

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 26 A 11:33

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (In full)</b> LifePoint Hospitals, Inc. Good Government Fund	<b>2. FEC IDENTIFICATION NUMBER</b> C-00-347955
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 103 Powell Court, Suite 200	<b>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</b>
<b>CITY, STATE and ZIP CODE</b> Brentwood, TN 37027	

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

- Twelfth day report preceding General (Federal)  
(Type of Election)  
election on 11/7/2000 in the State of Tennessee
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/00</u> through <u>10/18/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 47,680.63
(b) Cash on Hand at Beginning of Reporting Period	\$ 44,521.28	
(c) Total Receipts (from Line 19)	\$ 851.08	\$ 38,893.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 45,472.34	\$ 84,484.22
7. Total Disbursements (from Line 20)	\$ 3,500.00	\$ 42,511.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 41,972.34	\$ 41,972.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 900 E Street, NW Washington, DC 20543 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Rob Pantoja

Signature of Treasurer

*Rob Pantoja*

Date

10/25/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

	<b>FEC FORM 3X</b> <small>(revised 9/93)</small>
--	---

Sworn to and Subscribed Before me this 25th day of October, 2000

*Sandra Bolder, Notary* My Commission Expires 01-25-03

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

(revised 1/1/91)

NAME OF COMMITTEE	LifaPoint Hospitals, Inc. Good Government Fund	REPORT COVERING PERIOD		
		FROM	TO	
		10/01/00	10/15/00	
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
	a. Individuals/Persons Other Than Political Committees			
	i. Itemized (use Schedule A)	521.33	16,410.62	11(a)(i)
	ii. Unitemized	429.73	19,094.84	11(a)(ii)
	iii. Total (add i and ii)	951.06	35,505.46	11(a)(iii)
	b. Political Party Committees	0.00	0.00	11(b)
	c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
	d. Total Contributions (add a ii, b and c)	951.06	35,505.46	11(d)
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13.	All Loans Received	0.00	0.00	13
14.	Loan Repayments Received	0.00	0.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	1,388.33	17
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	951.06	36,893.69	19
20.	Total Federal Receipts (subtract line 18 from line 19)	951.06	36,893.69	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
	a. Shared Federal/Non-Federal Activity (from Schedule H4)			
	i. Federal Share	0.00	0.00	21(a)(i)
	ii. Non-Federal Share	0.00	0.00	21(a)(ii)
	b. Other Federal Operating Expenditures	0.00	0.00	21(b)
	c. Total Operating Expenditures (add a i, a ii, and b)	0.00	0.00	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	3,500.00	23,010.38	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26.	Loan Repayments Made	0.00	0.00	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
	a. Individuals/Persons Other Than Political Committees	0.00	601.50	28(a)
	b. Political Party Committees	0.00	0.00	28(b)
	c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
	d. Total Contribution Refunds (add a, b and c)	0.00	601.50	28(d)
29.	Other Disbursements	0.00	19,000.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	3,500.00	42,511.88	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30)	3,500.00	42,511.88	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	951.06	35,505.46	32
33.	Total Contribution Refunds (from line 28d)	0.00	601.50	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	951.06	35,003.86	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b)	0.00	0.00	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35)	0.00	0.00	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 11 a i

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

**NAME OF COMMITTEE (In Full)**  
Lifepoint Hospitals, Inc. Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Hoffman 1017 Jones Parkway Brentwood, TN 37027	Lifepoint Corporate Office	10/06/00	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Reimbursement	Aggregate Year-to-Date > 6 272.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Hostettler 667 Watson Branch Drive Franklin, TN 37084	Lifepoint Corporate Office	10/06/00	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Material Management	Aggregate Year-to-Date > 6 240.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roberto Pantoja 6704 Cold Stream Drive Nashville, TN 37221	Lifepoint Corporate Office	10/06/00	16.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Treasurer	Aggregate Year-to-Date > 5 258.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT RAPLEE 231 LANCELOT LANE FRANKLIN, TN 37084	LIFEPOINT CORPORATE OFFICE	10/06/00	57.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HEALTH CARE	Aggregate Year-to-Date > 8 403.63	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Wlechart 317 Inwood Way Franklin, TN 37084	Lifepoint Corporate Office	10/06/00	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CFO	Aggregate Year-to-Date > 3 510.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. Vell Willis 2160 Albany Drive Nashville, TN 37067	Lifepoint Corporate Office	10/06/00	15.81
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 6 268.06	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Clark 1002 West 8th Street Russellville, KY 42278	Logan	10/08/00	35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > 6 490.00	

**SUBTOTAL** of Receipts This Page (optional) ..... **185.60**

**TOTAL** This Period (last page this line number only) ..... **185.60**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 3  
FOR LINE NUMBER 11 a 1

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

**NAME OF COMMITTEE (in Full)**  
LifePoint Hospitals, Inc. Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Copeland 779 Old Pulaski Hwy TN	Crockett Hospital	10/05/00	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 240.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Curtis Courtney 220 Edgemont Rd Maysville, KY 41056	Meadowview Regional Medical Center	10/06/00	31.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jim Edmondson 1207 Jackson Drive Pulaski, TN 38478	Hillside Hospital	10/06/00	62.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 832.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barry Keel 101 Brookwood Lane Andalusia, AL 36420	Andalusia Regional Hospital	10/06/00	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 480.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Timothy McGill 221 Bussell Street Livingston, TN 38570	Livingston Regional Hospital	10/06/00	31.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark Medley 1680 Ben Mason Road Cookeville, TN 38506	Livingston Regional Medical Center	10/08/00	13.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CFO	Aggregate Year-to-Date > \$ 215.36	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Ross 818 Hinton Dr Maysville, KY 41056	Meadowview Regional Medical Center	10/06/00	14.59
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CFO	Aggregate Year-to-Date > \$ 233.44	

**BUBTOTAL** of Receipts This Page (optional) ..... **187.55**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 11 a 1

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

**NAME OF COMMITTEE (In Full)**

LifePoint Hospitals, Inc. Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Katherine Scott 305 Fairview Drive Mayfield, KY 42066	Jackson Purchase	10/06/00	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Asst. Admin.		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 320.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Seraphine 621 S. Broadway Georgetown, KY 40324	Georgetown	10/06/00	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation CEO		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shirley Smith Rt 5 Box 208 AA Andalusia, AL 36420	Andalusia Regional Hospital	10/06/00	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation CFO		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Spray 204 Kingsbridge Boulevard Tullahoma, TN 37388	Southern Tennessee Medical Center	10/06/00	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Field Administration		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 460.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kerry Wehmeyer 2001 Doctors Drive Springhill, LA 71075	Springhill Medical Center	10/08/00	68.18
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation CEO		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,090.88		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

**SUBTOTAL** of Receipts This Page (optional) ..... 148.18

**TOTAL** This Period (last page this line number only) ..... 621.33

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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

**NAME OF COMMITTEE (in Full)**

LifePoint Hospitals, Inc. Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE 1016 STONEBRIDGE PARK DRIVE FRANKLIN, TN 37069	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/02/00	1,000.00
B. Full Name, Mailing Address and ZIP Code TN DEMOCRATIC PARTY 3537 PARAGON DRIVE NASHVILLE, TN 37211	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	500.00
C. Full Name, Mailing Address and ZIP Code BUSH-CHENEY COMPLIANCE COMMITTEE, INC. P.O. BOX 1366 AUSTIN, TX 78711	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/18/00	2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3,500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3,500.00</b>

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10/26/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
CR PREPARER	10/26/00 DATE PREPARED