

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 2011 through 06 30 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 07 12 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 **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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

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	140865.71									
(c) Total Receipts (from Line 19)	3300.00	108842.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	144165.71	177816.21								
7. Total Disbursements (from Line 31)	20009.95	53660.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	124155.76	124155.76								
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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

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)	3300.00	104690.25
(ii) Unitemized	0.00	4152.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3300.00	108842.25
(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)	3300.00	108842.25
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))	3300.00	108842.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3300.00	108842.25

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.....	9.95	134.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9.95	134.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	18500.00	41000.00
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.....	1500.00	12525.99
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))..	20009.95	53660.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20009.95	53660.45

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)	3300.00	108842.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3300.00	108842.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9.95	134.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9.95	134.46

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

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

FOR LINE NUMBER: PAGE 6 / 10
(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

A. Full Name (Last, First, Middle Initial)
Jeff Seraphine

Mailing Address 256 Waitsboro Drive

City Somerset State KY Zip Code 42503

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

Name of Employer Lake Cumberland Regional Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 27 / 2011
Transaction ID: SA11AI.7911
Amount of Each Receipt this Period 1500.00

B. Full Name (Last, First, Middle Initial)
Jonathan Wall

Mailing Address 8309 Trading Post Ct.

City Nashville State TN Zip Code 37221

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

Name of Employer Lifepoint Hospitals, Inc. Occupation Division CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 06 / 27 / 2011
Transaction ID: SA11AI.7910
Amount of Each Receipt this Period 1800.00

SUBTOTAL of Receipts This Page (optional) ► 3300.00

TOTAL This Period (last page this line number only) ► 3300.00

**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 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) BECERRA FOR CONGRESS	Transaction ID: SB23.7902 Date of Disbursement
	Mailing Address P.O. BOX 261060	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City LOS ANGELES State CA Zip Code 90026	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="2500.00"/>
	Candidate Name BECERRA FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BILL NELSON FOR U S SENATE	Transaction ID: SB23.7906 Date of Disbursement
	Mailing Address 500 RED SAIL WAY	<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City SATELITE BEACH State FL Zip Code 32937	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="2500.00"/>
	Candidate Name BILL NELSON FOR U S SENATE	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: SB23.7901 Date of Disbursement
	Mailing Address P.O. Box 1776	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City Freedom State PA Zip Code 15042	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="2500.00"/>
	Candidate Name CITIZENS FOR ALTMIRE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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) FRIENDS OF SCOTT DESJARLAIS	Transaction ID: SB23.7893 Date of Disbursement																			
	Mailing Address P O BOX 90133	<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>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	1												
	City NASHVILLE State TN Zip Code 37209	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 SCOTT EUGENE DESJARLAIS	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS	Transaction ID: SB23.7909 Date of Disbursement																			
	Mailing Address PO Box 9639	<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>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	8		2	0	1	1												
	City Bowling Green State KY Zip Code 42102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement fundraiser	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name GUTHRIE FOR CONGRESS	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) HAL ROGERS FOR CONGRESS	Transaction ID: SB23.7900 Date of Disbursement																			
	Mailing Address P.O. BOX 1214 EAST MT VERNON ST	<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>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	8		2	0	1	1												
	City SOMERSET State KY Zip Code 42502	Amount of Each Disbursement this Period																			
	Purpose of Disbursement fundraiser	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name HAROLD DALLAS ROGERS	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 05	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6000.00</td></tr></table>	6000.00
6000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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) NELSON 2012 <hr/> Mailing Address PO BOX 8666 <hr/> City OMAHA State NE Zip Code 68108 <hr/> Purpose of Disbursement fundraiser Candidate Name NELSON 2012 <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00 <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7907 Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2011
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE <hr/> Mailing Address P. O. BOX 713 <hr/> City WHEATON State IL Zip Code 60187 <hr/> Purpose of Disbursement fundraiser Candidate Name ROSKAM FOR CONGRESS COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7904 Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2011
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

18500.00

**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 10 / 10

<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) Browning 2012 <hr/> Mailing Address PO Box 158 <hr/> City Ocean State WV Zip Code 24870 <hr/> Purpose of Disbursement fundraiser for state senate dist 9 Candidate Name Browning 2012 <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 09 <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7897 Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2011
	Amount of Each Disbursement this Period 500.00
B. Full Name (Last, First, Middle Initial) Committee to Elect Earl Ray Tomblin <hr/> Mailing Address PO Box 116 <hr/> City Chapmanville State WV Zip Code 25508 <hr/> Purpose of Disbursement fundraiser for Governor Candidate Name Committee to Elect Earl Ray Tomblin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 07 <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.7896 Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2011
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

1500.00