

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 ZIP CODE

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 08 01 2006 through 08 31 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 09 18 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.

Table with 7 columns and 1 row for Office Use Only.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

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	54704.95									
(c) Total Receipts (from Line 19)	0.00	86480.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54704.95	109266.46								
7. Total Disbursements (from Line 31)	16000.00	70561.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38704.95	38704.95								
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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

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	0.00	74850.00
(i) Itemized (use Schedule A)	0.00	11630.00
(ii) Unitemized	0.00	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)	0.00	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))	0.00	86480.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	86480.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	12250.00	45250.00
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	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))	0.00	500.00
29. Other Disbursements.....	3750.00	24785.00
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))..	16000.00	70561.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	16000.00	70561.51

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)	0.00	86480.00
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	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 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

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) A. BILL NELSON FOR U S SENATE		Transaction ID: SB23.6027 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 500 RED SAIL WAY		Amount of Each Disbursement this Period 5000.00
City SATELITE BEACH State FL Zip Code 32937	Category/ Type	
Purpose of Disbursement fundraiser Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BOB CORKER FOR SENATE		Transaction ID: SB23.6029 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 518 GEORGIA AVE 2ND FLOOR		Amount of Each Disbursement this Period 5000.00
City CHATANOOGA State TN Zip Code 37403	Category/ Type	
Purpose of Disbursement fundraiser Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BOUCHER FOR CONGRESS COMMITTEE		Transaction ID: SB23.6023 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address PO Box 2000 PO BOX 2000		Amount of Each Disbursement this Period 250.00
City Abingdon State VA Zip Code 24212	Category/ Type	
Purpose of Disbursement campaign contribution Candidate Name BOUCHER FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 7 / 9

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

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

Full Name (Last, First, Middle Initial)

A. ENSIGN FOR SENATE

Mailing Address PO BOX 26568

City LAS VEGAS State NV Zip Code 89126

Purpose of Disbursement
fundraiser

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: NV District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB23.6025

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

12250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Bobby Guidruz Campaign Fund		Transaction ID: SB29.6017 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 1102 South Union Street		Amount of Each Disbursement this Period 500.00
City Opelousas State LA Zip Code 70570		
Purpose of Disbursement campaign contrib for St. Landry Sheriff	Category/ Type	
Candidate Name Bobby Guidruz Campaign Fund		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Governor Fletcher		Transaction ID: SB29.6015 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address Capitol Building		Amount of Each Disbursement this Period 1000.00
City Frankfort State KY Zip Code 40601		
Purpose of Disbursement fundraiser	Category/ Type	
Candidate Name Friends of Governor Fletcher		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lamar Guzman for County Sheriff		Transaction ID: SB29.6031 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address PO Box 817		Amount of Each Disbursement this Period 500.00
City Castle Dale State UT Zip Code 84513		
Purpose of Disbursement campaign for county sheriff	Category/ Type	
Candidate Name Lamar Guzman for County Sheriff		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Laura Balthazar Campaign Fund		Transaction ID: SB29.6019 Date of Disbursement 08 / 11 / 2006
Mailing Address PO Bo 2288		Amount of Each Disbursement this Period 500.00
City Opelousas	State LA Zip Code 70570	
Purpose of Disbursement campaign contrib for St Landry Sheriff		
Candidate Name Laura Balthazar Campaign Fund		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District:		

Full Name (Last, First, Middle Initial) B. Puckett for Senate		Transaction ID: SB29.6021 Date of Disbursement 08 / 11 / 2006
Mailing Address PO Box 924		Amount of Each Disbursement this Period 1000.00
City Tazewell	State VA Zip Code 24651	
Purpose of Disbursement campaign contribution		
Candidate Name Puckett for Senate		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 38		

Full Name (Last, First, Middle Initial) C. Utah HOSPAC		Transaction ID: SB29.6033 Date of Disbursement 08 / 23 / 2006
Mailing Address 2180 South 1300 East Suite 440		Amount of Each Disbursement this Period 250.00
City Salt Lake City	State UT Zip Code 84106	
Purpose of Disbursement fundraiser		
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	3750.00