

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

ADDRESS (number and street) 103 POWELL COURT SUITE 200
 Check if different than previously reported. (ACC)
BRENTWOOD TN 37027

2. **FEC IDENTIFICATION NUMBER** C00347955
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 04 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Penny Brake

Signature of Treasurer Electronically Filed by Penny Brake Date 05 13 2008

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									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		18034.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	31110.25									
(c) Total Receipts (from Line 19)	89579.50	121837.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	120689.75	139871.00								
7. Total Disbursements (from Line 31)	20165.98	39347.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	100523.77	100523.77								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	81730.50	113288.00
(i) Itemized (use Schedule A)	7849.00	8549.00
(ii) Unitemized	89579.50	121837.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	89579.50	121837.00
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	89579.50	121837.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	89579.50	121837.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	15.98	150.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	15.98	150.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15750.00	32750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	500.00	500.00
(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))	500.00	500.00
29. Other Disbursements.....	3900.00	5947.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20165.98	39347.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20165.98	39347.23

DETAILED SUMMARY PAGE
of Disbursements

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	89579.50	121837.00
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89079.50	121337.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15.98	150.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15.98	150.23

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

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

FOR LINE NUMBER: PAGE 6 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Michael A. Anaya, Sr.
Mailing Address 63 Lakeview Circle

City State Zip Code
Fort Morgan CO 80701

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

Name of Employer Colorado Plains Medical Center Occupation CEO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 07 / 2008
Transaction ID: SA11AI.6777
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Karen Anderson-Barrett
Mailing Address 947 Glendale Ln

City State Zip Code
Nashville TN 37204

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

Name of Employer LifePoint Hospitals, Inc. Occupation Lawyer

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11AI.6870
Amount of Each Receipt this Period: 380.00

C. Full Name (Last, First, Middle Initial)
Bruce Baldwin
Mailing Address PO Box 596

City State Zip Code
Interlachen FL 32148

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

Name of Employer Putnam Community Medical Cent. Occupation CEO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 01 / 2008
Transaction ID: SA11AI.6749
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1880.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 7 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Chris Bangerter

Mailing Address 411 Dahlia Drive

City State Zip Code
Brentwood TN 37027

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

Name of Employer LifePoint Hospitals, Inc. Occupation Compliance Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2008

Transaction ID: SA11AI.6623

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Pam Belcher

Mailing Address 4217 Cecil Court South

City State Zip Code
Nashville TN 37207

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

Name of Employer LifePoint Hospitals, Inc. Occupation Director Organizational Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6705

Amount of Each Receipt this Period
650.00

C. Full Name (Last, First, Middle Initial)
Wayne H. Bishop

Mailing Address 3204 Amberwood Circle

City State Zip Code
Nashville TN 37221

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

Name of Employer LifePoint Hospitals, Inc. Occupation Reimbursement Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6656

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional) ► 1325.00

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 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.	Full Name (Last, First, Middle Initial) Judy Bittinger	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 561 Lakeshore Drive	Transaction ID: SA11AI.6746
	City State Zip Code Haleyville AL 35565	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lakeland Community Hospital CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Don Bivacca	Date of Receipt MM / DD / YYYY 04 / 14 / 2008
	Mailing Address 2517 St. James Drive	Transaction ID: SA11AI.6640
	City State Zip Code Franklin TN 37064	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LifePoint Hospitals, Inc. National Division President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

C.	Full Name (Last, First, Middle Initial) Patrick Bolander	Date of Receipt MM / DD / YYYY 04 / 14 / 2008
	Mailing Address 127 Prestwick Dr	Transaction ID: SA11AI.6722
	City State Zip Code Georgetown KY 40324	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Georgetown Community CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	3650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
David C. Bowling

Mailing Address 1039 Kingman Avenue

City State Zip Code
Murfreesboro TN 37129

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
LifePoint Hospitals, Inc. Manager, Reimbursement

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 212.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.6625

Amount of Each Receipt this Period

212.00

B.

