

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 2009 through 04 30 2009

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 18 2009

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	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		9929.54
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	27979.65									
(c) Total Receipts (from Line 19)	72614.25	104816.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	100593.90	114745.79								
7. Total Disbursements (from Line 31)	11021.00	25172.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	89572.90	89572.90								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	67589.25	99241.25
(i) Itemized (use Schedule A)	5025.00	5575.00
(ii) Unitemized	72614.25	104816.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	72614.25	104816.25
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	0.00
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))	72614.25	104816.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	72614.25	104816.25

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) 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.....	21.00	72.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	21.00	72.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	11000.00	25000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	100.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11021.00	25172.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11021.00	25172.89

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	72614.25	104816.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72614.25	104816.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21.00	72.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21.00	72.89

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 39
(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

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. Full Name (Last, First, Middle Initial)
Michael A. Anaya, Sr.
Mailing Address 63 Lakeview Circle

City State Zip Code
Fort Morgan CO 80701

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

Name of Employer Colorado Plains Medical Center
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.7248

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Karen Anderson-Barrett
Mailing Address 947 Glendale Ln

City State Zip Code
Nashville TN 37204

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.7148

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Robert Baker
Mailing Address 1126 Stonebridge Park

City State Zip Code
Franklin TN 37069

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

Name of Employer LifePoint Hospitals, Inc.
Occupation Reimbursement Manager, CPA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.7168

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 / 39
(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)
Chris Bangerter

Mailing Address 411 Dahlia Drive

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. C

Name of Employer LifePoint Hospitals, Inc. Occupation Compliance Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.7251

Amount of Each Receipt this Period 600.00

B. Full Name (Last, First, Middle Initial)
Pam Belcher

Mailing Address 4217 Cecil Court South

City State Zip Code
Nashville TN 37207

FEC ID number of contributing federal political committee. C

Name of Employer LifePoint Hospitals, Inc. Occupation VP Org Dev & Recruiting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt MM / DD / YYYY
04 / 14 / 2009

Transaction ID: SA11AI.7169

Amount of Each Receipt this Period 730.00

C. 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 ▼ 500.00

Date of Receipt MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.7112

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1830.00

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 / 39
(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)
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
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.7252

Amount of Each Receipt this Period
3000.00

B.

Full Name (Last, First, Middle Initial)
Mary Katherine Bocz

Mailing Address 615 N Ezidore
PO Box 1530

City State Zip Code
Gramercy LA 70052

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

Name of Employer River Parishes Hospital Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.7253

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Steven Bradley Boggus

Mailing Address 3725 Rawhide Dr

City State Zip Code
Bullhead City AZ 86442

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

Name of Employer Valley View Med Ctr Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.7254

Amount of Each Receipt this Period
450.00

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 39
(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)
David C. Bowling

Mailing Address 1039 Kingman Avenue

City State Zip Code
Murfreesboro TN 37129

FEC ID number of contributing federal political committee. C

Name of Employer LifePoint Hospitals, Inc. Occupation Manager, Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 223.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.7208

Amount of Each Receipt this Period 223.00

B. Full Name (Last, First, Middle Initial)
Jack Buck

Mailing Address 866 Gobbler Springs Lane

City State Zip Code
Lawrenceburg TN 38464

FEC ID number of contributing federal political committee. C

Name of Employer Crockett Hospital Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.7170

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Donna S. Carter

Mailing Address 1120 Claiborne Avenue

City State Zip Code
Minden LA 71055

FEC ID number of contributing federal political committee. C

Name of Employer Minden Medical Center 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
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.7129

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) 1123.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 39
(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)
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 ▼ 250.00

Date of Receipt: 04 / 28 / 2009
Transaction ID: SA11AI.7280
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Michael Cheek

Mailing Address 907 Shady Ln

City Mexia State TX Zip Code 76667

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

Name of Employer Parkview Regional Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 04 / 03 / 2009
Transaction ID: SA11AI.7135
Amount of Each Receipt this Period: 375.00

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

Mailing Address 13116 Peregine 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 ▼ 1000.00

