

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="145180.70"/>	<input type="text" value="145180.70"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="125886.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="47549.75"/>	<input type="text" value="55075.24"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="173436.26"/>	<input type="text" value="200255.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4027.49"/>	<input type="text" value="30847.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="169408.77"/>	<input type="text" value="169408.77"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From: / / To: / /

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).....	45849.75	53049.75
(ii) Unitemized	1700.00	2025.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	47549.75	55074.75
(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)	47549.75	55074.75
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	0.49
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 Transfers (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))..... ▶	47549.75	55075.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	47549.75	55075.24

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) Allocated 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	27.49	228.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	27.49	228.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	16500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	14119.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	4027.49	30847.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4027.49	30847.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	47549.75	55074.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47549.75	55074.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	27.49	228.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	27.49	228.17

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 6 OF 26
	<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

A. Don Bivacca
Full Name (Last, First, Middle Initial)

Mailing Address 2455 Durham Manor Dr

City Franklin State TN Zip Code 37064

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

Name of Employer LifePoint Health Occupation National Division President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 04 / 14 / 2015
Transaction ID : SA11AI.9497

Amount of Each Receipt this Period 4000.00

B. Pamela Booker
Full Name (Last, First, Middle Initial)

Mailing Address 4937 John Hager Rd

City Hermitage State TN Zip Code 37076

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

Name of Employer LifePoint Health Occupation DCNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 23 / 2015
Transaction ID : SA11AI.9515

Amount of Each Receipt this Period 800.00

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

Mailing Address 1809 Mt. Zion Rd

City Ashland City State TN Zip Code 37015

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

Name of Employer LifePoint Health Occupation VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 14 / 2015
Transaction ID : SA11AI.9491

Amount of Each Receipt this Period 650.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5450.00

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 7 OF 26
	<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. Celena Brim
Full Name (Last, First, Middle Initial)

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Palestine Reg Med Ctr CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : SA11AI.9551

Amount of Each Receipt this Period
750.00

B. John Bumpus
Full Name (Last, First, Middle Initial)

Mailing Address 6118 Paddock Place

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
LifePoint Health SVP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : SA11AI.9499

Amount of Each Receipt this Period
250.00

C. Michael Burroughs
Full Name (Last, First, Middle Initial)

Mailing Address 2009 Ridgemont Ct

City State Zip Code
Arlington TX 76012

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

Name of Employer Occupation
Western Plains Med Complex Interim CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : SA11AI.9503

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 OF 26
(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

Full Name (Last, First, Middle Initial)
A. Thomas H. Butler

Mailing Address 4717 Potomac Lane

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
LifePoint Health Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2063.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 06 / 2015

Transaction ID : SA11AI.9477

Amount of Each Receipt this Period
2063.00

Full Name (Last, First, Middle Initial)
B. Emma Canlas

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
LifePoint Health CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SA11AI.9538

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
C. 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 Occupation
Minden Medical Center CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SA11AI.9549

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3163.00

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 OF 26
(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

Full Name (Last, First, Middle Initial)
A. Michael Citak

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Lake Cumberland CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : SA11AI.9523

Amount of Each Receipt this Period
750.00

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

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
LifePoint Health SVP, CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.9473

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Teresa Daniel

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Meadowview Regional CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.9476

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

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 10 OF 26
(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. David B. Darden
Full Name (Last, First, Middle Initial)
Mailing Address 131 Great View Rd
City Cedar Bluff State VA Zip Code 24609
FEC ID number of contributing federal political committee. **C**
Name of Employer Raleigh General Hospital Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015
Transaction ID : SA11AI.9462
Amount of Each Receipt this Period
1000.00

B. Jamie Davis
Full Name (Last, First, Middle Initial)
Mailing Address 4000 Canterbury Drive
City Culleoka State TN Zip Code 38451
FEC ID number of contributing federal political committee. **C**
Name of Employer LifePoint Health Occupation Director Emerging Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015
Transaction ID : SA11AI.9518
Amount of Each Receipt this Period
850.00

c. Aphriekah Dultaney
Full Name (Last, First, Middle Initial)
Mailing Address 330 Seven Springs Way
City Brentwood State TN Zip Code 37027
FEC ID number of contributing federal political committee. **C**
Name of Employer Logan Regional Occupation CNO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015
Transaction ID : SA11AI.9467
Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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 11 OF 26
(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

Full Name (Last, First, Middle Initial)
A. Stephen Erixon

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

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

Name of Employer Occupation
 Lander Regional Hosp CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : SA11AI.9560

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Fabio Fallico

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

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

Name of Employer Occupation
 Lifepoint Health VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : SA11AI.9513

Amount of Each Receipt this Period
 400.00

Full Name (Last, First, Middle Initial)
C. Joanne Fenton

Mailing Address 330 Seven Springs Way

City State Zip Code
 Brentwood TN 37027

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

Name of Employer Occupation
 LifePoint Health CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015

