  
05 / 13 / 2015  
**Transaction ID : SA11AI.9706**

Amount of Each Receipt this Period  
750.00

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

Mailing Address 1967 Alf Harris Road

City State Zip Code  
Prospect TN 38477

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

Name of Employer Occupation  
Hillside CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 19 / 2015  
**Transaction ID : SA11AI.9715**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

**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 17 OF 37
	<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 Health PAC**

**A. Lisa Gillespie**  
Full Name (Last, First, Middle Initial)

Mailing Address 4600 Gin Plantation Drive

City Snellville State GA Zip Code 30039

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

Name of Employer Rockdale Med Ctr 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  
 05 / 07 / 2015

**Transaction ID : SA11AI.9658**

Amount of Each Receipt this Period  
 750.00

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

Mailing Address 330 Seven Springs Way

City Brentwood State TN Zip Code 37027

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

Name of Employer Southern TN 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  
 05 / 08 / 2015

**Transaction ID : SA11AI.9718**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 8202 Foxview Court

City Brentwood State TN Zip Code 37027

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

Name of Employer LifePoint Health Occupation SVP Development

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  
 05 / 13 / 2015

**Transaction ID : SA11AI.9611**

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 18 OF 37
	<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 Health PAC**

**A. Timothy Harclerode**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Fawn Circle  
 City Bluefield State VA Zip Code 24605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clinch Valley Med Ctr Occupation CNO  
 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  
 05 / 19 / 2015  
**Transaction ID : SA11AI.9725**  
 Amount of Each Receipt this Period  
 750.00

**B. Rod Harkleroad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverview Regional Occupation 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  
 05 / 14 / 2015  
**Transaction ID : SA11AI.9712**  
 Amount of Each Receipt this Period  
 500.00

**C. John Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifePoint Health 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  
 05 / 11 / 2015  
**Transaction ID : SA11AI.9813**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<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 19 OF 37
	(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 Health PAC**

Full Name (Last, First, Middle Initial)  
**A. Tizgel High**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
LifePoint Health Sr Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2015

**Transaction ID : SA11AI.9604**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
LifePoint Health

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2015

**Transaction ID : SA11AI.9597**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 432 Cotton Lane

City State Zip Code  
Franklin TN 37069

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

Name of Employer Occupation  
LifePoint Health VP Materials Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2015

**Transaction ID : SA11AI.9636**

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2550.00
<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 20 OF 37
	<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 Health PAC**

Full Name (Last, First, Middle Initial) <b>A. Diane Huggins</b>		Date of Receipt
Mailing Address 86 Blue Ridge Trace		M M M / D D D / Y Y Y Y Y Y 05 / 19 / 2015
City Hendersonville	State TN	Zip Code 37075
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.9622</b>
Name of Employer LifePoint Health		Amount of Each Receipt this Period
Occupation VP of Corp. Communications		825.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		825.00

Full Name (Last, First, Middle Initial) <b>B. Linda Hunter</b>		Date of Receipt
Mailing Address 351 Meadowcrest Drive		M M M / D D D / Y Y Y Y Y Y 05 / 14 / 2015
City Somerset	State KY	Zip Code 42503
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.9711</b>
Name of Employer LCRH		Amount of Each Receipt this Period
Occupation Department Manager Rehab/SCU RN		500.00
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>C. Feliciano Jiron</b>		Date of Receipt
Mailing Address 330 Seven Springs Way		M M M / D D D / Y Y Y Y Y Y 05 / 07 / 2015
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.9802</b>
Name of Employer Los Alamos Medical Center		Amount of Each Receipt this Period
Occupation CEO		1000.00
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).....▶	2325.00
<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 21 OF 37
	(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 Health PAC**

Full Name (Last, First, Middle Initial)  
**A. Anetra Jones**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
WestCare Health 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  
 05 / 19 / 2015  
**Transaction ID : SA11AI.9733**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
LifePoint Health 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  
 05 / 11 / 2015  
**Transaction ID : SA11AI.9699**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Lifepoint Health VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : SA11AI.9581**

Amount of Each Receipt this Period  
625.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1425.00
<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 22 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**LifePoint Health PAC**

**A. Susan Kill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City State Zip Code  
 Brentwood TN 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rockdale Medical Center Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : SA11AI.9654**  
 Amount of Each Receipt this Period  
 250.00

**B. Kelly Kirchhoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City State Zip Code  
 Brentwood TN 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lifepoint Health Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2015  
**Transaction ID : SA11AI.9605**  
 Amount of Each Receipt this Period  
 320.00

**C. Chad Labrum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 398 S. 3130 W.  
 City State Zip Code  
 Vernal UT 84078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ashley Regional 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  
 05 / 07 / 2015  
**Transaction ID : SA11AI.9820**  
 Amount of Each Receipt this Period  
 750.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1320.00  
**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 23 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**LifePoint Health PAC**

Full Name (Last, First, Middle Initial)  
**A. Alene Lewis**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
LifePoint Health 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  
 05 / 11 / 2015  
**Transaction ID : SA11AI.9724**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
SageWest Health CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : SA11AI.9817**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Meadowview Regional 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  
 05 / 13 / 2015  
**Transaction ID : SA11AI.9708**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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 37
	<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 Health PAC**