Date of Receipt: 04 / 08 / 2009
Transaction ID: SA11AI.7149
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1625.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 39
(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)
Dale Clark

Mailing Address 192 Sally Run

City State Zip Code
Wytheville VA 24382

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

Name of Employer Occupation
Wythe County Community Ho- sp 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 Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.7281

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Douglas W. Coffey

Mailing Address 2880 Desert Trail Dr

City State Zip Code
Bullhead City AZ 86429

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

Name of Employer Occupation
Valley View 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 Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.7171

Amount of Each Receipt this Period
400.00

C. 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 Occupation
Clinch Valley 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 Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.7151

Amount of Each Receipt this Period
1000.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39
(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)
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 Occupation
Ville Platte Med Ctr CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2009

Transaction ID: SA11AI.7173

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Eric Deaton

Mailing Address 385 East Washington St

City State Zip Code
Wytheville VA 24382

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

Name of Employer Occupation
Wythe County Community Ho-sp CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2009

Transaction ID: SA11AI.7283

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ann Debooy

Mailing Address 9845 Hardrock Road

City State Zip Code
Las Cruces NM 88011

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

Name of Employer Occupation
Memorial Medical Center RN - CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2009

Transaction ID: SA11AI.7175

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 2400.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 39
(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)
David Dill

Mailing Address 103 Powell Ct, Ste 200

City State Zip Code
Brentwood TN 37027

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

Name of Employer LifePoint Hospitals Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 04 / 14 / 2009
Transaction ID: SA11AI.7176
Amount of Each Receipt this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
Jim Edmondson

Mailing Address 500 Hunter Lane

City State Zip Code
Pulaski TN 38478

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

Name of Employer Hillside Hospital Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 08 / 2009
Transaction ID: SA11AI.7154
Amount of Each Receipt this Period: 1000.00

C. 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 Western Plains Medical Complex Occupation CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 08 / 2009
Transaction ID: SA11AI.7155
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ► 3400.00

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 / 39
(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)
Kathleen Ferriell

Mailing Address 125 Maywood Ave.

City State Zip Code
Bardstown KY 40004

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

Name of Employer Occupation
Springview CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.7120

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Richard Flores

Mailing Address 9439 Timber Ridge Court

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
LifePoint, Hospitals, Inc. VP Revenue Cycle Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.7258

Amount of Each Receipt this Period
1000.00

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
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.7116

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2400.00

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 / 39
(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)
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 ▼ 1500.00

Date of Receipt 04 / 14 / 2009

Transaction ID: SA11AI.7177

Amount of Each Receipt this Period 1500.00

B.

Full Name (Last, First, Middle Initial)
James P. Frazier, III

Mailing Address 2144 E Ardoin St

City Eunice State LA Zip Code 70535

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

Name of Employer AMC Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 14 / 2009

Transaction ID: SA11AI.7178

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 1106 Broadway

City Minden State LA Zip Code 71055

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

Name of Employer Minden Medical Center Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 03 / 2009

Transaction ID: SA11AI.7131

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 16 / 39
(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)
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 ▼ 750.00

Date of Receipt 04 / 14 / 2009

Transaction ID: SA11AI.7179

Amount of Each Receipt this Period 750.00

B. Full Name (Last, First, Middle Initial)
Sheryl Glasscock

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 04 / 14 / 2009

Transaction ID: SA11AI.7180

Amount of Each Receipt this Period 400.00

C. Full Name (Last, First, Middle Initial)
Julia Grove

Mailing Address 3865 PLYmouth Rd

City Paducah State KY Zip Code 42001

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

Name of Employer Jackson Purchase Med Ctr Occupation CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2009

Transaction ID: SA11AI.7181

Amount of Each Receipt this Period 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 17 / 39
(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)
David D. Halcomb

Mailing Address 444 Elmington Ave
Apt 607

City Nashville State TN Zip Code 37205

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

Name of Employer LifePoint Hospitals Occupation Reimbursement manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.7108
Amount of Each Receipt this Period 212.50

