FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

LifePoint Health, Inc. PAC

ADDRESS (number and street) ▼ 330 Seven Springs Way

☐ Check if different than previously reported. (ACC)

BRENTWOOD | TN | 37027 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C 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 Year-End 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 (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2015 through 09 / 30 / 2015

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 *Penny Brake* ***[Electronically Filed]*** Date 10 / 19 / 2015

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

FE6AN026

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

LifePoint Health, Inc. PAC

Report Covering the Period: From: 09 / 01 / 2015 To: 09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		145180.70
(b) Cash on Hand at Beginning of Reporting Period	214659.64	
(c) Total Receipts (from Line 19)	0.00	151172.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	214659.64	296353.44
7. Total Disbursements (from Line 31)	22505.74	104199.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	192153.90	192153.90
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

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

LifePoint Health, Inc. PAC

Report Covering the Period: From: 09 / 01 / 2015 To: 09 / 30 / 2015

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)	0.00	140787.25
(ii) Unitemized	0.00	10385.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	0.00	151172.25
(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) ▶	0.00	151172.25
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	0.49
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)) ▶	0.00	151172.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	0.00	151172.74

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	15.74	590.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	15.74	590.54
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	14800.00	73300.00
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	7690.00	30309.00
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))	22505.74	104199.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	22505.74	104199.54

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	151172.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	151172.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	15.74	590.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	15.74	590.54

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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 Health, Inc. PAC

A.
Full Name (Last, First, Middle Initial): Regions (formerly AmSouth)
Mailing Address: 915 Deaderick Street
City: Nashville State: TN Zip Code: 37237
Purpose of Disbursement: account analysis charges
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 09 / D D 09 / Y Y Y Y 2015
Transaction ID : SB21B.9958
Amount of Each Disbursement this Period: 15.74

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 15.74

TOTAL This Period (last page this line number only) ▶ 15.74

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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 Health, Inc. PAC

A. Full Name (Last, First, Middle Initial): CHARLES BOUSTANY JR MD FOR CONGRESS, INC
Mailing Address: PO Box 80126
City: Lafayette State: LA Zip Code: 70598
Purpose of Disbursement: fund raiser
Candidate Name: CHARLES DR. JR. BOUSTANY
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 07
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2015
Transaction ID : SB23.9950
Amount of Each Disbursement this Period: 4000.00

B. Full Name (Last, First, Middle Initial): FRIENDS OF SCHUMER
Mailing Address: 192 LEXINGTON AVENUE SUITE 1001
City: NEW YORK State: NY Zip Code: 10016
Purpose of Disbursement: fund raiser
Candidate Name: CHARLES E SCHUMER
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: NY District: 00
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 17 / 2015
Transaction ID : SB23.9953
Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial): FRIENDS OF SCHUMER
Mailing Address: 192 LEXINGTON AVENUE SUITE 1001
City: NEW YORK State: NY Zip Code: 10016
Purpose of Disbursement: fund raiser
Candidate Name: CHARLES E SCHUMER
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: NY District: 00
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 17 / 2015
Transaction ID : SB23.9956
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 14000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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 Health, Inc. PAC

A.
Full Name (Last, First, Middle Initial): HAL ROGERS FOR CONGRESS
Mailing Address: P.O. BOX 1214, EAST MT VERNON ST
City: SOMERSET State: KY Zip Code: 42502
Purpose of Disbursement: fund raiser
Candidate Name: HAROLD DALLAS ROGERS
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 05
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 09 / D D 01 / Y Y Y Y 2015
Transaction ID : SB23.9957
Amount of Each Disbursement this Period: 800.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶ 14800.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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 Health, Inc. PAC

A. Full Name (Last, First, Middle Initial): Chris Hazel Campaign
Mailing Address: 5930 Adrian Drive
City: Ball State: LA Zip Code: 71405
Purpose of Disbursement: campaign
Candidate Name: Chris Hazel Campaign
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 27
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09/29/2015
Transaction ID : SB29.9920
Amount of Each Disbursement this Period: 250.00

B. Full Name (Last, First, Middle Initial): Chris Leopold Campaign Fund
Mailing Address: PO Box 171
City: Port Sulphur State: LA Zip Code: 70083
Purpose of Disbursement: campaign for District 105
Candidate Name: Chris Leopold Campaign Fund
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District:
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09/30/2015
Transaction ID : SB29.9912
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): Committee to Elect Ebony Woodruff
Mailing Address: PO Box 3043
City: Harvey State: LA Zip Code: 70059
Purpose of Disbursement: campaign
Candidate Name: Committee to Elect Ebony Woodruff
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 87
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09/30/2015
Transaction ID : SB29.9909
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 750.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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 Health, Inc. PAC

A. Full Name (Last, First, Middle Initial): Committee to Elect Phillip DeVillier
Mailing Address: PO Box 509
City: Eunice State: LA Zip Code: 70535
Purpose of Disbursement: campaign
Candidate Name: Committee to Elect Phillip DeVillier
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 41
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2015
Transaction ID : SB29.9928
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): Darrell Ourso Campaign Fund
Mailing Address: PO Box 66765
City: Baton Rouge State: LA Zip Code: 70896
Purpose of Disbursement: campaign
Candidate Name: Darrell Ourso Campaign Fund
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 66
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
Transaction ID : SB29.9916
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): Elect Gary Carter, Jr.
Mailing Address: PO Box 741471
City: New Orleans State: LA Zip Code: 70174
Purpose of Disbursement: Campaign for House Dist 102
Candidate Name: Elect Gary Carter, Jr.
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District:
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2015
Transaction ID : SB29.9932
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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 Health, Inc. PAC

