

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

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

FOR LINE NUMBER: PAGE 11 OF 28

(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. Kent, John, , ,

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)

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2019

Transaction ID : A2019-2129217

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

B. Kent, John, , ,

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)

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : A2019-2189626

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

C. Kikkawa, Kim, , ,

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)

Health Support Center

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2019

Transaction ID : A2019-2072560

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

470.00

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