REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
LifePoint Hospitals, Inc. Good Government Fund

ADDRESS (number and street) [X] Check if different than previously reported
103 Powell Court, Suite 200

CITY, STATE and ZIP CODE
Brentwood, TN 37027

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 JAN 27 A 11: 36

2. FEC IDENTIFICATION NUMBER
C-00-347955

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report

[ ] July 15 Quarterly Report

[ ] October 15 Quarterly Report

[X] January 31 Year End Report

[ ] July 31 Mid Year Report (Non-election Year Only)

[ ] Termination Report

Monthly Report Due On:

[ ] February 20	[ ] June 20	[ ] October 20
[ ] March 20	[ ] July 20	[ ] November 20
[ ] April 20	[ ] August 20	[ ] December 20
[ ] May 20	[ ] September 20	[ ] January 31

[ ] Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

[ ] Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 07/01/99 through 12/31/99		
6. (a)	Cash on Hand January 1, 19 99		$ 0.00
(b)	Cash on Hand at Beginning of Reporting Period	$ 0.00	
(c)	Total Receipts (from Line 19)	$ 54,448.25	$ 54,448.25
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 54,448.25	$ 54,448.25
7.	Total Disbursements (from Line 30)	$ 6,857.72	$ 6,857.72
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 47,590.53	$ 47,590.53
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Rob Pantoja

SANDRA BOLDEN NOTARY PUBLIC
Sandra Bolden
MY COMMISSION EXPIRES 01-25-03

Signature of Treasurer
Rob Pantoja

Date 1/25/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: LifePoint Good Government Fund

REPORT COVERING PERIOD FROM 07/01/99 TO: 12/31/99

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	36,815.00	36,815.00	11(a)(i)
ii. Unitemized	17,193.50	17,193.50	11(a)(ii)
iii. Total (add i and ii) ➤	54,008.50	54,008.50	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	54,008.50	54,008.50	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	439.75	439.75	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	54,448.25	54,448.25	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	54,448.25	54,448.25	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,200.00	6,200.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	657.72	657.72	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,857.72	6,857.72	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	6,857.72	6,857.72	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	54,008.50	54,008.50	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	54,008.50	54,008.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 8

FOR LINE NUMBER 11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LifePoint Hospitals, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ralph Underwood 124 Sugar Leaf Circle Winchester, TN 37398 Receipt For: Primary / General / Other (specify):	Southern Tennessee Medical Center Occupation: Aggregate Year-to-Date $ 350.00	08/12/99	350.00
B. Kathy Bobbs 2215 S. Evergreen Gonzales, LA 70737 Receipt For: Primary / General / Other (specify):	Riverview Medical Center Occupation: Aggregate Year-to-Date $ 600.00	08/16/99	500.00
C. Kathleen Howard 821 Rose Marie Dr Riverton, WY 82501 Receipt For: Primary / General / Other (specify):	Riverton Memorial Hospital Occupation: CNO Aggregate Year-to-Date $ 350.00	08/16/99	350.00
D. Joseph Ross 619 Hinton Dr Maysville, KY 41056 Receipt For: Primary / General / Other (specify):	Meadowview Regional Medical Center Occupation: Aggregate Year-to-Date $ 350.00	08/16/99	350.00
E. Kerry Wehmeyer 2001 Doctors Drive Springhill, LA 71075 Receipt For: Primary / General / Other (specify):	Springhill Medical Center Occupation: Aggregate Year-to-Date $ 750.00	08/16/99	750.00
F. David Smith PO Box 812 Springhill, LA 71075 Receipt For: Primary / General / Other (specify):	Springhill Medical Center Occupation: Aggregate Year-to-Date $ 350.00	08/16/99	350.00
G. Barry Keel 101 Brookwood Lane Andalusia, AL 36420 Receipt For: Primary / General / Other (specify):	Andalusia Regional Hospital Occupation: Aggregate Year-to-Date $ 750.00	08/16/99	750.00