Full Name (Last, First, Middle Initial)
Karen Bowling

Mailing Address 127 Orlando Street

City State Zip Code
Beckley WV 25801

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Raleigh General Hospital CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.6789

Amount of Each Receipt this Period

1000.00

C.

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

Mailing Address 1809 Mt. Zion Rd

City State Zip Code
Ashland City TN 37015

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
LifePoint Hospitals, Inc. VP Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.6770

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1812.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 10 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Jack Buck

Mailing Address 866 Gobbler Springs Lane

City State Zip Code
Lawrenceburg TN 38464

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

Name of Employer Occupation
Crockett Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6707

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
04 / 02 / 2008

Transaction ID: SA11AI.6767

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
William Chaney

Mailing Address 5914 Old Harding Pike

City State Zip Code
Nashville TN 37205

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

Name of Employer Occupation
LifePoint Hospitals, Inc. Sr. Director Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2008

Transaction ID: SA11AI.6869

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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FOR LINE NUMBER: PAGE 11 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

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

Mailing Address 101 Gillespie Dr

City State Zip Code
Franklin TN 37067

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

Name of Employer LifePoint Hospitals Occupation American Division CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2008

Transaction ID: SA11AI.6775

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Wayne Copes

Mailing Address 108 Wood Trails

City State Zip Code
Boerne TX 78015

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

Name of Employer Doctors Hospital Opelousas Occupation CFO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6671

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
John Cude

Mailing Address 1449 Charleston Lane

City State Zip Code
Columbia TN 38401

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

Name of Employer LifePoint Hospitals, Inc. Occupation Director of Reimbursement

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: SA11AI.6816

Amount of Each Receipt this Period
311.00

SUBTOTAL of Receipts This Page (optional) ► 3061.00

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

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

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FOR LINE NUMBER: PAGE 12 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

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

Mailing Address 131 Great View Rd

City State Zip Code
Cedar Bluff VA 24609

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

Name of Employer Occupation
Clinch Valley Medical Ctr. Healthcare Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.6804

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Charlotte Dupre

Mailing Address 2148 Augusta St

City State Zip Code
La Place LA 70068

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

Name of Employer Occupation
River Parishes Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6863

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
William S. Duvall

Mailing Address 1019 Whitley Place

City State Zip Code
Hendersonville TN 37075

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

Name of Employer Occupation
LifePoint Hospitals, Inc. Director Ethics & Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6855

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
Stephen H. East

Mailing Address 800 Main Street

City State Zip Code
Ville Platte LA 70586

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

Name of Employer Occupation
Ville Platte Medical Ctr. Hosp. Administrator

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 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.6762

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Judy Fann

Mailing Address 4542 Baton Rouge Dr

City State Zip Code
Hermitage TN 37076

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

Name of Employer Occupation
LifePoint Hospitals Corporate Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 295.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.6771

Amount of Each Receipt this Period

295.00

C.

Full Name (Last, First, Middle Initial)
David Fausett

Mailing Address 6520 Chessigton Drive

City State Zip Code
Nashville TN 37221

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

Name of Employer Occupation
LifePoint Hospitals VP Risk & Ins

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.6635

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)

1445.00

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 14 / 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
Patricia Feilmeier

Mailing Address 2006 Cactus Rd

City State Zip Code
Dodge City KS 67801

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

Name of Employer Occupation
Western Plains Medical Co-plex 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 4 / 2 0 0 8

Transaction ID: SA11AI.6665

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Richard Flores

Mailing Address 9439 Timber Ridge Court

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
LifePoint, Hospitals, Inc. VP Revenue Cycle Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.6733

Amount of Each Receipt this Period
600.00

C.

Full Name (Last, First, Middle Initial)
Steve W. Frantz

Mailing Address 1919 Ashwood Avenue

City State Zip Code
Nashville TN 37212

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

Name of Employer Occupation
LifePoint Hospitals Division CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.6763

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional) ▶

2200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 49
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

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

Mailing Address 2144 E Ardoin St

City State Zip Code
Eunice LA 70535

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

Name of Employer AMC Occupation 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 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.6872

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
James Geist

Mailing Address 2690 Paseo Verde

City State Zip Code
LHC AZ 86406

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

Name of Employer Havasu Regional Medical Center Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.6812

Amount of Each Receipt this Period
750.00

C.

