

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2010 through 04 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Penny Brake
Signature of Treasurer Electronically Filed by Penny Brake Date 05 19 2010

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		50433.62
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	34774.35									
(c) Total Receipts (from Line 19)	76338.00	76338.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	111112.35	126771.62								
7. Total Disbursements (from Line 31)	9158.10	24817.37								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	101954.25	101954.25								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	72775.00	72775.00
(ii) Unitemized	3563.00	3563.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	76338.00	76338.00
(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)	76338.00	76338.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	76338.00	76338.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	76338.00	76338.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	53.65	112.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	53.65	112.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	2500.00	11000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	6604.45	13704.45
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9158.10	24817.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9158.10	24817.37

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	76338.00	76338.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76338.00	76338.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	53.65	112.92
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	53.65	112.92

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

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

FOR LINE NUMBER: PAGE 6 / 34

(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

A.

Full Name (Last, First, Middle Initial)
Sandra Albrecht

Mailing Address 1412 Milstead Ave NE

City State Zip Code
Conyers GA 30012

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

Name of Employer Occupation
Rockdale Med Ctr CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.7414

Amount of Each Receipt this Period
750.00

B.

Full Name (Last, First, Middle Initial)
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 Hospitals Dir. Bus. Offc. Ops.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.7488

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Deborah Armstrong

Mailing Address 1412 Milstead Ave NE

City State Zip Code
Conyers GA 30012

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

Name of Employer Occupation
Rockdale Med Ctr COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.7438

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1550.00

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 7 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 204 Timber Ridge Dr

City State Zip Code
Beckley WV 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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: SA11AI.7393

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Don Bivacca

Mailing Address 2455 Durham Manor Dr

City State Zip Code
Franklin TN 37064

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

Name of Employer LifePoint Hospitals, Inc. Occupation National Division President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2010

Transaction ID: SA11AI.7497

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
Karen Bowling

Mailing Address 127 Orlando Street

City State Zip Code
Beckley WV 25801

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

Name of Employer Raleigh General Hospital Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: SA11AI.7391

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **4250.00**

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 / 34
	<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.	Full Name (Last, First, Middle Initial) Penny Brake		Date of Receipt	
	Mailing Address 1809 Mt. Zion Rd		M M / D D / Y Y Y Y Y 04 / 14 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.7432
	Ashland City	TN	37015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		650.00	
Name of Employer LifePoint Hospitals, Inc.		Occupation VP Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00		

B.	Full Name (Last, First, Middle Initial) Mark Brenzel		Date of Receipt	
	Mailing Address 305 Langdon Street PO Box 620		M M / D D / Y Y Y Y Y 04 / 07 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.7408
	Somerset	KY	42501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		750.00	
Name of Employer Lake Cumberland Reg Hosp		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

C.	Full Name (Last, First, Middle Initial) Margie Brusseau		Date of Receipt	
	Mailing Address 1030 Cedar Springs Road		M M / D D / Y Y Y Y Y 04 / 07 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.7406
	Athens	TN	37303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Athens Regional Med. Ctr.		Occupation RN, CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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 / 34
(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

<p>A. Full Name (Last, First, Middle Initial) John Bumpus</p> <p>Mailing Address 6118 Paddock Place</p> <p>City State Zip Code Brentwood TN 37027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer LifePoint Hospitals, Inc. Occupation SVP Human Resources</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 3000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2010</p> <p>Transaction ID: SA11AI.7419</p> <p>Amount of Each Receipt this Period 3000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Thomas H. Butler</p> <p>Mailing Address 4717 Potomac Lane</p> <p>City State Zip Code Brentwood TN 37027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer LifePoint Hospitals, Inc. Occupation Healthcare</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2010</p> <p>Transaction ID: SA11AI.7399</p> <p>Amount of Each Receipt this Period 1800.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Donna S. Carter</p> <p>Mailing Address 1120 Claiborne Avenue</p> <p>City State Zip Code Minden LA 71055</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Minden Medical Center Occupation CNO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2010</p> <p>Transaction ID: SA11AI.7379</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	5300.00
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 / 34
(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

A.