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

Mailing Address 804 S Jefferson St

City Winchester State TN Zip Code 37398

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

Name of Employer Southern TN Medical Ctr Occupation CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.7142
Amount of Each Receipt this Period 400.00

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

Mailing Address 2003 Cactus Rd

City Dodge City State KS Zip Code 67801

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

Name of Employer Western Plains Medical Co-plex Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 08 / 2009
Transaction ID: SA11AI.7156
Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ► 1362.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 39
(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)
Robert Haralson

Mailing Address 391 Maid Street

City State Zip Code
Ponding Mill VA 24637

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

Name of Employer Occupation
Clinch Valley CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2009

Transaction ID: SA11AI.7182

Amount of Each Receipt this Period
750.00

B.

Full Name (Last, First, Middle Initial)
Paul Herzog

Mailing Address 920 Raleigh Road

City State Zip Code
Las Cruces NM 88005

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

Name of Employer Occupation
Memorial Medical Center CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2009

Transaction ID: SA11AI.7183

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 432 Cotton Lane

City State Zip Code
Franklin TN 37069

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

Name of Employer Occupation
LifePoint Corporate VP Materials Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.7147

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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 39
(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) Diane Huggins		Date of Receipt MM / DD / YYYY 04 / 14 / 2009
Mailing Address 86 Blue Ridge Trace		Transaction ID: SA11AI.7184
City Hendersonville	State TN	Zip Code 37075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer LifePoint Hospitals	Occupation VP of Corp. Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Si Hutt		Date of Receipt MM / DD / YYYY 04 / 08 / 2009
Mailing Address 3165 West 400 South		Transaction ID: SA11AI.7158
City Vernal	State UT	Zip Code 84078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Ashley Regional	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) Steve Hyde		Date of Receipt MM / DD / YYYY 04 / 14 / 2009
Mailing Address 3565 Midnight Ridge		Transaction ID: SA11AI.7185
City Las Cruces	State NM	Zip Code 88011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Memorial Medical Ctr	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
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 / 39
(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)
Belinda Johnson

Mailing Address 30 Quail Run Road

City State Zip Code
Russellville AL 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
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.7259

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 112 Chatsworth Drive

City State Zip Code
Nashville TN 37215

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

Name of Employer LifePoint Hospitals, Inc. Occupation Division President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.7146

Amount of Each Receipt this Period
3500.00

C.

Full Name (Last, First, Middle Initial)
Christopher Kelly

Mailing Address 1884 Erlinger Dr

City State Zip Code
Nolensville TN 37135

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

Name of Employer LifePoint Hospitals Occupation Lawyer/Asst GC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.7260

Amount of Each Receipt this Period
450.00

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

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

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

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

FOR LINE NUMBER: PAGE 21 / 39
(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)
Robert Klein
 Mailing Address 107 Bluegrass Cove
 City Hendersonville State TN Zip Code 37075
 Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.7132
 Amount of Each Receipt this Period 1500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LifePoint Hospitals, Inc. Occupation Division President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

B. Full Name (Last, First, Middle Initial)
Joseph Koch
 Mailing Address 419 Houston Oaks Dr
 City Paris State KY Zip Code 40361
 Date of Receipt 04 / 14 / 2009
Transaction ID: SA11AI.7186
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bourbon Community Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
Neil Kunkel
 Mailing Address 300 Jackson Blvd
 City Nashville State TN Zip Code 37205
 Date of Receipt 04 / 23 / 2009
Transaction ID: SA11AI.7261
 Amount of Each Receipt this Period 1125.00
 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 ▼ 1125.00

SUBTOTAL of Receipts This Page (optional) ► 3625.00
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 / 39

(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)
Jeff Kurcab

Mailing Address 124 Morning Mist Dr

City State Zip Code
Sunset LA 70584

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

Name of Employer Occupation
Acadian Medical Ctr CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.7187

Amount of Each Receipt this Period
375.00

B.