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

Mailing Address 715 Cantrell Ave

City State Zip Code
Nashville TN 37215

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

Name of Employer LifePoint Hospitals, Inc. Occupation EVP Chief Legal Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6851

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ► **4250.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Susan K. Goetzinger
Mailing Address 4220 Windsong Drive

City State Zip Code
Riverton WY 82501

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

Name of Employer Riverton Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6648

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Nan Gregg
Mailing Address 900 LaVilleta St

City State Zip Code
Mexia TX 76667

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

Name of Employer Parkview Regional Occupation CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2008

Transaction ID: SA11AI.6781

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Julia Grove
Mailing Address 1099 Medical Center Dr

City State Zip Code
Mayfield KY 42066

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

Name of Employer Jackson Purchase Med Ctr Occupation CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6698

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 49
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

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

Mailing Address 3704 Ansley Ct

City Lexington State KY Zip Code 40509

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

Name of Employer Georgetown Community Occupation Assistant Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2008

Transaction ID: SA11AI.6779

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Denise Hamrick

Mailing Address 804 S Jefferson St

City Winchester State TN Zip Code 37398

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

Name of Employer Southern TN Medical Ctr Occupation CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2008

Transaction ID: SA11AI.6735

Amount of Each Receipt this Period 400.00

C. Full Name (Last, First, Middle Initial)
Scott Hankinson

Mailing Address 2003 Cactus Rd

City Dodge City State KS Zip Code 67801

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

Name of Employer Western Plains Medical Co-plex Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 14 / 2008

Transaction ID: SA11AI.6663

Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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 18 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Paul Hannah

Mailing Address 8202 Foxview Court

City State Zip Code
Brentwood TN 37027

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

Name of Employer LifePoint Hospitals, Inc. Occupation SVP Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6699

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Brandy Hanners

Mailing Address 1807 E Church St

City State Zip Code
Martinsville VA 24112

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

Name of Employer Memorial of Martinsville Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6657

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Robert Haralson

Mailing Address 391 Maid Street

City State Zip Code
Ponding Mill VA 24637

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

Name of Employer Clinch Valley Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: SA11AI.6742

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Randolph Harrison

Mailing Address 3552 Saddle Rock Road

City State Zip Code
Las Cruces NM 88011

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

Name of Employer Occupation
Memorial Med. Ctr CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6732

Amount of Each Receipt this Period
750.00

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

Mailing Address 920 Raleigh Road

City State Zip Code
Las Cruces NM 88005

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

Name of Employer Occupation
Memorial Medical Center CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: SA11AI.6817

Amount of Each Receipt this Period
1000.00

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

Mailing Address 103 Powell Court, Suite 200

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
LifePoint Corporate VP Materials Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6639

Amount of Each Receipt this Period
900.00

SUBTOTAL of Receipts This Page (optional) ► 2650.00

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 20 / 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Diane Huggins

Mailing Address 86 Blue Ridge Trace

City State Zip Code
Hendersonville TN 37075

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

Name of Employer Occupation
LifePoint Hospitals VP of Corp. Communications

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 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6754

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Si Hutt

Mailing Address 3165 West 400 South

City State Zip Code
Vernal UT 84078

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

Name of Employer Occupation
Ashley Regional CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6743

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Steve Hyde

Mailing Address 3565 Midnight Ridge

City State Zip Code
Las Cruces NM 88011

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

Name of Employer Occupation
Memorial Medical Ctr COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.6730

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.	Full Name (Last, First, Middle Initial) David Ingram	Date of Receipt MM / DD / YYYY 04 / 14 / 2008
	Mailing Address 811 Otter Creek Rd	Transaction ID: SA11AI.6669
	City Nashville State TN Zip Code 37220	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer LifePoint Hospitals Occupation Director, Information Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