A. Full Name (Last, First, Middle Initial): Friends of Cloyce Clark
Mailing Address: 7600 Fern Avenue #1300
City: Shreveport State: LA Zip Code: 71105
Purpose of Disbursement: campaign
Candidate Name: Friends of Cloyce Clark
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: LA District: 38
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2015
Transaction ID : SB29.9947
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): HosPAC - GA Hospital Assoc PAC
Mailing Address: 1675 Terrell Mill Road
City: Marietta State: GA Zip Code: 30067
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2015
Transaction ID : SB29.9951
Amount of Each Disbursement this Period: 690.00

C. Full Name (Last, First, Middle Initial): Jay Luneau for Senate
Mailing Address: 1239 Jackson Street
City: Alexandria State: VA Zip Code: 70570
Purpose of Disbursement: campaign
Candidate Name: Jay Luneau for Senate
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: LA District: 29
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2015
Transaction ID : SB29.9941
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1690.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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 Health, Inc. PAC

A. Full Name (Last, First, Middle Initial): Jeff Arnold Campaign
Mailing Address: 3520 General DeGaulle Dr, Box #2
City: New Orleans State: LA Zip Code: 70114
Purpose of Disbursement: Campaign Senate District 102
Candidate Name: Jeff Arnold Campaign
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: LA District:
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2015
Transaction ID : SB29.9945
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): Jimmy Harris Campaign Fund
Mailing Address: PO Box 871092
City: New Orleans State: LA Zip Code: 70187
Purpose of Disbursement: campaign
Candidate Name: Jimmy Harris Campaign Fund
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 99
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2015
Transaction ID : SB29.9926
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): Joe Harrison Campaign Fund
Mailing Address: 5642 Hwy 1
City: Napoleonville State: LA Zip Code: 70390
Purpose of Disbursement: campaign
Candidate Name: Joe Harrison Campaign Fund
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 51
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2015
Transaction ID : SB29.9922
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1250.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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 Health, Inc. PAC

A. Full Name (Last, First, Middle Initial): Kenny Havard Campaign
Mailing Address: PO Box 1232
City: St. Francisville State: LA Zip Code: 70775
Purpose of Disbursement: campaign
Candidate Name: Kenny Havard Campaign
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 62
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2015
Transaction ID : SB29.9924
Amount of Each Disbursement this Period: 250.00

B. Full Name (Last, First, Middle Initial): Ledricka Thierry Campaign
Mailing Address: 8202 Hwy 182
City: Opelousas State: LA Zip Code: 70570
Purpose of Disbursement: campaign
Candidate Name: Ledricka Thierry Campaign
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: LA District: 40
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2015
Transaction ID : SB29.9939
Amount of Each Disbursement this Period: 500.00

C. Full Name (Last, First, Middle Initial): Nick Lorusso Campaign Fund
Mailing Address: PO Box 24568
City: New Orleans State: LA Zip Code: 70184
Purpose of Disbursement: campaign
Candidate Name: Nick Lorusso Campaign Fund
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 94
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
Transaction ID : SB29.9914
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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 Health, Inc. PAC

A. Full Name (Last, First, Middle Initial): Paula Davis Campaign
Mailing Address: 7575 Jefferson Hwy #45
City: Baton Rouge State: LA Zip Code: 70806
Purpose of Disbursement: campaign
Candidate Name: Paula Davis Campaign
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 69
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2015
Transaction ID : SB29.9934
Amount of Each Disbursement this Period: 250.00

B. Full Name (Last, First, Middle Initial): Robert E. Billiot Campaign Fund
Mailing Address: 341 Avenue C
City: Westwego State: LA Zip Code: 70094
Purpose of Disbursement: campaign
Candidate Name: Robert E. Billiot Campaign Fund
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 83
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2015
Transaction ID : SB29.9937
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): Robert Johnson Representative Fund
Mailing Address: PO Box 458
City: Marksville State: LA Zip Code: 71351
Purpose of Disbursement: campaign
Candidate Name: Robert Johnson Campaign Fund
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 28
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
Transaction ID : SB29.9907
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 750.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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 Health, Inc. PAC

A. Full Name (Last, First, Middle Initial): Ronnie Johns Campaign Fund
Mailing Address: PO Box 1609
City: Sulphur State: LA Zip Code: 70664
Purpose of Disbursement: campaign
Candidate Name: Ronnie Johns Campaign Fund
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: LA District: 27
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2015
Transaction ID : SB29.9943
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): Steve Carter Campaign Fund
Mailing Address: PO Box 80145
City: Baton Rouge State: LA Zip Code: 70898
Purpose of Disbursement: campaign
Candidate Name: Steve Carter Campaign Fund
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 68
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2015
Transaction ID : SB29.9930
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): Terence Vinson Campaign Fund
Mailing Address: PO Box 36903
City: Shreveport State: LA Zip Code: 71133
Purpose of Disbursement: campaign
Candidate Name: Terence Vinson Campaign Fund
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 02
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
Transaction ID : SB29.9918
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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 Health, Inc. PAC

A.
Full Name (Last, First, Middle Initial): Vincent Pierre Campaign Fund
Mailing Address: PO Box 93022
City: Lafayette State: LA Zip Code: 70501
Purpose of Disbursement: campaign
Candidate Name: Vincent Pierre Campaign Fund
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 44
Disbursement For: 2015 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 09 / D D 30 / Y Y Y Y 2015
Transaction ID : SB29.9904
Amount of Each Disbursement this Period: 250.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶ 7690.00