**A. Rob Marshall**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Bolivar Medical CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
05 / 19 / 2015  
Transaction ID : SA11AI.9798

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Lifepoint Health Sr Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
05 / 08 / 2015  
Transaction ID : SA11AI.9587

Amount of Each Receipt this Period  
350.00

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

Mailing Address 686 Grace Street

City State Zip Code  
Pounding Mill VA 24637

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

Name of Employer Occupation  
Clinch Valley Medical Center Assistant Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
05 / 14 / 2015  
Transaction ID : SA11AI.9748

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: (check only one)	PAGE 25 OF 37
	<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 Health PAC**

**A. Leif Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 Seven Springs Way

City Brentwood State TN Zip Code 37027

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

Name of Employer LifePoint Health Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2015  
**Transaction ID : SA11AI.9643**

Amount of Each Receipt this Period  
 2000.00

**B. 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : SA11AI.9714**

Amount of Each Receipt this Period  
 1000.00

**C. Thomas O'Dell**  
Full Name (Last, First, Middle Initial)

Mailing Address 1024 Cobbler Ct.

City Nashville State TN Zip Code 37221

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

Name of Employer LifePoint Health Occupation VP Capital Asset & Const. Mgmt

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  
 05 / 19 / 2015  
**Transaction ID : SA11AI.9626**

Amount of Each Receipt this Period  
 750.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3750.00

**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 37
	(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 Health PAC**

Full Name (Last, First, Middle Initial)  
**A. Gene O'Hara**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Colorado Plains CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
05 / 11 / 2015  
**Transaction ID : SA11AI.9769**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
LifePoint Health Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
05 / 11 / 2015  
**Transaction ID : SA11AI.9807**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
LifePoint Health CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
05 / 11 / 2015  
**Transaction ID : SA11AI.9767**

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: (check only one)	PAGE 27 OF 37
<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 Health PAC**

**A. Robert Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 209 Richwood Drive  
 City Somerset State KY Zip Code 42503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lake Cumberland Regional 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  
 05 / 13 / 2015  
**Transaction ID : SA11AI.9709**  
 Amount of Each Receipt this Period  
 1000.00

**B. Vicki Parks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifePoint Health 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  
 05 / 11 / 2015  
**Transaction ID : SA11AI.9696**  
 Amount of Each Receipt this Period  
 750.00

**C. 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 Health Occupation Reimbursement Director  
 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  
 05 / 28 / 2015  
**Transaction ID : SA11AI.9631**  
 Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2150.00
<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 28 OF 37
	(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 Health PAC**

**A. Roxana Pool**  
Full Name (Last, First, Middle Initial)  
Mailing Address 401 N. High Street

City Winchester	State TN	Zip Code 37398
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Clinch Valley	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt  
05 / 07 / 2015  
**Transaction ID : SA11AI.9580**

Amount of Each Receipt this Period  
1000.00

**B. Mark Poppell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1615 Championship Blvd

City Franklin	State TN	Zip Code 37064
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer LifePoint Health	Occupation VP Reimbursement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Date of Receipt  
05 / 28 / 2015  
**Transaction ID : SA11AI.9646**

Amount of Each Receipt this Period  
1200.00

**C. Eleanor Post**  
Full Name (Last, First, Middle Initial)  
Mailing Address 330 Seven Springs Way

City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Rockdale Medical Center	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
05 / 07 / 2015  
**Transaction ID : SA11AI.9656**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2450.00
<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 29 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**LifePoint Health PAC**

Full Name (Last, First, Middle Initial) <b>A. Trenton Poynter</b>		Date of Receipt MM / DD / YYYY 05 / 19 / 2015 <b>Transaction ID : SA11AI.9619</b>
Mailing Address 330 Seven Springs Way		Amount of Each Receipt this Period 375.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Lifepoint Health	Occupation Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. Tina Qualls</b>		Date of Receipt MM / DD / YYYY 05 / 08 / 2015 <b>Transaction ID : SA11AI.9591</b>
Mailing Address 435 Drifting Circle		Amount of Each Receipt this Period 300.00
City Lebanon	State TN	Zip Code 37087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer LifePoint Health	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Sharon Radcliffe</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2015 <b>Transaction ID : SA11AI.9761</b>
Mailing Address 330 Seven Springs Way		Amount of Each Receipt this Period 250.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Havasus Regional	Occupation Asst CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	925.00
<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 30 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**LifePoint Health PAC**

Full Name (Last, First, Middle Initial)  
**A. Katy Reeves**  
 Mailing Address 330 Seven Springs Way  
 City State Zip Code  
 Brentwood TN 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LifePoint Health VP  
 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  
 05 / 08 / 2015  
**Transaction ID : SA11AI.9751**  
 Amount of Each Receipt this Period  
 750.00

Full Name (Last, First, Middle Initial)  
**B. Phillip Rivera**  
 Mailing Address 2450 S Telshor Blvd  
 City State Zip Code  
 Las Cruces NM 88011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Memorial Medical Center 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  
 05 / 11 / 2015  
**Transaction ID : SA11AI.9816**  
 Amount of Each Receipt this Period  
 750.00