Full Name (Last, First, Middle Initial)
Reba Lowery Celsor

Mailing Address 5600 Country Drive Unit 110

City Nashville State TN Zip Code 37172

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

Name of Employer LifePoint Hospitals, Inc. Occupation Director, Clinical Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 27 / 2010

Transaction ID: SA11AI.7494

Amount of Each Receipt this Period: 300.00

B.

Full Name (Last, First, Middle Initial)
Gerald S. Christine

Mailing Address 13116 Peregir Cir

City Bradenton State FL Zip Code 34212

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

Name of Employer LifePoint Hospitals Occupation National Div - CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 / 12 / 2010

Transaction ID: SA11AI.7387

Amount of Each Receipt this Period: 750.00

C.

Full Name (Last, First, Middle Initial)
Jeremy Clark

Mailing Address 484 Brentlawn Drive

City Nashville State TN Zip Code 37220

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

Name of Employer LifePoint Hospitals, Inc. Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 14 / 2010

Transaction ID: SA11AI.7433

Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 34
	<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.	Full Name (Last, First, Middle Initial) Douglas W. Coffey		Date of Receipt MM / DD / YYYY 04 / 14 / 2010		
	Mailing Address 2880 Desert Trail Dr		Transaction ID: SA11AI.7441		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Bullhead City	AZ	86429	400.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Valley View Med Ctr		Occupation CNO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) Michael Coggin		Date of Receipt MM / DD / YYYY 04 / 22 / 2010		
	Mailing Address 103 Powell Court		Transaction ID: SA11AI.7482		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Brentwood	TN	37027	1500.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer LifePoint Hospitals		Occupation SVP, CAO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

C.	Full Name (Last, First, Middle Initial) Lanny Copeland		Date of Receipt MM / DD / YYYY 04 / 02 / 2010		
	Mailing Address 103 Powell Court Suite 200		Transaction ID: SA11AI.7396		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Brentwood	TN	37027	3200.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer LifePoint Hospitals		Occupation CMO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3200.00			

SUBTOTAL of Receipts This Page (optional)	▶	5100.00
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 12 / 34
(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

A.

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

Mailing Address 131 Great View Rd

City State Zip Code
Cedar Bluff VA 24609

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

Name of Employer Clinch Valley Medical Ctr. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.7504

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Robert Daugherty

Mailing Address 126 Oak Bend Drive

City State Zip Code
Lafayette LA 70506

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

Name of Employer Ville Platte Med Ctr. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.7501

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Bryan Dearing

Mailing Address 1412 Milstead Ave Ne

City State Zip Code
Conyers GA 30012

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

Name of Employer Rockdale Med Ctr. 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
0 4 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.7412

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 34
(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

A.

Full Name (Last, First, Middle Initial)
Stuart Downs

Mailing Address 1412 Milstead Ave, NE

City State Zip Code
Conyers GA 30012

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

Name of Employer Occupation
Rockdale Medical Ctr CNO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.7383

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Patricia Feilmeier

Mailing Address 2006 Cactus Rd

City State Zip Code
Dodge City KS 67801

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

Name of Employer Occupation
Western Plains Medical Co-plex CNO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.7508

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Timothy Flusche

Mailing Address 160 Eagles Peak Drive South

City State Zip Code
Bullard TX 75757

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

Name of Employer Occupation
Palestine Regional CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.7507

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1700.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Steve W. Frantz

Mailing Address 1919 Ashwood Avenue

City Nashville State TN Zip Code 37212

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

Name of Employer LifePoint Hospitals Occupation Division CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 04 / 22 / 2010
Transaction ID: SA11AI.7481
 Amount of Each Receipt this Period: 1600.00