Transaction ID : SA11AI.9525

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: (check only one)	PAGE 12 OF 26
	<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) A. Cathy Florek		Date of Receipt
Mailing Address 330 Seven Springs Way		M M M / D D D / Y Y Y Y Y Y 04 / 06 / 2015
City	State	Zip Code
Brentwood	TN	37027
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
LifePoint Health	Senior Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	
		Transaction ID : SA11AI.9474
		Amount of Each Receipt this Period
		250.00

Full Name (Last, First, Middle Initial) B. Michael Fontenot		Date of Receipt
Mailing Address 330 Seven Springs Way		M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2015
City	State	Zip Code
Brentwood	TN	37027
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Mercy Regional	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	
		Transaction ID : SA11AI.9540
		Amount of Each Receipt this Period
		500.00

Full Name (Last, First, Middle Initial) C. Steve W. Frantz		Date of Receipt
Mailing Address 1919 Ashwood Avenue		M M M / D D D / Y Y Y Y Y Y 04 / 06 / 2015
City	State	Zip Code
Nashville	TN	37212
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
LifePoint Health	Division CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1850.00	
		Transaction ID : SA11AI.9475
		Amount of Each Receipt this Period
		1850.00

SUBTOTAL of Receipts This Page (optional).....▶	2600.00
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 13 OF 26
(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

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

Mailing Address 2144 E Ardoin St

City State Zip Code
Eunice LA 70535

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

Name of Employer Occupation
AMC 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 Y
 04 / 06 / 2015
Transaction ID : SA11AI.9461

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1106 Broadway

City State Zip Code
Minden LA 71055

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

Name of Employer Occupation
Minden Medical Center 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 Y
 04 / 14 / 2015
Transaction ID : SA11AI.9487

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1106 Broadway

City State Zip Code
Minden LA 71055

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

Name of Employer Occupation
Minden Medical Center CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : SA11AI.9546

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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 14 OF 26
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	<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. Alan George
Full Name (Last, First, Middle Initial)

Mailing Address 330 Seven Springs Way

City Brentwood State TN Zip Code 37067

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 ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : SA11AI.9553

Amount of Each Receipt this Period
 750.00

B. Paul D. Gilbert
Full Name (Last, First, Middle Initial)

Mailing Address 715 Cantrell Ave

City Nashville State TN Zip Code 37215

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

Name of Employer LifePoint Health Occupation EVP Chief Legal Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : SA11AI.9498

Amount of Each Receipt this Period
 1150.00

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

Mailing Address 20 Wandering 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
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : SA11AI.9524

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
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 OF 26
(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

Full Name (Last, First, Middle Initial)
A. Christy Green

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
LifePoint Health VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : SA11AI.9509

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. 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
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : SA11AI.9506

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
C. Tommy Haggard

Mailing Address 3704 Ansley Ct

City State Zip Code
Lexington KY 40509

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

Name of Employer Occupation
Georgetown Community Assistant Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.9484

Amount of Each Receipt this Period
1000.00

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: PAGE 16 OF 26
(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. Jennifer Hamilton
Full Name (Last, First, Middle Initial)
Mailing Address 330 Seven Springs Way
City Brentwood State TN Zip Code 37027
FEC ID number of contributing federal political committee. **C**
Name of Employer Sage West Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 14 / 2015
Transaction ID : SA11AI.9507
Amount of Each Receipt this Period 750.00

B. Rudolph Harrison
Full Name (Last, First, Middle Initial)
Mailing Address 3552 Saddle Rock Road
City Las Cruces State NM Zip Code 88011
FEC ID number of contributing federal political committee. **C**
Name of Employer Memorial Med. Ctr Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 06 / 2015
Transaction ID : SA11AI.9463
Amount of Each Receipt this Period 1000.00

C. Mark Holyoak
Full Name (Last, First, Middle Initial)
Mailing Address 1216 W 1650 S
City Vernal State UT Zip Code 84078
FEC ID number of contributing federal political committee. **C**
Name of Employer Castlevew Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 06 / 2015
Transaction ID : SA11AI.9483
Amount of Each Receipt this Period 400.00

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 17 OF 26
(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

Full Name (Last, First, Middle Initial)
A. David Ingram

Mailing Address 811 Otter Creek Rd

City Nashville State TN Zip Code 37220

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

Name of Employer LifePoint Health Occupation Director, Information Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015

Transaction ID : SA11AI.9481

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Joseph Koch

Mailing Address 419 Houston Oaks Dr

City Paris State KY Zip Code 40361

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 ▼ **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SA11AI.9522

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
C. Christina Mambro

Mailing Address 330 Seven Springs Way

City Brentwood State TN Zip Code 37027

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

Name of Employer Havasu Regional Medical Center Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015

Transaction ID : SA11AI.9465

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **2300.00**

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 18 OF 26
	<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. Julie McCormack
Full Name (Last, First, Middle Initial)

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
HRMC COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015

Transaction ID : SA11AI.9471

Amount of Each Receipt this Period
750.00

B. Jean-Louis Mevs
Full Name (Last, First, Middle Initial)

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
LifePoint Health Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : SA11AI.9510