Full Name (Last, First, Middle Initial)
Brad Langdorf

Mailing Address 12 Yates Terrace

City State Zip Code
Ft. Morgan CO 80701

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

Name of Employer Occupation
Colorado Plains 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 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.7188

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Don Larson

Mailing Address 492 Broadwell Drive

City State Zip Code
Nashville TN 37220

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

Name of Employer Occupation
LifePoint Hospitals, Inc. Data Analyst

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 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.7160

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)

1075.00

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 / 39

(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)
Mary Jo Lewis

Mailing Address 3304 State Route 1529 East

City State Zip Code
Fulton KY 42041

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

Name of Employer Occupation
Jackson Purchase Med Ctr CEO

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.7190

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Kevin Manis

Mailing Address 1304 Keystone Ct

City State Zip Code
Franklin TN 37064

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

Name of Employer Occupation
LifePoint Hospitals VP Internal Audit

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.7191

Amount of Each Receipt this Period
875.00

C.

Full Name (Last, First, Middle Initial)
Timothy W. McGill

Mailing Address 221 Bussell Street

City State Zip Code
Livingston TN 38570

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

Name of Employer Occupation
Livingston Regional Hospital CEO

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.7263

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ▶

2625.00

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 / 39
(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)
Randy McVay

Mailing Address 1859 Trebor Ct

City State Zip Code
Brentwood TN 37027

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.7144

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Chistopher Monte

Mailing Address 804 Breckston Lane

City State Zip Code
Nashville TN 37221

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

Name of Employer LifePoint Hospitals, Inc. Occupation Vice President Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.7264

Amount of Each Receipt this Period
910.00

C.

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

Mailing Address PO Box 564

City State Zip Code
Winchester TN 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
MM / DD / YYYY
04 / 14 / 2009

Transaction ID: SA11AI.7192

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► 2660.00

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 / 39
(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 Morgan

Mailing Address 8201 Spring Ridge Drive

City Nashville State TN Zip Code 37221

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

Name of Employer LifePoint Hospitals Occupation Director Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 28 / 2009
Transaction ID: SA11AI.7285
Amount of Each Receipt this Period: 250.00

B.

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

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 ▼ 250.00

Date of Receipt: 04 / 08 / 2009
Transaction ID: SA11AI.7163
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 ▼ 675.00

Date of Receipt: 04 / 14 / 2009
Transaction ID: SA11AI.7193
Amount of Each Receipt this Period: 675.00

SUBTOTAL of Receipts This Page (optional) ► **1175.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 39
(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)
Terry Panter

Mailing Address 107 Jade Court

City State Zip Code
Rockvale TN 37153

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

Name of Employer LifePoint Hospitals, Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 14 / 2009
Transaction ID: SA11AI.7194
Amount of Each Receipt this Period: 250.00

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 / 14 / 2009
Transaction ID: SA11AI.7195
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 ▼ 400.00

Date of Receipt: 04 / 14 / 2009
Transaction ID: SA11AI.7196
Amount of Each Receipt this Period: 400.00

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 27 / 39

(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)
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 Colorado Plains Medical Center	Occupation CFO
--	-------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.7197

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Joshua Perry

Mailing Address 7221 Hwy 70 S #634

City	State	Zip Code
Nashville	TN	37221

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

Name of Employer LifePoint Hospitals	Occupation Reimbursement Mgr
---	---------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.7114

Amount of Each Receipt this Period
210.00

C.

Full Name (Last, First, Middle Initial)
Allen Peters

Mailing Address 6107 Via Del Agua

City	State	Zip Code
Ft. Mohave	AZ	86426

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

Name of Employer Valley View Med Ctr	Occupation CEO
---	-------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.7198

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)

1460.00

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 / 39

(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)

Lori R. Petrie

Mailing Address 246 Leisure Drive

City State Zip Code
Opelousas LA 70570

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

Name of Employer Occupation
Ville Platte Medical Center 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 8 / 2 0 0 9

Transaction ID: SA11AI.7164

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Laura Pierce

Mailing Address 6802 Via Campestre

City State Zip Code
Las Cruces NM 88007

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

Name of Employer Occupation
Memorial Med Ctr HR Director

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 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.7199

Amount of Each Receipt this Period

250.00

C.