B. Full Name (Last, First, Middle Initial)
George E. French, III

Mailing Address 1106 Broadway

City Minden State LA Zip Code 71055

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

Name of Employer Minden Medical Center Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 14 / 2010
Transaction ID: SA11AI.7422
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address 1967 Alf Harris Road

City Prospect State TN Zip Code 38477

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

Name of Employer Hillside Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 07 / 2010
Transaction ID: SA11AI.7407
 Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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 15 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Sheryl Glasscock
 Mailing Address 20 Wondering Woods
 City Somerset State KY Zip Code 42503
 Date of Receipt 04 / 14 / 2010
Transaction ID: SA11AI.7426
 Amount of Each Receipt this Period 400.00
 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

B. Full Name (Last, First, Middle Initial)
Susan K. Goetzing
 Mailing Address 4220 Windsong Drive
 City Riverton State WY Zip Code 82501
 Date of Receipt 04 / 14 / 2010
Transaction ID: SA11AI.7429
 Amount of Each Receipt this Period 750.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverton Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

C. Full Name (Last, First, Middle Initial)
Nan Gregg
 Mailing Address 900 LaVilleta St
 City Mexia State TX Zip Code 76667
 Date of Receipt 04 / 02 / 2010
Transaction ID: SA11AI.7380
 Amount of Each Receipt this Period 400.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkview Regional Occupation CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00
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 16 / 34
(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

A.

Full Name (Last, First, Middle Initial)
Denise Hamrick

Mailing Address 804 S Jefferson St

City State Zip Code
Winchester TN 37398

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

Name of Employer Occupation
Southern TN Medical Ctr CNO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.7451

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)
Scott Hankinson

Mailing Address 2003 Cactus Rd

City State Zip Code
Dodge City KS 67801

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

Name of Employer Occupation
Western Plains Medical Co-plex CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.7495

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)
William Haugh

Mailing Address 841 Hundley St

City State Zip Code
Martinsville VA 24112

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

Name of Employer Occupation
Memorial Hospital COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.7436

Amount of Each Receipt this Period

1000.00

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: PAGE 17 / 34
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Diane Huggins

Mailing Address 86 Blue Ridge Trace

City Hendersonville State TN Zip Code 37075

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

Name of Employer LifePoint Hospitals Occupation VP of Corp. Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 04 / 22 / 2010
Transaction ID: SA11AI.7486
 Amount of Each Receipt this Period: 625.00

B.

Full Name (Last, First, Middle Initial)
Si Hutt

Mailing Address 3165 West 400 South

City Vernal State UT Zip Code 84078

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

Name of Employer Ashley Regional Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 14 / 2010
Transaction ID: SA11AI.7434
 Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Belinda Johnson

Mailing Address 30 Quail Run Road

City Russellville State AL Zip Code 35654

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

Name of Employer Russellville Hospital Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 02 / 2010
Transaction ID: SA11AI.7389
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1875.00

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 18 / 34

(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

A.

Full Name (Last, First, Middle Initial)

Jess N. Judy

Mailing Address 112 Chatsworth Drive

City State Zip Code
Nashville TN 37215

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

Name of Employer Occupation
LifePoint Hospitals, Inc. Division President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.7418

Amount of Each Receipt this Period

3500.00

B.

Full Name (Last, First, Middle Initial)

Robert Klein

Mailing Address 107 Bluegrass Cove

City State Zip Code
Hendersonville TN 37075

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

Name of Employer Occupation
LifePoint Hospitals, Inc. Division President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.7500

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Joseph Koch

Mailing Address 419 Houston Oaks Dr

City State Zip Code
Paris KY 40361

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

Name of Employer Occupation
Bourbon Community CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.7435

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

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 19 / 34
	<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.	Full Name (Last, First, Middle Initial) Jone Koford	Date of Receipt MM / DD / YYYY 04 / 22 / 2010
	Mailing Address 1493 Willowbrooke Circle	Transaction ID: SA11AI.7480
	City State Zip Code Franklin TN 37069	Amount of Each Receipt this Period 4000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer LifePoint Hospitals, Inc. Occupation Healthcare Executive - Division Pres. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 4000.00	

