



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**LifePoint Health, Inc. PAC**

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="2016"/>		<input type="text" value="165200.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="141820.13"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="47413.00"/>	<input type="text" value="67163.00"/>
(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="189233.13"/>	<input type="text" value="232363.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21022.71"/>	<input type="text" value="64153.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="168210.42"/>	<input type="text" value="168210.42"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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 Health, Inc. PAC**

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).....	43463.00	62713.00
(ii) Unitemized .....	3950.00	4450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	47413.00	67163.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	47413.00	67163.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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))..... ▶	47413.00	67163.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	47413.00	67163.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	22.71	120.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	22.71	120.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	41000.00
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 .....	6500.00	23033.00
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)) ..	21022.71	64153.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21022.71	64153.09

**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) .....	47413.00	67163.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47413.00	67163.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	22.71	120.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	22.71	120.09

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

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

FOR LINE NUMBER: PAGE 6 OF 26  
(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 Health, Inc. PAC**

Full Name (Last, First, Middle Initial)  
**A. Timothy Bess**  
 Mailing Address PO Box 1000  
 City Abingdon State VA Zip Code 24212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifePoint Health Occupation healthcare management  
 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 / 19 / 2016  
**Transaction ID : SA11AI.10112**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. Pamela Booker**  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2016  
**Transaction ID : SA11AI.10074**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
**C. Penny Brake**  
 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 LifePoint Health Occupation VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2016  
**Transaction ID : SA11AI.10073**  
 Amount of Each Receipt this Period  
 700.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**LifePoint Health, Inc. PAC**

Full Name (Last, First, Middle Initial)  
**A. John Bumpus**  
 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 / 01 / 2016  
**Transaction ID : SA11AI.10061**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. William Carpenter**  
 Mailing Address 4005 Newman Place  
 City State Zip Code  
 Nashville TN 37204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LifePoint Health General Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2016  
**Transaction ID : SA11AI.10071**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2016  
**Transaction ID : SA11AI.10163**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5650.00  
**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 8 OF 26
	<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 Health, Inc. PAC**

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 / 26 / 2016  
**Transaction ID : SA11AI.10114**

Amount of Each Receipt this Period  
750.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. 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  
Bluegrass and Georgetown CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2016  
**Transaction ID : SA11AI.10087**

Amount of Each Receipt this Period  
375.00

Memo Item

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  
Bluegrass and Georgetown 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 / 01 / 2016  
**Transaction ID : SA11AI.10108**

Amount of Each Receipt this Period  
375.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 9 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**LifePoint Health, Inc. PAC**

**A. Theresa Fite**  
 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 Meadowview Regional Occupation CFO  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2016  
**Transaction ID : SA11Al.10116**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

**B. Rob Followell**  
 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 STRHS - Winchester Occupation Market President  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016  
**Transaction ID : SA11Al.10126**  
 Amount of Each Receipt this Period  
 1200.00  
 Memo Item

**C. Erik Furse**  
 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 LifePoint Health Occupation Director  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2016  
**Transaction ID : SA11Al.10075**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2200.00
<b>TOTAL</b> 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 Health, Inc. PAC**

**A. 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 ▼ 1200.00

Date of Receipt 04 / 26 / 2016  
**Transaction ID : SA11AI.10082**  
Amount of Each Receipt this Period 1200.00  
 Memo Item

**B. Sheryl Glasscock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20 Wondering 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 04 / 07 / 2016  
**Transaction ID : SA11AI.10111**  
Amount of Each Receipt this Period 400.00  
 Memo Item

**C. Greg Hembree**  
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 St. Francis Hospital Occupation CFO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 26 / 2016  
**Transaction ID : SA11AI.10191**  
Amount of Each Receipt this Period 750.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2350.00  
**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)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Health, Inc. PAC**

Full Name (Last, First, Middle Initial)  
**A. Mark Holyoak**

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 Castleview Occupation CEO

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 / 26 / 2016  
**Transaction ID : SA11AI.10175**

Amount of Each Receipt this Period  
 300.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. J. Gregory Hostettler**

Mailing Address 432 Cotton Lane

City Franklin State TN Zip Code 37069

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

Name of Employer LifePoint Health Occupation VP Materials Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2016  
**Transaction ID : SA11AI.10077**

Amount of Each Receipt this Period  
 2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Donna Hughes**

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 LifePoint Health Occupation VP

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 / 2016  
**Transaction ID : SA11AI.10069**

Amount of Each Receipt this Period  
 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3300.00
<b>TOTAL</b> 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"/> 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 Health, Inc. PAC**

**A. Linda Hunter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 351 Meadowcrest Drive  
 City Somerset State KY Zip Code 42503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Springview Occupation Department Manager Rehab/SCU RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 19 / 2016  
**Transaction ID : SA11AI.10120**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. David Ingram**  
 Full Name (Last, First, Middle Initial)  
 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 04 / 01 / 2016  
**Transaction ID : SA11AI.10055**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Anetra Jones**  
 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 WestCare Health Occupation CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2016  
**Transaction ID : SA11AI.10129**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 Health, Inc. PAC**