B.	Full Name (Last, First, Middle Initial) Belinda Johnson	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 30 Quail Run Road	Transaction ID: SA11AI.6844
	City Russellville State AL Zip Code 35654	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Russellville Hospital Occupation CNO/CCO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Joseph Koch	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 531 Woodlawn Avenue	Transaction ID: SA11AI.6793
	City Beckley State WV Zip Code 25801	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Raleigh General Hospital Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 750.00	

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 49
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
Neil Kunkel

Mailing Address 300 Jackson Blvd

City Nashville State TN Zip Code 37205

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

Name of Employer LifePoint Hospitals, Inc. Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 25 / 2008

Transaction ID: SA11AI.6858

Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Jeff Kurcab

Mailing Address 124 Morning Mist Dr

City Sunset State LA Zip Code 70584

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

Name of Employer Acadian Medical Ctr Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 29 / 2008

Transaction ID: SA11AI.6871

Amount of Each Receipt this Period: 400.00

C.

Full Name (Last, First, Middle Initial)
Mary Jo Lewis

Mailing Address 3304 State Route 1529 East

City Fulton State KY Zip Code 42041

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

Name of Employer Jackson Purchase Med Ctr Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 14 / 2008

Transaction ID: SA11AI.6696

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **2400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 49
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial) Kevin Manis		Date of Receipt MM / DD / YYYY 04 / 07 / 2008
Mailing Address 1304 Keystone Ct		Transaction ID: SA11AI.6787
City Franklin	State TN	Zip Code 37064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer LifePoint Hospitals	Occupation VP Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

B.

Full Name (Last, First, Middle Initial) Jeffery Manley		Date of Receipt MM / DD / YYYY 04 / 02 / 2008
Mailing Address 2435 S 190 East		Transaction ID: SA11AI.6765
City Price	State UT	Zip Code 84501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Castleview	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Michael Mayeux		Date of Receipt MM / DD / YYYY 04 / 17 / 2008
Mailing Address 34 Oak Place		Transaction ID: SA11AI.6632
City New Iberia	State LA	Zip Code 70563
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Teche	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	2150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 49
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
Ruth McDaniel

Mailing Address 1305 Autumn Springs Lane

City State Zip Code
Old Hickory TN 37138

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

Name of Employer Valley View Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: SA11AI.6747

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Sherry McDonald

Mailing Address 220 Bursby Branch Road

City State Zip Code
Gallatin TN 37066

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

Name of Employer LifePoint Hospitals, Inc. Occupation VP Clinical Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 967.50

Date of Receipt
MM / DD / YYYY
04 / 17 / 2008

Transaction ID: SA11AI.6627

Amount of Each Receipt this Period
967.50

C.

Full Name (Last, First, Middle Initial)
Timothy W. McGill

Mailing Address 221 Bussell Street

City State Zip Code
Livingston TN 38570

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

Name of Employer Livingston Regional Hospital Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6682

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2967.50**

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 25 / 49
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
James McGonnell

Mailing Address 8495 Florence Cove Road

City St. Augustine State FL Zip Code 32092

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

Name of Employer Putnam Community Med. Ctr. Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.6725

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Randy McVay

Mailing Address 1859 Trebor Ct

City Brentwood State TN Zip Code 37027

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

Name of Employer LifePoint Hospitals Occupation Division CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.6825

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Michael J. Meadows

Mailing Address 4712 E 250 S

City Knox State IN Zip Code 46534

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

Name of Employer Starke Memorial Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.6739

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.	Full Name (Last, First, Middle Initial) Mark Medley		Date of Receipt	
	Mailing Address 419 Houston Oaks Drive		M M / D D / Y Y Y Y 04 / 17 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6628
	Paris	KY	40361	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Bourbon		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Chistopher Monte		Date of Receipt	
	Mailing Address 804 Breckston Lane		M M / D D / Y Y Y Y 04 / 25 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6854
	Nashville	TN	37221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		700.00	
Name of Employer LifePoint Hospitals, Inc.		Occupation Vice President Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		700.00		

