



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		120159.54
(b) Cash on Hand at Beginning of Reporting Period.....	107653.67	
(c) Total Receipts (from Line 19) .....	14327.00	14827.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	121980.67	134986.54
7. Total Disbursements (from Line 31).....	4518.49	17524.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	117462.18	117462.18
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

**LIFEPPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13827.00	13827.00
(ii) Unitemized .....	500.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14327.00	14327.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	14327.00	14327.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	14327.00	14827.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14327.00	14827.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	18.49	274.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	18.49	274.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	18000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	-1000.00	-750.00
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)) ..	4518.49	17524.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4518.49	17524.36

**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) .....	14327.00	14327.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14327.00	14327.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	18.49	274.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	18.49	274.36

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. 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 ▼ 1000.00

Date of Receipt 03 / 21 / 2014  
**Transaction ID : SA11AI.8923**  
Amount of Each Receipt this Period 1000.00

**B. Penny Brake**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1809 Mt. Zion Rd  
City Ashland City State TN Zip Code 37015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LifePoint Hospitals, Inc. Occupation VP Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 21 / 2014  
**Transaction ID : SA11AI.8907**  
Amount of Each Receipt this Period 700.00

**C. Mark Brenzel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 305 Langdon Street PO Box 620  
City Somerset State KY Zip Code 42501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lake Cumberland Reg Hosp Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2014  
**Transaction ID : SA11AI.8911**  
Amount of Each Receipt this Period 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 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 HOSPITALS INC GOOD GOVERNMENT FUND**

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

Mailing Address 4717 Potomac Lane

City Brentwood State TN Zip Code 37027

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

Name of Employer LifePoint Hospitals, Inc. Occupation Healthcare

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1897.00

Date of Receipt  
03 / 21 / 2014  
Transaction ID : SA11AI.8906

Amount of Each Receipt this Period  
1897.00

**B. Michael Citak**  
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 Lake Cumberland Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
03 / 25 / 2014  
Transaction ID : SA11AI.8912

Amount of Each Receipt this Period  
750.00

**C. Michael Coggin**  
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 Hospitals Occupation SVP, CAO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
03 / 25 / 2014  
Transaction ID : SA11AI.8908

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5147.00
<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 8 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Christopher Flores**  
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 Havasu 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  
03 / 21 / 2014  
**Transaction ID : SA11AI.8924**  
Amount of Each Receipt this Period  
1000.00

**B. Sheryl Glasscock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20 Wondering Woods  
City Somerset State KY Zip Code 42503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lake Cumberland Regional Occupation CNO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 25 / 2014  
**Transaction ID : SA11AI.8914**  
Amount of Each Receipt this Period  
400.00

**C. Peter M. Mulkey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 686 Grace Street  
City Pounding Mill State VA Zip Code 24637  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Clinch Valley Medical Center Occupation Assistant Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 25 / 2014  
**Transaction ID : SA11AI.8917**  
Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael Patterson**

Mailing Address 331 Apache Street

City State Zip Code  
Ft. Morgan CO 80701

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

Name of Employer Occupation  
Colorado Plains Medical Center CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : SA11AI.8918**

Amount of Each Receipt this Period  
1000.00

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

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 Hospitals Hospital Support Center

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : SA11AI.8904**

Amount of Each Receipt this Period  
330.00

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

Mailing Address 713 Sherbrooke Ct

City State Zip Code  
Nashville TN 37211

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

Name of Employer Occupation  
LifePoint Hospitals Reimb. Mgr

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2014  
**Transaction ID : SA11AI.8916**

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2080.00

**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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)  
**A. Rebecca Segal**

Mailing Address 505 Cobalt Ln

City Beckley	State WV	Zip Code 25801
-----------------	-------------	-------------------

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

Name of Employer Raleigh General Hosp	Occupation Asst Admin.
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2014

**Transaction ID : SA11AI.8915**

Amount of Each Receipt this Period  
750.00

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

Mailing Address 3812 Heather Way

City Somerset	State KY	Zip Code 42503
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Cumberland Reg	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
03	/	25	/	2014

**Transaction ID : SA11AI.8913**

Amount of Each Receipt this Period  
750.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13827.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. David Heitmeier Campaign Fund**

Mailing Address PO Box 740338

City State Zip Code  
New Orleans LA 70174

Purpose of Disbursement  
check voided - candidate never cashed

Candidate Name  
**David Heitmeier Campaign Fund**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: LA District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2014

**Transaction ID : SB23.8927**

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

**B. Gary L. Smith, Jr. Re-Election Campaign**

Mailing Address PO Box 189

City State Zip Code  
Norco LA 70079

Purpose of Disbursement  
campaign

Candidate Name  
**Gary L. Smith, Jr. Re-Election Campaign**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: LA District: 19

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2014

**Transaction ID : SB23.8903**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. KYRSTEN SINEMA FOR CONGRESS**

Mailing Address PO BOX 25879

City State Zip Code  
TEMPE AZ 85285

Purpose of Disbursement  
fund raiser

Candidate Name  
**KYRSTEN SINEMA**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: AZ District: 09

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2014

**Transaction ID : SB23.8897**

Amount of Each Disbursement this Period

1500.00

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

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

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Rely on Your Beliefs Fund**

Mailing Address 209 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
fund raiser

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2014

**Transaction ID : SB23.8900**

Amount of Each Disbursement this Period

2500.00

**B. VOLUNTEERS FOR SHIMKUS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement  
fund raiser

Candidate Name

**VOLUNTEERS FOR SHIMKUS**

Office Sought:  House  Senate  President

State: IL District: 15

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2014

**Transaction ID : SB23.8901**

Amount of Each Disbursement this Period

1500.00

**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

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

Amount of Each Disbursement this Period

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

4000.00

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

5500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. McCrory for Governor Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2014

Mailing Address

City State Zip Code

**Transaction ID : SB29.8926**

Purpose of Disbursement  
check voided - never cashed by candidate

--

Amount of Each Disbursement this Period

-1000.00
----------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: NC District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

-1000.00
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-1000.00
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