B.	Full Name (Last, First, Middle Initial) Kevin Manis	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address 1304 Keystone Ct	Transaction ID: SA11AI.7505
	City State Zip Code Franklin TN 37064	Amount of Each Receipt this Period 925.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer LifePoint Hospitals Occupation VP Internal Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 925.00	

C.	Full Name (Last, First, Middle Initial) Randy McVay	Date of Receipt MM / DD / YYYY 04 / 14 / 2010
	Mailing Address 1859 Trebor Ct	Transaction ID: SA11AI.7444
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer LifePoint Hospitals Occupation Division CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional)	6925.00
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 20 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey S. Moore

Mailing Address PO Box 564

City Winchester State TN Zip Code 37398

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

Name of Employer Southern TN Med. Ctr. Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 / 22 / 2010
Transaction ID: SA11AI.7449
Amount of Each Receipt this Period: 750.00

B. Full Name (Last, First, Middle Initial)
Cindy Nichols

Mailing Address 808 Arrowhead

City Winfield State AL Zip Code 35594

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

Name of Employer Northwest Medical Center Occupation CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 02 / 2010
Transaction ID: SA11AI.7388
Amount of Each Receipt this Period: 250.00

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

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 Hospitals, Inc. Occupation VP Capital Asset & Const. Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 / 27 / 2010
Transaction ID: SA11AI.7511
Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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 21 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1014 Crimson Clover Drive

City State Zip Code
Brentwood TN 37027

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

Name of Employer LifePoint Hospitals, Inc. Occupation Division CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt: 04 / 02 / 2010
Transaction ID: SA11AI.7398
Amount of Each Receipt this Period: 1900.00

B. Full Name (Last, First, Middle Initial)
Barry Papania

Mailing Address 124 Neel Lane

City State Zip Code
Georgetown KY 40324

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

Name of Employer Georgetown Community Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 22 / 2010
Transaction ID: SA11AI.7462
Amount of Each Receipt this Period: 500.00

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

Mailing Address 209 Richwood Drive

City State Zip Code
Somerset KY 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 ▼ 500.00

Date of Receipt: 04 / 07 / 2010
Transaction ID: SA11AI.7410
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 2900.00

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 22 / 34
(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

A.

Full Name (Last, First, Middle Initial)
Sandra Podley

Mailing Address 8309 Fresno Way NE

City State Zip Code
Albuquerque NM 87122

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

Name of Employer Occupation
Los Alamos Medical Ctr CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.7386

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Roxana Pool

Mailing Address 401 N. High Street

City State Zip Code
Winchester TN 37398

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

Name of Employer Occupation
Clinch Valley CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.7450

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Mark Poppell

Mailing Address 1615 Championship Blvd

City State Zip Code
Franklin TN 37064

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

Name of Employer Occupation
LifePoint Hospitals, Inc. VP Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.7496

Amount of Each Receipt this Period
950.00

SUBTOTAL of Receipts This Page (optional) ► 2700.00

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 23 / 34

(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

A.

Full Name (Last, First, Middle Initial)
Tracy Rankin

Mailing Address 908 Sixth Street

City State Zip Code
Morgan City LA 70380

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

Name of Employer Occupation
Teche Regional Med. Ctr CNO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.7381

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)
Dana Rice

Mailing Address 2101 E Desert Lakes Drive

City State Zip Code
Fort Mohave AZ 86426

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

Name of Employer Occupation
Valley View Medical Center CNO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.7472

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
Kathy Russell

Mailing Address 2152 Harrodsburg Road

City State Zip Code
Harrodsburg KY 40330

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

Name of Employer Occupation
Bluegrass Community Hospital CNO/Risk Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.7502

Amount of Each Receipt this Period

250.00

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 24 / 34
(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

A.