C.	Full Name (Last, First, Middle Initial) Greg Moore		Date of Receipt	
	Mailing Address 230 Stonewall Drive		M M / D D / Y Y Y Y 04 / 14 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6661
	Russellville	KY	42276	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Logan Memorial Hospital		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	1950.00
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 27 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Jeffrey S. Moore

Mailing Address PO Box 564

City Winchester State TN Zip Code 37398

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

Name of Employer Southern TN Med. Ctr. Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 / 14 / 2008
Transaction ID: SA11AI.6734
Amount of Each Receipt this Period: 750.00

B. Full Name (Last, First, Middle Initial)
Dirk Morgan

Mailing Address 247 Deer Creek

City Mayfield State KY Zip Code 42066

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

Name of Employer Jackson Purchase Med Ctr Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 / 14 / 2008
Transaction ID: SA11AI.6686
Amount of Each Receipt this Period: 750.00

C. Full Name (Last, First, Middle Initial)
Peter M. Mulkey

Mailing Address 686 Grace Street

City Pounding Mill State VA Zip Code 24637

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

Name of Employer Clinch Valley Medical Center Occupation Assistant Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 10 / 2008
Transaction ID: SA11AI.6819
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Joyce Neville
Mailing Address 201 Manuel Street
City State Zip Code
Eunice LA 70535
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Acadian Medical Center CNO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11AI.6876
Amount of Each Receipt this Period: 450.00

B. Full Name (Last, First, Middle Initial)
Norman Nichols
Mailing Address 1203 College Street
City State Zip Code
Cleveland MS 38732
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Bolivar Medical Center CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 / 04 / 2008
Transaction ID: SA11AI.6796
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Thomas O'Dell
Mailing Address 1024 Cobbler Ct.
City State Zip Code
Nashville TN 37221
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
LifePoint Hospitals, Inc. VP Capital Asset & Const. Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 04 / 02 / 2008
Transaction ID: SA11AI.6766
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1950.00
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 29 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Terry Panter

Mailing Address 107 Jade Court

City State Zip Code
Rockvale TN 37153

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

Name of Employer LifePoint Hospitals, Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2008

Transaction ID: SA11AI.6860

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Barry Papania

Mailing Address 189 Aberdine Way

City State Zip Code
Georgetown KY 40324

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

Name of Employer Georgetown Community Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: SA11AI.6740

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Robert L. Parrish

Mailing Address 222 Prospect Avenue

City State Zip Code
Franklin TN 37064

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

Name of Employer LifePoint Hospitals, Inc. Occupation VP - Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2008

Transaction ID: SA11AI.6865

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

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

Mailing Address 331 Apache Street

City State Zip Code
Ft. Morgan CO 80701

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

Name of Employer Colorado Plains Medical Center Occupation CFO

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	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.6776

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Barbara C. Patton

Mailing Address 3315 Big Valley Dr

City State Zip Code
Draper VA 24324

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

Name of Employer Wythe County Community Occupation Marketing Dir, RN, CDE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.6798

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ira Lee Perry, III

Mailing Address 510 Hampton Heights Lane

City State Zip Code
Franklin TN 37064

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

Name of Employer LifePoint Hospitals, Inc. Occupation Corp Dir Mat. Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	2	/	2	0	0	8

Transaction ID: SA11AI.6774

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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 31 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Allen Peters

Mailing Address 267 E Castlewood Drive

City State Zip Code
Selma AL 36701

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

Name of Employer Occupation
Vaughan Regional Med Ctr COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: SA11AI.6830

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Lori R. Petrie

Mailing Address 246 Leisure Drive

City State Zip Code
Opelousas LA 70570

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

Name of Employer Occupation
Ville Platte Medical Center CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2008

Transaction ID: SA11AI.6778

Amount of Each Receipt this Period
375.00

C. Full Name (Last, First, Middle Initial)
Thomas Pezanosky, Jr.

Mailing Address 1192 McCoury Lane

City State Zip Code
Spring Hill TN 37174

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

Name of Employer Occupation
LifePoint Hospitals, Inc. Reimbursement Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6719