Amount of Each Receipt this Period
350.00

C. Edwina Miner
Full Name (Last, First, Middle Initial)

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Ennis Regional Med Ctr CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SA11AI.9550

Amount of Each Receipt this Period
400.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 26
	<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) A. Sandy Morein		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 Transaction ID : SA11AI.9539
Mailing Address 3872 Whiteville Rd		Amount of Each Receipt this Period 400.00
City Ville Platte	State LA	Zip Code 70586
FEC ID number of contributing federal political committee. C		
Name of Employer Ville Platte Med Ctr	Occupation RN, BSN, CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Mark Nichols		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 Transaction ID : SA11AI.9526
Mailing Address 330 Seven Springs Way		Amount of Each Receipt this Period 500.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		
Name of Employer Starr Regional Med Ctr	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Barbara Olson		Date of Receipt MM / DD / YYYY 04 / 23 / 2015 Transaction ID : SA11AI.9512
Mailing Address 330 Seven Springs Way		Amount of Each Receipt this Period 378.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		
Name of Employer LifePoint Health	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

SUBTOTAL of Receipts This Page (optional).....▶	1278.00
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 20 OF 26
	<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) A. Brad Owens		Date of Receipt MM / DD / YYYY 04 / 14 / 2015 Transaction ID : SA11AI.9500
Mailing Address 1014 Crimson Clover Drive		Amount of Each Receipt this Period 2240.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		
Name of Employer LifePoint Health	Occupation Division CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2240.00	

Full Name (Last, First, Middle Initial) B. Michael Patterson		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 Transaction ID : SA11AI.9464
Mailing Address 331 Apache Street		Amount of Each Receipt this Period 1000.00
City Ft. Morgan	State CO	Zip Code 80701
FEC ID number of contributing federal political committee. C		
Name of Employer Havasu Regional Med Ctr	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Terry Phillips		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 Transaction ID : SA11AI.9482
Mailing Address 330 Seven Springs Way		Amount of Each Receipt this Period 365.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		
Name of Employer LifePoint Health	Occupation Hospital Support Center	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....▶	3605.00
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 21 OF 26
	<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)
A. Tammy Ralls

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Lifepoint Health Regional PT Safety Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : SA11AI.9495

Amount of Each Receipt this Period
250.00

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

Mailing Address 3208 Maverick Dr

City State Zip Code
LHL AZ 86404

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

Name of Employer Occupation
Havasu Regional CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015

Transaction ID : SA11AI.9470

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
C. Jason Schmiedt

Mailing Address 713 Sherbrooke Ct

City State Zip Code
Nashville TN 37211

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

Name of Employer Occupation
LifePoint Health Reimb. Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : SA11AI.9492

Amount of Each Receipt this Period
750.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 26
(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

Full Name (Last, First, Middle Initial)
A. Paxton Scott

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
LifePoint Health Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
343.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : SA11AI.9516

Amount of Each Receipt this Period
343.75

Full Name (Last, First, Middle Initial)
B. 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 Occupation
Teche Regional CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : SA11AI.9543

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Tracie Stratton

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
LifePoint Health CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : SA11AI.9501

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1743.75

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 23 OF 26
	<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)
A. Michael Taylor

Mailing Address 309 Licksillet Road

City Olmstead State KY Zip Code 42265

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

Name of Employer Logan Memorial Hospital Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : SA11AI.9502

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Christi Watkins

Mailing Address 330 Seven Springs Way

City Brentwood State TN Zip Code 37027

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

Name of Employer Palestine Regional Med Ctr Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : SA11AI.9554

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Cindy Wesley

Mailing Address 330 Seven Springs Way

City Brentwood State TN Zip Code 37027

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

Name of Employer Bourbon Community Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SA11AI.9520

Amount of Each Receipt this Period
400.00

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: (check only one)	PAGE 24 OF 26
	<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. John Whiteside
Full Name (Last, First, Middle Initial)

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Mercy Regional COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : SA11AI.9541

Amount of Each Receipt this Period
400.00

B. Jim R. Williams Jr
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 397

City State Zip Code
Minden LA 71058

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

Name of Employer Occupation
Minden Medical Ctr CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : SA11AI.9544

Amount of Each Receipt this Period
1000.00

C. Robyn Yackell
Full Name (Last, First, Middle Initial)

Mailing Address 330 Seven Springs Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
LifePoint Health Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015

Transaction ID : SA11AI.9480

Amount of Each Receipt this Period
310.00

SUBTOTAL of Receipts This Page (optional).....▶	1710.00
TOTAL This Period (last page this line number only).....▶	45849.75

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)

A. RYAN FOR CONGRESS

Mailing Address P. O. Box 1919

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
fund raiser

Candidate Name
PAUL D RYAN

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2015

Transaction ID : SB23.9562

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2500.00

2500.00

**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. Kentucky Hospitals Circle of Friends

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2015

Mailing Address

City State Zip Code
KY

Transaction ID : SB29.9563

Purpose of Disbursement
fund raiser

Amount of Each Disbursement this Period

1500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1500.00

1500.00