Full Name (Last, First, Middle Initial)  
**A. Jess N. Judy**  
 Mailing Address 112 Chatsworth Drive  
 City State Zip Code  
 Nashville TN 37215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LifePoint Health Division President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2016  
**Transaction ID : SA11AI.10063**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. Clint Kendall**  
 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  
 Clinch Valley 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 / 07 / 2016  
**Transaction ID : SA11AI.10146**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
**C. Joseph Koch**  
 Mailing Address 419 Houston Oaks Dr  
 City State Zip Code  
 Paris KY 40361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bourbon Community 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 / 26 / 2016  
**Transaction ID : SA11AI.10089**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3400.00  
**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
	<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	

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**

Full Name (Last, First, Middle Initial)  
**A. Susan Mahoney**

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 CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2016

**Transaction ID : SA11AI.10117**

Amount of Each Receipt this Period  
400.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Julie McCormack**

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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2016

**Transaction ID : SA11AI.10156**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Jeff Meigs**

Mailing Address 146 Annsley Cove

City State Zip Code  
Cleveland MS 38732

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

Name of Employer Occupation  
Bolivar Med Ctr Hospital CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2016

**Transaction ID : SA11AI.10122**

Amount of Each Receipt this Period  
750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2150.00
<b>TOTAL</b> 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)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Health, Inc. PAC**

Full Name (Last, First, Middle Initial)  
**A. Chad Melton**

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  
Wythe County Community CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	6

**Transaction ID : SA11AI.10150**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Leif Murphy**

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 ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

**Transaction ID : SA11AI.10060**

Amount of Each Receipt this Period  
2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mary Neuner**

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  
Clark Memorial Hospital CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	6

**Transaction ID : SA11AI.10085**

Amount of Each Receipt this Period  
400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2900.00
<b>TOTAL</b> 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 16 OF 26
	<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 Health, Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. Mark Nichols</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2016 <b>Transaction ID : SA11AI.10128</b>
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		<input type="checkbox"/> Memo Item
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) <b>B. Thomas O'Dell</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2016 <b>Transaction ID : SA11AI.10066</b>
Mailing Address 1024 Cobbler Ct.		Amount of Each Receipt this Period 500.00
City Nashville	State TN	Zip Code 37221
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer LifePoint Health	Occupation VP Capital Asset & Const. Mgmt	
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) <b>C. Brad Owens</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2016 <b>Transaction ID : SA11AI.10062</b>
Mailing Address 1014 Crimson Clover Drive		Amount of Each Receipt this Period 2300.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3300.00
<b>TOTAL</b> 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 17 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 Health, Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. Russell Palk</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2016 <b>Transaction ID : SA11AI.10064</b>
Mailing Address 330 Seven Springs Way		Amount of Each Receipt this Period 400.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Parker</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2016 <b>Transaction ID : SA11AI.10115</b>
Mailing Address 209 Richwood Drive		Amount of Each Receipt this Period 1000.00
City Somerset	State KY	Zip Code 42503
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Lake Cumberland Regional	Occupation COO	
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) <b>C. Michael Patterson</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2016 <b>Transaction ID : SA11AI.10157</b>
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		<input type="checkbox"/> Memo Item
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2400.00
<b>TOTAL</b> 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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**LifePoint Health, Inc. PAC**

**A. Thomas Pezanosky Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1192 McCoury Lane  
 City Spring Hill State TN Zip Code 37174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifePoint Health Occupation Reimbursement Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 01 / 2016  
**Transaction ID : SA11AI.10058**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Katherine Poling**  
 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 LifePoint Health Occupation Sr. Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 355.00

Date of Receipt 04 / 26 / 2016  
**Transaction ID : SA11AI.10078**  
 Amount of Each Receipt this Period 355.00  
 Memo Item

**C. Tina Qualls**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 435 Drifting Circle  
 City Lebanon State TN Zip Code 37087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifePoint Health Occupation Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 04 / 01 / 2016  
**Transaction ID : SA11AI.10056**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1155.00
<b>TOTAL</b> 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"/> 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 Health, Inc. PAC**

Full Name (Last, First, Middle Initial)  
**A. Sharon Radcliffe**

Mailing Address 330 Seven Springs Way

City Brentwood	State TN	Zip Code 37027
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FEC ID number of contributing federal political committee. **C**

Name of Employer Maria Parham	Occupation Asst 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 / 2016  
**Transaction ID : SA11AI.10133**

Amount of Each Receipt this Period  
400.00

Memo Item

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

Mailing Address 3208 Maverick Dr

City LHL	State AZ	Zip Code 86404
-------------	-------------	-------------------

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

Name of Employer Havasu Regional	Occupation 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 / 19 / 2016  
**Transaction ID : SA11AI.10158**

Amount of Each Receipt this Period  
750.00

Memo Item

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

Mailing Address 2152 Harrodsburg Road

City Harrodsburg	State KY	Zip Code 40330
---------------------	-------------	-------------------

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

Name of Employer Bluegrass Community Hospital	Occupation CNO/Risk Manager
--	--------------------------------

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 / 19 / 2016  
**Transaction ID : SA11AI.10088**

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 20 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 Health, Inc. PAC**

Full Name (Last, First, Middle Initial)  
**A. Ruth Schmidt**

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  
Clark Memorial Hospital 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 / 01 / 2016  
**Transaction ID : SA11AI.10083**

Amount of Each Receipt this Period  
750.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Rebecca Segal**

Mailing Address 505 Cobalt Ln

City State Zip Code  
Beckley WV 25801

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

Name of Employer Occupation  
Lake Cumberland Asst Admin.