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 3 / 2 0 0 9

Transaction ID: SA11AI.7117

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 39
(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)
Roxana Pool

Mailing Address 401 N. High Street

City Winchester State TN Zip Code 37398

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

Name of Employer Clinch Valley Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY
04 / 08 / 2009

Transaction ID: SA11AI.7165

Amount of Each Receipt this Period: 400.00

B. Full Name (Last, First, Middle Initial)
Edwin B. (Bennie) Rector

Mailing Address 205 Winward Court

City Nashville State TN Zip Code 37217

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

Name of Employer LifePoint Hospitals, Inc. Occupation Reimbursement Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.75

Date of Receipt: MM / DD / YYYY
04 / 14 / 2009

Transaction ID: SA11AI.7228

Amount of Each Receipt this Period: 238.75

C. Full Name (Last, First, Middle Initial)
Joseph Ross

Mailing Address 530 Everville Drive

City Livingston State TN Zip Code 38570

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

Name of Employer Livingston Regional Hospital Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
04 / 28 / 2009

Transaction ID: SA11AI.7286

Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► **938.75**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 39
(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)
Kathy Russell

Mailing Address 2152 Harrodsburg Road

City Harrodsburg State KY Zip Code 40330

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

Name of Employer Bluegrass Community Hospital Occupation CNO/Risk Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: MM / DD / YYYY
04 / 14 / 2009

Transaction ID: SA11AI.7200

Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Bruce D. San Filippo

Mailing Address 4326 Winchester

City Las Cruces State NM Zip Code 88011

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

Name of Employer Memorial Medical Center Occupation CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.7266

Amount of Each Receipt this Period 400.00

C. Full Name (Last, First, Middle Initial)
Thomas Scott

Mailing Address 2108 Loudenslager

City Thompsons Station State TN Zip Code 37179

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

Name of Employer LifePoint Hospitals, Inc. Occupation Sr. Director Rev. Cycle

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
04 / 28 / 2009

Transaction ID: SA11AI.7287

Amount of Each Receipt this Period 300.00

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 31 / 39
(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)
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 Bolivar Med Ctr Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
04 / 28 / 2009

Transaction ID: SA11AI.7288

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 3812 Heather Way

City State Zip Code
Somerset KY 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: MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.7267

Amount of Each Receipt this Period: 750.00

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

Mailing Address 1098 Walnut Bend Ln

City State Zip Code
Brentwood TN 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: MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.7138

Amount of Each Receipt this Period: 1500.00

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 39
(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)
Gordon Smith

Mailing Address 4048 Miles Johnson Pkwy

City State Zip Code
Spring Hill TN 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 ▼ 425.00

Date of Receipt: 04 / 14 / 2009
Transaction ID: SA11AI.7201
Amount of Each Receipt this Period: 425.00

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

Mailing Address 1007 Woodview Court

City State Zip Code
Morgan City LA 70380

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

Name of Employer Teche Regional Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 14 / 2009
Transaction ID: SA11AI.7202
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Christine Stewart

Mailing Address 434 Grayland

City State Zip Code
Russellville AL 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 ▼ 300.00

Date of Receipt: 04 / 14 / 2009
Transaction ID: SA11AI.7203
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 1225.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 39
(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)
Tommy Stoves

Mailing Address 613 Davis Drive

City State Zip Code
Brentwood TN 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 / 14 / 2009
Transaction ID: SA11AI.7204
Amount of Each Receipt this Period: 325.00

B. 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 Parkview Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 03 / 2009
Transaction ID: SA11AI.7134
Amount of Each Receipt this Period: 500.00

C. 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 LifePoint Hospitals, Inc. Occupation COO Phys. Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 23 / 2009
Transaction ID: SA11AI.7269
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 1125.00

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 34 / 39
(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 Thomas

Mailing Address 255 N. Spalding Ave.

City Lebanon State KY Zip Code 40033

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

Name of Employer Spring View Hospital Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 03 / 2009
Transaction ID: SA11AI.7118
 Amount of Each Receipt this Period: 500.00

B.