SUBTOTAL of Receipts This Page (optional) 3,400.00

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

FL-00173

. SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

Lifepoint Hospitals, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Shirley Smith Rt 5 Box 206 AA Andalusia, AL 36420 Receipt For: Primary / General / Other (specify):	Andalusia Regional Hospital Occupation: Health Care Aggregate Year-to-Date $ 350.00	08/16/99	350.00
B. G. Randolph Mills PO Box 16855 Tampa, FL Receipt For: Primary / General / Other (specify):	Barrow Medical Center Occupation: Aggregate Year-to-Date $ 750.00	08/16/99	750.00
C. Jerry Fulrell 158 Hospital dr. Carthage, TN 37030 Receipt For: Primary / General / Other (specify):	Smith County Memorial Hospital Occupation: Healthcare Aggregate Year-to-Date $ 750.00	08/16/99	750.00
D. Mark Medley 1580 Ben Mason Road Cookeville, TN 38506 Receipt For: Primary / General / Other (specify):	Livingston Regional Medical Center Occupation: Aggregate Year-to-Date $ 350.00	08/16/99	350.00
E. Lucas Morton 702 Craigmont Drive Big Spring, TX 79720 Receipt For: Primary / General / Other (specify):	Riverview Medical Center Occupation: CFO Aggregate Year-to-Date $ 350.00	08/17/99	350.00
F. Jonathan Wall 919 Forest Dr Riverton, WY 82501 Receipt For: Primary / General / Other (specify):	Riverton Memorial Hospital Occupation: CFO Aggregate Year-to-Date $ 350.00	08/17/99	350.00
G. William Russell 800 Hillside Riverton, WY 82501 Receipt For: Primary / General / Other (specify):	Riverton Memorial Hospital Occupation: Aggregate Year-to-Date $ 500.00	08/17/99	500.00

SUBTOTAL of Receipts This Page (optional) 3,400.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (In Full)

LifePoint Good Government Fund

LifePoint Hospitals, Inc. Good Government Fund

A. Full Name, Mailing Address and ZIP Code Curtis Courtney 220 Edgemont Rd Maysville, KY 41056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Meadowview Regional Medical Center Occupation Aggregate Year-to-Date $ 750.00	Date (month, day, year) 08/17/99	Amount of Each Receipt this Period 750.00
B. Full Name, Mailing Address and ZIP Code Steve Ramey 1605 Burchett dr. Lebanon, TN 37087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Smith County Memorial Hospital Occupation Aggregate Year-to-Date $ 350.00	Date (month, day, year) 08/17/99	Amount of Each Receipt this Period 350.00
C. Full Name, Mailing Address and ZIP Code Scott Mercy 3600 Franklin Road Nashville, TN 37204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Corporate Office Occupation Aggregate Year-to-Date $ 5,000.00	Date (month, day, year) 08/18/99	Amount of Each Receipt this Period 5,000.00
D. Full Name, Mailing Address and ZIP Code Katherine Scott 305 Fairview Drive Mayfield, KY 42066 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Jackson Purchase Occupation Aggregate Year-to-Date $ 400.00	Date (month, day, year) 08/18/99	Amount of Each Receipt this Period 400.00
E. Full Name, Mailing Address and ZIP Code Brenda Logan 3512 Woodhaven Somerset, KY 42501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Lake Cumberland Regional Occupation Aggregate Year-to-Date $ 500.00	Date (month, day, year) 08/18/99	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Kenneth Alexander 600 Lakeview Way Winchester, TN 37398 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Southern Tennessee Medical Center Occupation Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 08/18/99	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Jack Buck 24 Kylewood Dr Lawrenceburg, TN 38464 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Crockett Hospital Occupation Aggregate Year-to-Date $ 750.00	Date (month, day, year) 08/18/99	Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) 8,750.00

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

4-05/98

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

LifePoint Hospitals, Inc Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jim Fleetwood 2 Wynstone Nashville, TN 37215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Corporate Office Occupation Aggregate Year-to-Date $ 3,000.00	08/19/99	3,000.00
B. Daniel Kelly 13 Parkview Ct. Hesston, KS 67062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Halstead Hospital Occupation Aggregate Year-to-Date $ 750.00	08/19/99	750.00
C. William Gracey 14 Wynstone Nashville, TN 37215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lifepoint Corporate Office Occupation b Aggregate Year-to-Date $ 1,000.00	08/20/99	1,000.00
D. Neil Kunkel 120 Windsor Drive Nashville, TN 37205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lifepoint Corporate Office Occupation Aggregate Year-to-Date $ 350.00	08/20/99	350.00
E. JoAnn Chapple 5917 Stone Run Drive Nashville, TN 37211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lifepoint Corporate Office Occupation Aggregate Year-to-Date $ 350.00	08/23/99	350.00
F. William Carpenter 4005 Newman Pl. Nashville, TN 37204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lifepoint Corporate Office Occupation Aggregate Year-to-Date $ 2,500.00	08/23/99	2,500.00
G. Neil Hemphill 707 Huckleberry Trail Nashville, TN 37221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lifepoint Corporate Office Occupation Aggregate Year-to-Date $ 2,500.00	08/24/99	2,500.00

SUBTOTAL of Receipts This Page (optional) 10,450.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

