

**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"/>	<input type="text" value="145180.70"/>	<input type="text" value="145180.70"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="221085.73"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10100.00"/>	<input type="text" value="139422.74"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="231185.73"/>	<input type="text" value="284603.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8538.62"/>	<input type="text" value="61956.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="222647.11"/>	<input type="text" value="222647.11"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	9610.00	129337.25
(ii) Unitemized	490.00	10085.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10100.00	139422.25
(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)	10100.00	139422.25
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))..... ▶	10100.00	139422.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10100.00	139422.74

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	38.62	337.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	38.62	337.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	47500.00
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)) ..	8538.62	61956.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8538.62	61956.33

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)	10100.00	139422.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10100.00	139422.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	38.62	337.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	38.62	337.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Douglas Berment

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 - Memorial Hospital Martinsville

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
 06 / 03 / 2015
Transaction ID : SA11AI.9856

Amount of Each Receipt this Period
400.00

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

Mailing Address PO Box 1000

City State Zip Code
Abingdon VA 24212

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

Name of Employer Occupation
LifePoint Health healthcare management

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
 06 / 11 / 2015
Transaction ID : SA11AI.9839

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Amanda 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 Sr Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : SA11AI.9836

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional).....▶	1775.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<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. Jason Chaffin
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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2015

Transaction ID : SA11AI.9835

Amount of Each Receipt this Period
 800.00

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

Mailing Address 863 E Bunkerhill Hill Dr

City Terre Haute State IN Zip Code 47802

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

Name of Employer Georgetown Occupation CEO

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
 06 / 03 / 2015

Transaction ID : SA11AI.9853

Amount of Each Receipt this Period
 500.00

C. Michael Ehrat
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 - Memorial Hospital Martinsville

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
 06 / 03 / 2015

Transaction ID : SA11AI.9854

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 8 OF 13
(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. Michael Herman

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
Sumner Regional Med Ctr 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
 06 / 03 / 2015
Transaction ID : SA11AI.9840

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
B. Sandra Hugueley

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 - Logan Regional

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
 06 / 16 / 2015
Transaction ID : SA11AI.9844

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
C. Timothy Matney

Mailing Address PO Box 281

City State Zip Code
Wilkinson WV 25653

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

Name of Employer Occupation
Logan Regional Med Ctr CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2015
Transaction ID : SA11AI.9842

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 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 Health PAC

A. Anne Melton
Full Name (Last, First, Middle Initial)

Mailing Address 112 Deerwood Drive

City Hendersonville State TN Zip Code 37075

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

Name of Employer SRMC 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
 06 / 03 / 2015

Transaction ID : SA11AI.9841

Amount of Each Receipt this Period
 400.00

B. Jason Melton
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 Administrator - Wythe County Community

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
 06 / 11 / 2015

Transaction ID : SA11AI.9858

Amount of Each Receipt this Period
 250.00

C. Lynn Peoples
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 CNO - Person Memorial

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
 06 / 11 / 2015

Transaction ID : SA11AI.9847

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 13
(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. Joshua Perry

Mailing Address 7221 Hwy 70 S #634

City Nashville State TN Zip Code 37221

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

Name of Employer LifePoint Health Occupation Reimbursement Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : SA11AI.9838

Amount of Each Receipt this Period
335.00

Full Name (Last, First, Middle Initial)
B. Jeffrey Richardson

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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : SA11AI.9834

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Beemal Shah

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 Person Memorial Hospital

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
 06 / 11 / 2015
Transaction ID : SA11AI.9849

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1835.00**

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 OF 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 Health PAC

A. Kevin Zachary
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 Parkview Regional 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
 06 / 16 / 2015

Transaction ID : SA11AI.9843

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

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	9610.00

**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. FEDPAC

Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
fund raiser

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : **SB23.9829**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HAL ROGERS FOR CONGRESS

Mailing Address P.O. BOX 1214
EAST MT VERNON ST

City SOMERSET State KY Zip Code 42502

Purpose of Disbursement
fund raiser

Candidate Name

HAROLD DALLAS ROGERS

Office Sought: House Senate President
State: KY District: 05

Disbursement For: 2016 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : **SB23.9830**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement
fund raiser

Candidate Name

ROB PORTMAN

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

Disbursement For: 2016 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : **SB23.9831**

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

**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

A. TIBERI FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement fund raiser

Candidate Name **PATRICK J. TIBERI**

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 28 / 2015

Transaction ID : **SB23.9827**

Amount of Each Disbursement this Period
1500.00

Category/Type

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1500.00

TOTAL This Period (last page this line number only)..... ▶ 8500.00