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

Mailing Address 1104 Sangar Road

City Oak Hill State WV Zip Code 25901

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

Name of Employer Raleigh General Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 03 / 2009
Transaction ID: SA11AI.7110
 Amount of Each Receipt this Period: 500.00

C.

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

Mailing Address 264 Cascade Drive

City Winchester State TN Zip Code 37398

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

Name of Employer Emerald Hodgson Hospital Occupation Asst. Admin.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 14 / 2009
Transaction ID: SA11AI.7205
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 39
(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)
Arunas Vanagunas

Mailing Address 890 Rodney Drive

City Nashville State TN Zip Code 37205

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

Name of Employer LifePoint Hospitals Occupation Dir. Materials Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 04 / 03 / 2009

Transaction ID: SA11AI.7122

Amount of Each Receipt this Period 290.00

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

Mailing Address 588 Ironwood Ave

City Livingston State TN Zip Code 38570

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

Name of Employer LifePoint Hospitals Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 14 / 2009

Transaction ID: SA11AI.7206

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Wally Vette

Mailing Address 515 Old Farm Road

City Las Cruces State NM Zip Code 88005

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

Name of Employer Memorial Medical Center Occupation Assistant Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 14 / 2009

Transaction ID: SA11AI.7207

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1040.00

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 36 / 39
(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)
John Walker

Mailing Address 2007 Hillpointe Way

City State Zip Code
Dodge City KS 67801

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

Name of Employer Western Plains Medical Complex 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
0	4	/	0	3	/	2	0	0	9

Transaction ID: SA11AI.7137

Amount of Each Receipt this Period
1000.00

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

Mailing Address 9612 MitchellPlace

City State Zip Code
Brentwood TN 37027

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

Name of Employer LifePoint Hospitals, Inc. Occupation Division President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.7271

Amount of Each Receipt this Period
4000.00

C. Full Name (Last, First, Middle Initial)
Penny Westmoreland

Mailing Address 114 Hickory Drive

City State Zip Code
Muscle Shoals AL 35661

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

Name of Employer Russellville/Lakeland Occupation 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	/	2	8	/	2	0	0	9

Transaction ID: SA11AI.7290

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **5250.00**

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 37 / 39
(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: Minden Medical Ctr Occupation: CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 / 03 / 2009
Transaction ID: SA11AI.7130
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: Athens Regional Medical Center Occupation: CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 03 / 2009
Transaction ID: SA11AI.7121
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Beth Wright
Mailing Address 1064 Glover Hills Drive

City State Zip Code
Springfield TN 37172

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

Name of Employer: LifePoint Hospitals Occupation: Director, Marketing Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 08 / 2009
Transaction ID: SA11AI.7167
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 2050.00

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 38 / 39
(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)
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
M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.7140

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	67589.25

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

A.	Full Name (Last, First, Middle Initial) BOB CORKER FOR SENATE	Transaction ID: SB23.7292 Date of Disbursement																			
	Mailing Address 518 GEORGIA AVE 2ND FLOOR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	0	9												
	City CHATANOOGA State TN Zip Code 37403	Amount of Each Disbursement this Period																			
	Purpose of Disbursement fundraiser	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name BOB CORKER FOR SENATE	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: TN District: 00																				

B.	Full Name (Last, First, Middle Initial) LHA HOSPAC	Transaction ID: SB23.7293 Date of Disbursement																			
	Mailing Address 9521 Brookline Avenue	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	9												
	City Baton Rouge State LA Zip Code 71055	Amount of Each Disbursement this Period																			
	Purpose of Disbursement fundraiser	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) LISA MURKOWSKI FOR US SENATE	Transaction ID: SB23.7294 Date of Disbursement																			
	Mailing Address PO BOX 100847	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	7		2	0	0	9												
	City ANCHORAGE State AK Zip Code 99510	Amount of Each Disbursement this Period																			
	Purpose of Disbursement fundraiser	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name LISA MURKOWSKI FOR US SENATE	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: AK District: 00																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>11000.00</td></tr></table>	11000.00
11000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>11000.00</td></tr></table>	11000.00
11000.00		