Amount of Each Receipt this Period
280.00

SUBTOTAL of Receipts This Page (optional) ► **1405.00**

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 32 / 49
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
Sandra Podley

Mailing Address 8309 Fresno Way NE

City State Zip Code
Albuquerque NM 87122

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

Name of Employer Occupation
Los Alamos Medical Ctr CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.6815

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Roxana Pool

Mailing Address 401 N. High Street

City State Zip Code
Winchester TN 37398

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

Name of Employer Occupation
Southern Tennessee Med Ctr CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.6737

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Mark Poppell

Mailing Address 1615 Championship Blvd

City State Zip Code
Franklin TN 37064

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

Name of Employer Occupation
LifePoint Hospitals, Inc. VP Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.6827

Amount of Each Receipt this Period
700.00

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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 33 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Tracy Rankin

Mailing Address 908 Sixth Street

City State Zip Code
Morgan City LA 70380

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

Name of Employer Teche Regional Med. Ctr Occupation CNO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.6631

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Scott Raplee

Mailing Address 231 Lancelot Lane

City State Zip Code
Franklin TN 37064

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

Name of Employer LifePoint Hospitals, Inc. Occupation President, Group Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.6637

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Edwin B. (Bennie) Rector

Mailing Address 205 Winward Court

City State Zip Code
Nashville TN 37217

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

Name of Employer LifePoint Hospitals, Inc. Occupation Reimbursement Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.6706

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) ► **3225.00**

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 34 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Joseph Roach
Mailing Address 1011 Country Club Drive
City Martinsville State VA Zip Code 24112
FEC ID number of contributing federal political committee. **C**
Name of Employer Memorial/Martinsville Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 04 / 01 / 2008
Transaction ID: SA11AI.6753
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Joseph Ross
Mailing Address 530 Everville Drive
City Livingston State TN Zip Code 38570
FEC ID number of contributing federal political committee. **C**
Name of Employer Livingston Regional Hospital Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 04 / 14 / 2008
Transaction ID: SA11AI.6679
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Jason Schmiedt
Mailing Address 713 Sherbrooke Ct
City Nashville State TN Zip Code 37211
FEC ID number of contributing federal political committee. **C**
Name of Employer LifePoint Hospitals Occupation Reimb. Mgr
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 04 / 04 / 2008
Transaction ID: SA11AI.6794
Amount of Each Receipt this Period 210.00

SUBTOTAL of Receipts This Page (optional) ► 1560.00
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 35 / 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
Thomas Scott

Mailing Address 2108 Loudenslager

City State Zip Code
Thompsons Station TN 37179

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

Name of Employer Occupation
LifePoint Hospitals, Inc. Sr. Director Rev. Cycle

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.6626

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Catherine Sekula

Mailing Address 24 Deer Valley

City State Zip Code
Lunden WY 82520

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

Name of Employer Occupation
Riverton COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.6642

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.6831

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1450.00

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 36 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Wes Sigler

Mailing Address 111 Duncan Lane

City Winchester State TN Zip Code 37398

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

Name of Employer Southern TN Med Ctr Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 14 / 2008
Transaction ID: SA11AI.6727
Amount of Each Receipt this Period 750.00

B. Full Name (Last, First, Middle Initial)
Scott Smith

Mailing Address 1007 Woodview Court

City Morgan City State LA Zip Code 70380

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

Name of Employer Teche Regional Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 17 / 2008
Transaction ID: SA11AI.6633
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
James Smolik

Mailing Address 4242 Valley Green Circle

City Riverton State WY Zip Code 82501

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

Name of Employer Riverton Memorial Hospital Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 14 / 2008
Transaction ID: SA11AI.6641
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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 37 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Chuck Spann

Mailing Address 702 Arrowhead Village

City Winfield State AL Zip Code 35594

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

Name of Employer Northwest Medical Center Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 25 / 2008
Transaction ID: SA11AI.6857
Amount of Each Receipt this Period 450.00

B. Full Name (Last, First, Middle Initial)
William R. Spray

Mailing Address 70 Northfield Drive

City Winchester State TN Zip Code 37398

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

Name of Employer Southern Tennessee Med. Ctr. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 14 / 2008
Transaction ID: SA11AI.6738
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Roderick Stamps