LifePoint Hospitals, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Morrisoni 177 Ridgeview Drive Pulaski, TN 38478 Receipt For: Primary / General / Other (specify):	Hillside Hospital Occupation Aggregate Year-to-Date $ 350.00	09/06/99	350.00
Jeff Frandsen 1455 West Spruce Circle Price, UT 84501 Receipt For: Primary / General / Other (specify):	Castleview Hospital Occupation Aggregate Year-to-Date $ 350.00	09/09/99	350.00
Jon O'Shaughnessy 305 Langdon Street Somerset, KY 42503 Receipt For: Primary / General / Other (specify):	Lake Cumberland Regional Hospital Occupation Aggregate Year-to-Date $ 250.00	09/22/99	250.00
Brian Baumgardner 6112 Sourwood Way Bartow, FL 33830 Receipt For: Primary / General / Other (specify):	Bartow Medical Hospital Occupation Aggregate Year-to-Date $ 750.00	09/27/99	750.00
Ron Perry 1065 North 500 West Vernal, UT 84078 Receipt For: Primary / General / Other (specify):	Ashley Valley Medical Center Occupation Aggregate Year-to-Date $ 750.00	11/08/99	750.00
Penny Brake 1809 Mt. Zion Road Ashland City, TN 37015 Receipt For: Primary / General / Other (specify):	Lifepoint Corporate Office Occupation Aggregate Year-to-Date $ 350.00	12/01/99	350.00
Roberto Pantoja 6704 Cold Stream Drive Nashville, TN 37221 Receipt For: Primary / General / Other (specify):	Lifepoint Corporate Office Occupation Aggregate Year-to-Date $ 300.00	12/01/99	300.00

SUBTOTAL of Receipts This Page (optional) 3,110.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LifePoint Hospitals, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John Von Arb 7924 Amber Hills Lane Nashville, TN 37221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lifepoint Corporate Office Occupation Aggregate Year-to-Date $ 350.00	08/24/99	350.00
B. William Hoffman 1017 Jones Parkway Brentwood, TN 37027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lifepoint Corporate Office Occupation Aggregate Year-to-Date $ 350.00	08/24/99	350.00
C. Jim Edmondson 1207 Jackson Drive Pulaski, TN 38478 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Livingston Regional Medical Center Occupation Aggregate Year-to-Date $ 750.00	08/24/99	750.00
D. Dan Silpkovich 133 Steeplechase Lane Nashville, TN 37221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lifepoint Corporate Office Occupation Aggregate Year-to-Date $ 1,000.00	08/26/99	1,000.00
E. Dirk Morgan 247 Deer Creek Circle Mayfield, KY 42066 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson Purchase Occupation Aggregate Year-to-Date $ 350.00	08/26/99	350.00
F. Mary Jo Lewis 3304 State Route 1529 Fulton, KY 42041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson Purchase Occupation Aggregate Year-to-Date $ 750.00	08/28/99	750.00
G. Todd Kerr 102 Green Meadows Drive Hendersonville, TN 37075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lifepoint Corporate Office Occupation Aggregate Year-to-Date $ 350.00	09/01/99	350.00

SUBTOTAL of Receipts This Page (optional) 3,900.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Lifepoint Hospitals, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Wiechart 317 Inwood Way Franklin, TN 37064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lifepoint Corporate Office Occupation Aggregate Year-to-Date > $ 700.00	12/01/99	700.00
B. Jeffrey Seraphine 621 S. Broadway Georgetown, KY 40324 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Georgetown Occupation Aggregate Year-to-Date > $ 210.00	12/01/99	210.00
C. Michael Clark 1002 West 9th Street Russellville, KY 42276 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Logan Occupation Aggregate Year-to-Date > $ 750.00	12/01/99	750.00
D. Jayne Hanson 2403 Webster Dodge City, KS 67801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Western Plains Medical Complex Occupation CNO Aggregate Year-to-Date > $ 300.00	12/01/99	300.00
E. Ken Hutchenrider 1411 Circle Lake Dr Dodge City, KS 67801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Western Plains Medical Complex Occupation CEO Aggregate Year-to-Date > $ 600.00	12/01/99	600.00
F. Candace Johnson 30 Durrett Rd Leoma, TN 38468 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crockett Hospital Occupation Aggregate Year-to-Date > $ 340.00	12/01/99	140.00
G. Timothy McGill 221 Bussell Street Livingston, TN 38570 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Livingston Regional Hospital Occupation Aggregate Year-to-Date > $ 658.25	12/01/99	658.25

