

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

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

FOR LINE NUMBER: PAGE 7 OF 43  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LifePoint Health PAC - The PAC of LifePoint Corporate Services General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Allen, Keith, , ,**

Mailing Address 330 Seven Springs Way

City  
Brentwood

State  
TN

Zip Code  
37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LifePoint Health Inc.

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 06 / 2019

**Transaction ID : A2019-2845579**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Allen, Keith, , ,**

Mailing Address 330 Seven Springs Way

City  
Brentwood

State  
TN

Zip Code  
37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LifePoint Health Inc.

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : A2019-3269726**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Anderson, David, , ,**

Mailing Address 330 Seven Springs Way

City  
Brentwood

State  
TN

Zip Code  
37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LifePoint Health Inc.

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 06 / 2019

**Transaction ID : A2019-2845555**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

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

95.00