Mailing Address 114 Arrowood Drive

City Hendersonville State TN Zip Code 37075

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

Name of Employer Lifepoint Hospitals, Inc. Occupation Operations Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 29 / 2008
Transaction ID: SA11AI.6868
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 49
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
Christine Stewart

Mailing Address 434 Grayland

City State Zip Code
Russellville AL 35653

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

Name of Employer Russellville Hospital Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2008

Transaction ID: SA11AI.6841

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Tommy Stoves

Mailing Address 613 Davis Drive

City State Zip Code
Brentwood TN 37027

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

Name of Employer LifePoint Hospitals, Inc. Occupation Reimbursement Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2008

Transaction ID: SA11AI.6624

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Jimmy Stuart

Mailing Address 829 Krisker Ave

City State Zip Code
Mexia TX 76667

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

Name of Employer Parkview Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2008

Transaction ID: SA11AI.6783

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 39 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Daniel Sykes

Mailing Address 2285 Mark Ct

City State Zip Code
Franklin TN 37067

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

Name of Employer LifePoint Hospitals, Inc. Occupation Senior Director Physician Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: SA11AI.6822

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Arunas Vanagunas

Mailing Address 890 Rodney Drive

City State Zip Code
Nashville TN 37205

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

Name of Employer LifePoint Hospitals Occupation Dir. Materials Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6659

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Timothy Vaughn

Mailing Address 588 Ironwood Ave

City State Zip Code
Livingston TN 38570

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

Name of Employer LifePoint Hospitals Occupation Sr. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6655

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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 40 / 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
Wally Vette

Mailing Address 515 Old Farm Road

City State Zip Code
Las Cruces NM 88005

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

Name of Employer Occupation
Memorial Medical Center Assistant Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.6729

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
John Walker

Mailing Address 2007 Hillpointe Way

City State Zip Code
Dodge City KS 67801

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

Name of Employer Occupation
Western Plains Medical Co-plex CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.6638

Amount of Each Receipt this Period

1000.00

C.

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

Mailing Address 8309 Trading Post Ct.

City State Zip Code
Nashville TN 37221

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

Name of Employer Occupation
Lifepoint Hospitals, Inc. Division CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.6773

Amount of Each Receipt this Period

1700.00

SUBTOTAL of Receipts This Page (optional)

2950.00

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 41 / 49
(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
							17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
Thomas Weiss

Mailing Address 9612 MitchellPlace

City State Zip Code
Brentwood TN 37027

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

Name of Employer LifePoint Hospitals, Inc. Occupation Division President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt: 04 / 10 / 2008
Transaction ID: SA11AI.6836
Amount of Each Receipt this Period: 4000.00

B.

Full Name (Last, First, Middle Initial)
Penny Westmoreland

Mailing Address 114 Hickory Drive

City State Zip Code
Muscle Shoals AL 35661

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

Name of Employer Russelville/Lakeland Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 22 / 2008
Transaction ID: SA11AI.6842
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Michael A Wiechart

Mailing Address 317 Inwood Way

City State Zip Code
Franklin TN 37064

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

Name of Employer LifePoint Hospitals, Inc. Occupation Division President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11AI.6874
Amount of Each Receipt this Period: 2600.00

SUBTOTAL of Receipts This Page (optional) ► **6850.00**

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 42 / 49
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
George Wiley

Mailing Address 409 Spruce Ln

City State Zip Code
Beckley WV 25801

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

Name of Employer Occupation
Raleigh General CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.6790

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address PO Box 397

City State Zip Code
Minden LA 71058

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

Name of Employer Occupation
Minden Medical Ctr CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.6768

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Suzanne C. Woods

Mailing Address Hwy 20

City State Zip Code
Palatka FL 32178

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

Name of Employer Occupation
Putnam Community Medical Ctr. 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 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.6748

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ▶

1450.00

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 43 / 49
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
Lisa Wooten

