

# 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 06 01 2006 through 06 30 2006

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 07 17 2006

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

**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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		22786.46
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	78654.95									
(c) Total Receipts (from Line 19) .....	5250.00	86480.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	83904.95	109266.46								
7. Total Disbursements (from Line 31) .....	21200.00	46561.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	62704.95	62704.95								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	4850.00	74850.00
(i) Itemized (use Schedule A) .....	400.00	11630.00
(ii) Unitemized .....	5250.00	86480.00
(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) .....	5250.00	86480.00
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)) .....	5250.00	86480.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5250.00	86480.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	0.00	26.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	26.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	28000.00
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 .....	500.00	500.00
(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)) .....	500.00	500.00
29. Other Disbursements.....	11200.00	18035.00
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))..	21200.00	46561.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	21200.00	46561.51

**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) .....	5250.00	86480.00
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4750.00	85980.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	26.51
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	26.51

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 11
	<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	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Melissa Bordelon		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 1019 Huckleberry Lane		<b>Transaction ID:</b> SA11A1.6006
City State Zip Code Ville Platte LA 70586	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Acadian Medical Center	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Charlotte Dupre		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 601 W Church Street		<b>Transaction ID:</b> SA11A1.6003
City State Zip Code Hammond LA 70401	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00
Name of Employer Eunice Community Medical Ctr	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> David Henson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address PO Box 2064		<b>Transaction ID:</b> SA11A1.6001
City State Zip Code Elko NV 89803	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00
Name of Employer Northeastern Nevada Regional	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 11
	<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

Full Name (Last, First, Middle Initial) <b>A. Scott Raplee</b>		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 231 Lancelot Lane		<b>Transaction ID: SA11A1.5999</b>
City Franklin	State TN	Zip Code 37064
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 2500.00
Name of Employer LifePoint Hospitals, Inc.	Occupation SVP, Ops CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Paul Scalisi</b>		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 9303 Old Smyrna Road		<b>Transaction ID: SA11A1.5995</b>
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer LifePoint Hospitals, Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Roderick Stamps</b>		Date of Receipt MM / DD / YYYY 06 / 02 / 2006
Mailing Address 114 Arrowood Drive		<b>Transaction ID: SA11A1.5997</b>
City Hendersonville	State TN	Zip Code 37075
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 350.00
Name of Employer Lifepoint Hospitals, Inc.	Occupation Division Controller Cont Div	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4850.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ALOT OF PEOPLE SUPPORT JEFF BINGAMAN</b>		<b>Transaction ID: SB23.5993</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO BOX 16210		Amount of Each Disbursement this Period 2000.00
City ALBUQUERQUE State NM Zip Code 87191	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name ALOT OF PEOPLE SUPPORT JEFF BINGAMAN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. STRAIGHT TALK AMERICA</b>		<b>Transaction ID: SB23.5982</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 211 NORTH UNION STREET SUITE 200		Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. TRENT LOTT FOR MISSISSIPPI</b>		<b>Transaction ID: SB23.5984</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address PO BOX 22824		Amount of Each Disbursement this Period 2500.00
City JACKSON State MS Zip Code 39225	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name TRENT LOTT FOR MISSISSIPPI		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>9500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>9500.00</b>

**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 9 / 11

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Mark Caton</b>		Transaction ID: SB28A.5990 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 1818 Oak Leaf Boulevard		Amount of Each Disbursement this Period 500.00	
City Opelausas State LA Zip Code 70570	Purpose of Disbursement left employment and requested refund	Category/ Type	
Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>500.00</b>

# 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 10 / 11

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

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

Full Name (Last, First, Middle Initial) <b>A. Anderson for City Council</b>		<b>Transaction ID: SB29.5986</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 1102 Knollwood Pl.		Amount of Each Disbursement this Period 200.00
City Martinsville State VA Zip Code 24112	Category/ Type	
Purpose of Disbursement contribution for City Council		
Candidate Name Anderson for City Council		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bredesen for Governor</b>		<b>Transaction ID: SB29.5988</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address One Music Circle North		Amount of Each Disbursement this Period 5000.00
City Nashville State TN Zip Code 37203	Category/ Type	
Purpose of Disbursement Contribution for Governor		
Candidate Name Bredesen for Governor		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Vantassell</b>		<b>Transaction ID: SB29.5991</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 3424 W 1500 N		Amount of Each Disbursement this Period 1000.00
City Vernal State UT Zip Code 84078	Category/ Type	
Purpose of Disbursement contribution for state senate		
Candidate Name Committee to Elect Vantassell		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 26	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6200.00
<b>TOTAL</b> 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 11 / 11

<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)  
LA HOSPITAL ASSOC. PAC (HOSPPAC)

Mailing Address 9521 BROOKLINE AVENUE

City BATON ROUGE State LA Zip Code 70809

Purpose of Disbursement contribution to state PAC

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB29.5989

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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