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 / 07 / 2016  
**Transaction ID : SA11AI.10110**

Amount of Each Receipt this Period  
750.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Cherie Sibley**

Mailing Address 3 Wilkins Road

City State Zip Code  
Selma AL 36701

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

Name of Employer Occupation  
Vaughan Regional Med Ctr CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
708.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 19 / 2016  
**Transaction ID : SA11AI.10107**

Amount of Each Receipt this Period  
708.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2208.00

**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 Health, Inc. PAC**

**A. Brian Sinotte**  
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 Maria Parham Medical Ctr 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 / 14 / 2016  
**Transaction ID : SA11AI.10130**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B. Steve Sloan**  
Full Name (Last, First, Middle Initial)

Mailing Address 3812 Heather Way

City Somerset State KY Zip Code 42503

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

Name of Employer Lake Cumberland Reg Occupation 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 / 07 / 2016  
**Transaction ID : SA11AI.10109**

Amount of Each Receipt this Period  
 750.00

Memo Item

**C. Denise Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 255 N. Spalding Ave.

City Lebanon State KY Zip Code 40033

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

Name of Employer Spring View Hospital 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 / 19 / 2016  
**Transaction ID : SA11AI.10121**

Amount of Each Receipt this Period  
 500.00

Memo Item

**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: (check only one)	PAGE 22 OF 26
	<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 Health, Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. Colleen Tuck</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2016 <b>Transaction ID : SA11AI.10124</b>
Mailing Address 330 Seven Springs Way		Amount of Each Receipt this Period 400.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Livingston Hospital	Occupation 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>B. Michelle Watson</b>		Date of Receipt MM / DD / YYYY 04 / 01 / 2016 <b>Transaction ID : SA11AI.10057</b>
Mailing Address 160 Green Acres		Amount of Each Receipt this Period 1200.00
City Livingston	State TN	Zip Code 38570
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Livingston Regional Hospital	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Cindy Wesley</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2016 <b>Transaction ID : SA11AI.10090</b>
Mailing Address 330 Seven Springs Way		Amount of Each Receipt this Period 400.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Bourbon Community	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 23 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 Health, Inc. PAC**

Full Name (Last, First, Middle Initial)  
**A. John White**

Mailing Address 470 Loretto Dr

City State Zip Code  
Wytheville VA 24382

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

Name of Employer Occupation  
Wythe County Community Accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2016

**Transaction ID : SA11AI.10152**

Amount of Each Receipt this Period  
750.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Robert Wratchford**

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  
Parkview Regional COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2016

**Transaction ID : SA11AI.10165**

Amount of Each Receipt this Period  
750.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	43463.00

**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 Health, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. DIANE BLACK FOR CONGRESS**

Mailing Address PO BOX 1437

City State Zip Code  
GALLATIN TN 37066

Purpose of Disbursement  
fund raiser

Candidate Name  
**DIANE L MRS. BLACK**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TN District: 06

Date of Disbursement

/  /

Transaction ID : **SB23.10185**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. GREAT LAKES PAC**

Mailing Address 700 13TH STREET NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement  
fund raiser

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

Transaction ID : **SB23.10183**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City State Zip Code  
ROSWELL GA 30077

Purpose of Disbursement  
fund raiser

Candidate Name  
**THOMAS EDMUNDS PRICE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: GA District: 06

Date of Disbursement

/  /

Transaction ID : **SB23.10187**

Amount of Each Disbursement this Period

Memo Item

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

**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)

<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 Health, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. ROCK CITY PAC**

Mailing Address 1015 STONEBRIDGE PARK DR

City FRANKLIN State TN Zip Code 37069

Purpose of Disbursement  
fund raiser

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2016

Transaction ID : **SB23.10181**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VERN BUCHANAN FOR CONGRESS**

Mailing Address P. O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement  
fund raiser

Candidate Name

**VERNON BUCHANAN**

Office Sought:  House  Senate  President  
State: FL District: 16

Disbursement For: 2016  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

Transaction ID : **SB23.10176**

Amount of Each Disbursement this Period

5000.00

Memo Item

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) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

6000.00

14500.00

**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 Health, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. AZHHA-PAC**

Mailing Address 2901 N Central Ave Suite 900

City Phoenix State AZ Zip Code 85012

Purpose of Disbursement campaign

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

**Transaction ID : SB29.10186**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kentucky Hospitals Circle of Friends**

Mailing Address

City State KY Zip Code

Purpose of Disbursement campaign

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

**Transaction ID : SB29.10179**

Amount of Each Disbursement this Period

1500.00

Memo Item

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) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

6500.00

6500.00