Mailing Address 3009 Brookfield Circle

City State Zip Code
Brentwood TN 37027

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

Name of Employer Lifepoint Hospitals, Inc. Occupation VP HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: SA11AI.6809

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
John Workman

Mailing Address 3025 Hawthorne

City State Zip Code
Athens TN 37303

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

Name of Employer Athens Regional Medical Center Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: SA11AI.6741

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Phillip Young

Mailing Address 100 McCord Drive

City State Zip Code
LaFayette LA 70508

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

Name of Employer Doctors Hospital of Opelousas Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: SA11AI.6674

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	81730.50

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 44 / 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN	Transaction ID: SB23.6879 Date of Disbursement 04 / 17 / 2008
	Mailing Address PO Box 12567	Amount of Each Disbursement this Period 5000.00
	City Columbia State SC Zip Code 29211	
	Purpose of Disbursement fundraiser	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	Transaction ID: SB23.6622 Date of Disbursement 04 / 03 / 2008
	Mailing Address POST OFFICE BOX 10246	Amount of Each Disbursement this Period 5000.00
	City PHOENIX State AZ Zip Code 85064	
	Purpose of Disbursement reception	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08	Transaction ID: SB23.6886 Date of Disbursement 04 / 30 / 2008
	Mailing Address PO BOX 1496	Amount of Each Disbursement this Period 4500.00
	City LOUISVILLE State KY Zip Code 40201	
	Purpose of Disbursement fundraiser	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	14500.00
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)

PAGE 45 / 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) PEOPLE FOR BEN Mailing Address PO BOX 31129 City SANTA FE State NM Zip Code 87594 Purpose of Disbursement campaign contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6884 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) SCALISE FOR CONGRESS 08 Mailing Address 3100 Ridgelake Suite 301 City Metairie State LA Zip Code 70002 Purpose of Disbursement fundraiser Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Transaction ID: SB23.6882 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00

SUBTOTAL of Disbursements This Page (optional) ►

1250.00

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

15750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 49

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
Stephen H. East

Mailing Address 800 Main Street

City State Zip Code
Ville Platte LA 70586

Purpose of Disbursement
left employment - return contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28A.6881

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Committee to Elect Don Caruth <hr/> Mailing Address PO Box 280 <hr/> City Athens State WV Zip Code 24712 <hr/> Purpose of Disbursement campaign Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6897 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee to Elect Earl Ray Tomblin <hr/> Mailing Address PO Box 116 <hr/> City Chapmanville State WV Zip Code 25508 <hr/> Purpose of Disbursement campaign Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6893 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee to Elect Linda Summer <hr/> Mailing Address 155 Oak Run <hr/> City Beckley State WV Zip Code 25801 <hr/> Purpose of Disbursement campaign Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 27 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6889 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 300.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1300.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.	Full Name (Last, First, Middle Initial) Committee to Elect Mick Bates	Transaction ID: SB29.6891 Date of Disbursement
	Mailing Address PO Box 844	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Beckley State WV Zip Code 25801	Amount of Each Disbursement this Period
	Purpose of Disbursement campaign Candidate Name	<input type="text" value="300.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 27	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee to Elect Richard Browning	Transaction ID: SB29.6901 Date of Disbursement
	Mailing Address PO Box 158	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Oceana State WV Zip Code 24870	Amount of Each Disbursement this Period
	Purpose of Disbursement campaign Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee to Elect Tim Armstead	Transaction ID: SB29.6895 Date of Disbursement
	Mailing Address 5012 Elk River Rd	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Elkview State WV Zip Code 25071	Amount of Each Disbursement this Period
	Purpose of Disbursement campaign Candidate Name	<input type="text" value="300.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 32	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Committee to Re-Elect Joe Manchin <hr/> Mailing Address PO Box 5202 <hr/> City Charleston State WV Zip Code 25361 <hr/> Purpose of Disbursement running for Governor Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6887 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) Stalmaker for Senate <hr/> Mailing Address 568 West Second St <hr/> City Weston State WV Zip Code 26452 <hr/> Purpose of Disbursement campaign Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6899 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	3900.00