SUBTOTAL of Receipts This Page (optional) 3,356.25

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 5

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

LifePoint Hospitals, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Roberto Pantoja 6704 Cold Stream Drive Nashville, TN 37221 Receipt For: Primary / General / Other (specify):	Lifepoint Corporate Office Occupation Aggregate Year-to-Date $ 350.00	12/17/99	50.00
B. Michael Wiechart 317 Inwood Way Franklin, TN 37064 Receipt For: Primary / General / Other (specify):	Lifepoint Corporate Office Occupation Aggregate Year-to-Date $ 750.00	12/17/99	50.00
C. Jeffrey Seraphine 621 S. Broadway Georgetown, KY 40324 Receipt For: Primary / General / Other (specify):	Georgetown Occupation Aggregate Year-to-Date $ 245.00	12/17/99	35.00
D. Ken Hutchenrider 1411 Circle Lake Dr Dodge City, KS 67801 Receipt For: Primary / General / Other (specify):	Western Plains Medical Complex Occupation: CEO Aggregate Year-to-Date $ 700.00	12/17/99	100.00
E. Candace Johnson 30 Durrett Rd Leoma, TN 38468 Receipt For: Primary / General / Other (specify):	Crockett Hospital Occupation Aggregate Year-to-Date $ 360.00	12/17/99	20.00
F. Timothy McGill 221 Bussell Street Livingston, TN 38570 Receipt For: Primary / General / Other (specify):	Livingston Regional Hospital Occupation Aggregate Year-to-Date $ 750.00	12/17/99	93.75
G. Shari Godley 311 Yorkshire Nashville, TN 37211 Receipt For: Primary / General / Other (specify):	Lifepoint Corporate Office Occupation Aggregate Year-to-Date $ 225.00	12/29/99	25.00

SUBTOTAL of Receipts This Page (optional) 373.75

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

LifePoint Hospital, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jeffrey Seraphine 521 S. Broadway Georgetown, KY 40324 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Georgetown Occupation Aggregate Year-to-Date > $ 250.00	12/29/99	5.00
B. Ken Hutchenrider 1411 Circle Lake Dr Dodge City, KS 67801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Western Plains Medical Complex Occupation CEO Aggregate Year-to-Date > $ 750.00	12/29/99	50.00
C. Candace Johnson 30 Durrett Rd Leoma, TN 38468 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Crockett Hospital Occupation Aggregate Year-to-Date > $ 350.00	12/29/99	20.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 75.00

TOTAL This Period (last page this line number only) 36,815.00

4-00173

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR FINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LifePoint Hospitals, Inc. Good Government Fund

A. Full Name, Mailing Address and ZIP Code First American Bank Nashville, TN	Name of Employer	Date (month, day, year) 10/30/99	Amount of Each Receipt this Period 99.07
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 218.54		
B. Full Name, Mailing Address and ZIP Code First American Bank Nashville, TN	Name of Employer	Date (month, day, year) 11/30/99	Amount of Each Receipt this Period 103.81
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 322.35		
C. Full Name, Mailing Address and ZIP Code First American Bank Nashville, TN	Name of Employer	Date (month, day, year) 12/30/99	Amount of Each Receipt this Period 117.40
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 439.75		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) ..... > 320.28

TOTAL This Period (last page this line number only) ..... > 320.28

4-90173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

LifePoint Hospitals, Inc. Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tennessee Hospital Association PAC TN	Friends of THA Disbursement for: Primary [ ] General [X] Other (specify) 2000	09/10/99	1,200.00
B. Full Name, Mailing Address and ZIP Code House Manager PAC 1610 Woodbine Street Alexandria, VA 22302	Purpose of Disbursement reception ticket Disbursement for: Primary [ ] General [X] Other (specify) 2000	Date (month, day, year) 10/18/99	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Fed PAC 601 Pennsylvania Ave. NW Suite 245 Washington, DC 20004-2604	Purpose of Disbursement fundraiser Disbursement for: Primary [ ] General [X] Other (specify) 2000	Date (month, day, year) 10/25/99	Amount of Each Disbursement This Period 4,000.00
D. Full Name, Mailing Address and ZIP Code Fed PAC 601 Pennsylvania Ave. NW Suite 245 Washington, DC 20004-2604	Purpose of Disbursement Voided Check Disbursement for: Primary [ ] General [X] Other (specify) 2000	Date (month, day, year) 11/01/99	Amount of Each Disbursement This Period -4,000.00
E. Full Name, Mailing Address and ZIP Code Fed PAC 601 Pennsylvania Ave. NW Suite 245 Washington, DC 20004-2604	Purpose of Disbursement fundraiser – replaces check 1003 wrong name Disbursement for: Primary [ ] General [X] Other (specify) 2000	Date (month, day, year) 11/01/99	Amount of Each Disbursement This Period 4,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	6,200.00
TOTAL This Period (last page this line number only)	6,200.00

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

LifePoint Hospitals, Inc Good Government Fund

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Kentucky State Democratic Campaign Caucus PO Box 694 Frankfort, KY 40602	fundraiser Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	08/27/99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

4-00173

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-25-00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER	1-27-00 DATE PREPARED

(4/98)