

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** CITY STATE ZIPCODE

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:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input checked="" type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 05 01 2011 through 05 31 2011

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 06 14 2011

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							
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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	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		68973.96
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	129617.47									
(c) Total Receipts (from Line 19)	12286.00	105542.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	141903.47	174516.21								
7. Total Disbursements (from Line 31)	1037.76	33650.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	140865.71	140865.71								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11381.00	101390.25
(ii) Unitemized	905.00	4152.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12286.00	105542.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12286.00	105542.25
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))	12286.00	105542.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12286.00	105542.25

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.....	37.76	124.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	37.76	124.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	22500.00
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.....	1000.00	11025.99
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))..	1037.76	33650.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1037.76	33650.50

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)	12286.00	105542.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12286.00	105542.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	37.76	124.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	37.76	124.51

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

<p>A. Full Name (Last, First, Middle Initial) Bob Barrett</p> <p>Mailing Address 244 McGuire Lane</p> <p>City State Zip Code Cedar Bluff VA 24609</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Clinch Valley Med Ctr CFO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt 05 / 10 / 2011</p> <p>Transaction ID: SA11AI.7856</p> <p>Amount of Each Receipt this Period 750.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Pamela Booker</p> <p>Mailing Address 4937 John Hager Rd</p> <p>City State Zip Code Hermitage TN 37076</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation LifePoint DCNO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt 05 / 10 / 2011</p> <p>Transaction ID: SA11AI.7862</p> <p>Amount of Each Receipt this Period 400.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Michael Burroughs</p> <p>Mailing Address 2009 Ridgemont Ct</p> <p>City State Zip Code Arlington TX 76012</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Western Plains Med Complex Interim CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt 05 / 13 / 2011</p> <p>Transaction ID: SA11AI.7878</p> <p>Amount of Each Receipt this Period 750.00</p>
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SUBTOTAL of Receipts This Page (optional)	1900.00
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 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ann Debooy
Mailing Address 9845 Hardrock Road
City Las Cruces State NM Zip Code 88011
FEC ID number of contributing federal political committee. **C**
Name of Employer Memorial Medical Center Occupation RN - CNO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 05 / 20 / 2011
Transaction ID: SA11AI.7886
Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial)
Timothy Flusche
Mailing Address 160 Eagles Peak Drive South
City Bullard State TX Zip Code 75757
FEC ID number of contributing federal political committee. **C**
Name of Employer Palestine Regional Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 05 / 10 / 2011
Transaction ID: SA11AI.7869
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Donald Gavin II
Mailing Address 1967 Alf Harris Road
City Prospect State TN Zip Code 38477
FEC ID number of contributing federal political committee. **C**
Name of Employer Hillside Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 381.00
Date of Receipt 05 / 10 / 2011
Transaction ID: SA11AI.7868
Amount of Each Receipt this Period 381.00

SUBTOTAL of Receipts This Page (optional) ► 1781.00
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 / 13
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Nan Gregg

Mailing Address 900 LaVilleta St

City State Zip Code
Mexia TX 76667

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Parkview Regional CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 13 / 2011

Transaction ID: SA11AI.7880

Amount of Each Receipt this Period 400.00

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 05 / 20 / 2011

Transaction ID: SA11AI.7882

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Debbie Kyzar

Mailing Address 16301 Woodland Estates Road

City State Zip Code
Andalusia AL 36420

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Andalusia Regional Hospital Acctg/IS Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 10 / 2011

Transaction ID: SA11AI.7867

Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) 2150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 13
(check only one)

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

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

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
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.7871

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
James McGonnell

Mailing Address 8495 Florence Cove Road

City State Zip Code
St. Augustine FL 32092

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

Name of Employer Occupation
Putnam Community Med. Ctr. CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2011

Transaction ID: SA11AI.7884

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 112 Deerwood Drive

City State Zip Code
Hendersonville TN 37075

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

Name of Employer Occupation
SRMC CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.7872

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 1900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) William Mize	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 1148 Windsor Drive	Transaction ID: SA11AI.7874
	City State Zip Code Gallatin TN 37066	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Trousdale Med Ctr Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey S. Moore	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address PO Box 564	Transaction ID: SA11AI.7870
	City State Zip Code Winchester TN 37398	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Southern TN Med. Ctr. CFO	
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) Laura Pierce	Date of Receipt MM / DD / YYYY 05 / 20 / 2011
	Mailing Address 6802 Via Campestre	Transaction ID: SA11AI.7887
	City State Zip Code Las Cruces NM 88007	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Memorial Med Ctr HR Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
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 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Phillip Rivera

Mailing Address 2450 S Telshor Blvd

City State Zip Code
Las Cruces NM 88011

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

Name of Employer Occupation
Memorial Medical Center CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2011

Transaction ID: SA11AI.7883

Amount of Each Receipt this Period
500.00

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

Mailing Address 2152 Harrodsburg Road

City State Zip Code
Harrodsburg KY 40330

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

Name of Employer Occupation
Bluegrass Community Hospital CNO/Risk Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2011

Transaction ID: SA11AI.7864

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Bruce Sanfilippo

Mailing Address 2450 South Telshor

City State Zip Code
Las Cruces NM 88011

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

Name of Employer Occupation
Memorial Medical Center CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2011

Transaction ID: SA11AI.7885

Amount of Each Receipt this Period
500.00

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 12 / 13
(check only one)

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

A.

Full Name (Last, First, Middle Initial) Chuck Spann		Date of Receipt	
Mailing Address 702 Arrowhead Village		M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 1 1	
City	State	Zip Code	Transaction ID: SA11AI.7855
Winfield	AL	35594	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		400.00	
Name of Employer Northwest Medical Center		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Christopher Zeringue		Date of Receipt	
Mailing Address 2450 S Telshor Blvd		M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 1 1	
City	State	Zip Code	Transaction ID: SA11AI.7888
Las Cruces	NM	88011	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00	
Name of Employer MMC		Occupation Assist. Admin.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	11381.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

<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)
Beshear/Abramson 2011

Mailing Address PO Box 4227

City Frankfort State KY Zip Code 40604

Purpose of Disbursement
campaign for Governor - KY

Candidate Name
Beshear/Abramson 2011

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB29.7853

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)