Full Name (Last, First, Middle Initial)
Barry Schofield

Mailing Address 5530 South Hwy 95

City Fr. Mohave State AZ Zip Code 86427

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

Name of Employer Valley View Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 14 / 2010
Transaction ID: SA11AI.7442
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Catherine Sekula

Mailing Address 24 Deer Valley

City Lunden State WY Zip Code 82520

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

Name of Employer Riverton Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 / 14 / 2010
Transaction ID: SA11AI.7428
 Amount of Each Receipt this Period: 750.00

C.

Full Name (Last, First, Middle Initial)
Jeff Sherman

Mailing Address 103 Powell Court

City Brentwood State TN Zip Code 37027

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

Name of Employer LifePoint Hospitals Occupation SVP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 07 / 2010
Transaction ID: SA11AI.7416
 Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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 25 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Cherie Sibley

Mailing Address 3 Wilkins Road

City State Zip Code
Selma AL 36701

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

Name of Employer Occupation
Vaughan Regional Med Ctr CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2010

Transaction ID: SA11AI.7431

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Wes Sigler

Mailing Address 41 Earl Ave

City State Zip Code
Cleveland MS 38732

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

Name of Employer Occupation
Bolivar Med Ctr CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2010

Transaction ID: SA11AI.7509

Amount of Each Receipt this Period
1000.00

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

Mailing Address 103 Powell Court

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
LifePoint Hospitals Manager Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: SA11AI.7402

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) ► **1725.00**

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 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3812 Heather Way

City Somerset State KY Zip Code 42503

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: 04 / 14 / 2010
Transaction ID: SA11AI.7425
 Amount of Each Receipt this Period: 750.00

B. Full Name (Last, First, Middle Initial)
Gene Smith

Mailing Address 1098 Walnut Bend Ln

City Brentwood State TN Zip Code 37027

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

Name of Employer LifePoint - American Div. Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 04 / 22 / 2010
Transaction ID: SA11AI.7484
 Amount of Each Receipt this Period: 1500.00

C. Full Name (Last, First, Middle Initial)
Gordon Smith

Mailing Address 4048 Miles Johnson Pkwy

City Spring Hill State TN Zip Code 37179

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

Name of Employer LifePoint Hospitals, Inc. Occupation Director of Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 04 / 22 / 2010
Transaction ID: SA11AI.7485
 Amount of Each Receipt this Period: 800.00

SUBTOTAL of Receipts This Page (optional) ► 3050.00

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 27 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James Smolik
Mailing Address 4242 Valley Green Circle
City Riverton State WY Zip Code 82501
FEC ID number of contributing federal political committee. **C**
Name of Employer Riverton Memorial Hospital Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 04 / 14 / 2010
Transaction ID: SA11AI.7427
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Christine Stewart
Mailing Address 434 Grayland
City Russellville State AL Zip Code 35653
FEC ID number of contributing federal political committee. **C**
Name of Employer Russellville Hospital Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 27 / 2010
Transaction ID: SA11AI.7498
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Tommy Stoves
Mailing Address 613 Davis Drive
City Brentwood State TN Zip Code 37027
FEC ID number of contributing federal political committee. **C**
Name of Employer LifePoint Hospitals, Inc. Occupation Reimbursement Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00
Date of Receipt 04 / 22 / 2010
Transaction ID: SA11AI.7487
Amount of Each Receipt this Period 325.00

SUBTOTAL of Receipts This Page (optional) ► 1825.00
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 28 / 34

(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

A.

Full Name (Last, First, Middle Initial)
Jimmy Stuart

Mailing Address 829 Krisker Ave

City State Zip Code
Mexia TX 76667

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

Name of Employer Occupation
Parkview CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.7390

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Daniel Sykes

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 Hospitals, Inc. COO Phys. Svcs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.7420

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
H.H. (Tom) Thompson

Mailing Address 1104 Sangar Road

City State Zip Code
Oak Hill WV 25901

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

Name of Employer Occupation
Raleigh General CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.7392

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1150.00

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 29 / 34

(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

A.