Full Name (Last, First, Middle Initial)  
**C. Steven Ruwoldt**  
 Mailing Address 330 Seven Springs Way  
 City State Zip Code  
 Brentwood TN 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LifePOint Health COO  
 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  
 05 / 11 / 2015  
**Transaction ID : SA11AI.9809**  
 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 31 OF 37
<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 Health PAC**

Full Name (Last, First, Middle Initial) <b>A. Bruce D. San Filippo</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2015 <b>Transaction ID : SA11AI.9808</b>
Mailing Address 4326 Winchester		Amount of Each Receipt this Period 250.00
City Las Cruces	State NM	Zip Code 88011
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Medical Center	Occupation CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Cherie Sibley</b>		Date of Receipt MM / DD / YYYY 05 / 08 / 2015 <b>Transaction ID : SA11AI.9670</b>
Mailing Address 3 Wilkins Road		Amount of Each Receipt this Period 710.00
City Selma	State AL	Zip Code 36701
FEC ID number of contributing federal political committee. C		
Name of Employer Vaughan Regional Med Ctr	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00	

Full Name (Last, First, Middle Initial) <b>C. Brian Sinotte</b>		Date of Receipt MM / DD / YYYY 05 / 19 / 2015 <b>Transaction ID : SA11AI.9726</b>
Mailing Address 330 Seven Springs Way		Amount of Each Receipt this Period 1000.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		
Name of Employer Maria Parham Medical Ctr	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).....▶	1960.00
<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 32 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**LifePoint Health PAC**

**A. Shirley Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Rt 5 Box 208AA  
 City Andalusia State AL Zip Code 36420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Andalusia Regional Hospital Occupation CFO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2015  
**Transaction ID : SA11AI.9755**  
 Amount of Each Receipt this Period  
**700.00**

**B. Lucretia Stargell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WestCare Health System Occupation VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2015  
**Transaction ID : SA11AI.9735**  
 Amount of Each Receipt this Period  
**250.00**

**C. Candie Starr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STRHS-Winchester Occupation COO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2015  
**Transaction ID : SA11AI.9716**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1200.00</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: (check only one)	PAGE 33 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**LifePoint Health PAC**

**A. Chip Staton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City State Zip Code  
 Brentwood TN 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lifepoint Health VP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1170.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2015  
**Transaction ID : SA11AI.9600**  
 Amount of Each Receipt this Period  
 1170.00

**B. Daniel Sykes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2285 Mark Ct  
 City State Zip Code  
 Franklin TN 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LifePoint Health COO Phys. Svcs  
 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  
 05 / 07 / 2015  
**Transaction ID : SA11AI.9579**  
 Amount of Each Receipt this Period  
 500.00

**C. Denise Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 255 N. Spalding Ave.  
 City State Zip Code  
 Lebanon KY 40033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Spring View Hospital CFO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2015  
**Transaction ID : SA11AI.9710**  
 Amount of Each Receipt this Period  
 700.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2370.00
<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 34 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**LifePoint Health PAC**

**A. Arunas Vanagunas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 890 Rodney Drive  
 City Nashville State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifePoint Health Occupation Dir. Materials Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 19 / 2015**  
**Transaction ID : SA11AI.9614**  
 Amount of Each Receipt this Period  
**300.00**

**B. Jonathan Wall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8309 Trading Post Ct.  
 City Nashville State TN Zip Code 37221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lifepoint Health Occupation Division CFO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 28 / 2015**  
**Transaction ID : SA11AI.9645**  
 Amount of Each Receipt this Period  
**1750.00**

**C. Kathleen Winn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Seven Springs Way  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lifepoint Health Occupation Vp  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 28 / 2015**  
**Transaction ID : SA11AI.9632**  
 Amount of Each Receipt this Period  
**650.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2700.00</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 35 OF 37  
(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 Health PAC**

**A.** Full Name (Last, First, Middle Initial)  
**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  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : SA11AI.9719**

Amount of Each Receipt this Period  
 1000.00

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

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

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	66677.50

**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)

<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 Health PAC**

Full Name (Last, First, Middle Initial)

**A. BENNET FOR COLORADO**

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement  
fund raiser

Candidate Name  
**MICHAEL F BENNET**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CO District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

Transaction ID : **SB23.9571**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. NRSC**

Mailing Address 425 2ND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
fund raiser

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2015

Transaction ID : **SB23.9575**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. Senate Republican Caucus Campaign Comm.**

Mailing Address PO Box 1068

City Frankfort State KY Zip Code 40602

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2015

Transaction ID : **SB23.9824**

Amount of Each Disbursement this Period

2500.00

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

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

17500.00

**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 Health PAC**

Full Name (Last, First, Middle Initial)

**A. WYDEN FOR SENATE**

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement  
fund raiser

Candidate Name  
**RONALD LEE WYDEN**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OR District: 00

Date of Disbursement

/  /   
05 / 20 / 2015

**Transaction ID : SB23.9577**

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

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

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

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

/  /

Amount of Each Disbursement this Period

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

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

5000.00

22500.00