Full Name (Last, First, Middle Initial)
William Truex, Jr.

Mailing Address 902 Hunters Court

City State Zip Code
Franklin TN 37069

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

Name of Employer Occupation
LifePoint Hospitals, Inc. Director of IT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.7400

Amount of Each Receipt this Period
425.00

B.

Full Name (Last, First, Middle Initial)
Ralph Underwood

Mailing Address 264 Cascade Drive

City State Zip Code
Winchester TN 37398

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

Name of Employer Occupation
Emerald Hodgson Hospital Asst. Admin.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.7452

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Arunas Vanagunas

Mailing Address 890 Rodney Drive

City State Zip Code
Nashville TN 37205

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

Name of Employer Occupation
LifePoint Hospitals Dir. Materials Mgmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.7401

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

925.00

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 30 / 34
	<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.	Full Name (Last, First, Middle Initial) John Walker		Date of Receipt	
	Mailing Address 2007 Hillpointe Way		M M / D D / Y Y Y Y 04 / 14 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.7437
	Dodge City	KS	67801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Western Plains Medical Complex		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Michelle Watson		Date of Receipt	
	Mailing Address 160 Green Acres		M M / D D / Y Y Y Y 04 / 27 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.7499
	Livingston	TN	38570	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer Livingston Regional Hospital		Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) Penny Westmoreland		Date of Receipt	
	Mailing Address 114 Hickory Drive		M M / D D / Y Y Y Y 04 / 22 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.7479
	Muscle Shoals	AL	35661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Russellville/Lakeland		Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
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 31 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jim R. Williams, Jr
Mailing Address PO Box 397
City State Zip Code
Minden LA 71058
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Minden Medical Ctr CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
750.00
Date of Receipt
MM / DD / YYYY
04 / 22 / 2010
Transaction ID: SA11AI.7378
Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
John Workman
Mailing Address 3025 Hawthorne
City State Zip Code
Athens TN 37303
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Athens Regional Medical Center CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00
Date of Receipt
MM / DD / YYYY
04 / 14 / 2010
Transaction ID: SA11AI.7421
Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Phillip Young
Mailing Address 111 Duncan
City State Zip Code
Winchester TX 37398
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
STMC/EHH CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00
Date of Receipt
MM / DD / YYYY
04 / 22 / 2010
Transaction ID: SA11AI.7448
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00
TOTAL This Period (last page this line number only) ► 72775.00

**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)

PAGE 32 / 34

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

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

A.

Full Name (Last, First, Middle Initial)
ALAMO PAC

Transaction ID: SB23.7516
Date of Disbursement

Mailing Address 919 CONGRESS AVE SUITE 1400
FROST BANK PLAZA

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

City State Zip Code
AUSTIN TX 78701

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
fundraiser

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Arizona Hospital & Healthcare Assoc.</p> <p>Mailing Address 2901 North Central Ave Ste 900</p> <p>City Phoenix State AZ Zip Code 85012</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7515</p> <p>Date of Disbursement 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of TN Hospital Association</p> <p>Mailing Address 500 Interstate Blvd S</p> <p>City Nashville State TN Zip Code 37210</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7520</p> <p>Date of Disbursement 04 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2604.45</p>
<p>C. Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF KENTUCKY</p> <p>Mailing Address PO BOX 1068</p> <p>City FRANKFORT State KY Zip Code 40602</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7512</p> <p>Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6354.45

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)

PAGE 34 / 34

<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

A. Full Name (Last, First, Middle Initial)
Sannie Overby for State Representative

Mailing Address 340 Main Street

City Paris State KY Zip Code 40351

Purpose of Disbursement
fundraiser

Candidate Name
Sannie Overly Campaign Fund

Office Sought: House
 Senate
 President

State: KY District: 72

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB29.7518

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)