

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

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 Year-End 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 (12S)

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 / / through / /

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 Clark, Phillip, , ,

Signature of Treasurer Clark, Phillip, , , Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From: 04 / 01 / 2024 To: 04 / 30 / 2024

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2024 (72318.00); (b) Cash on Hand at Beginning of Reporting Period (26858.18); (c) Total Receipts (from Line 19) (12726.00); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (39584.18); 7. Total Disbursements (from Line 31) (28645.29); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (10938.89); 9. Debts and Obligations Owed TO the Committee (0.00); 10. Debts and Obligations Owed BY the Committee (0.00).

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y
04 / 01 / 2024 To: M M / D D / Y Y Y Y
04 / 30 / 2024

| 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 | | |
| (i) Itemized (use Schedule A)..... | 12238.00 | 36315.00 |
| (ii) Unitemized | 488.00 | 14871.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 12726.00 | 51186.00 |
| (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) | 12726.00 | 51186.00 |
| 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 | 10000.00 |
| 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 Transfers (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)).....▶ | 12726.00 | 61186.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 12726.00 | 61186.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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 | 145.29 | 617.56 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 145.29 | 617.56 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 19000.00 | 84500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 | 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 Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 9500.00 | 37447.55 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated 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)) .. | 28645.29 | 122565.11 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 28645.29 | 122565.11 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| 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) | 12726.00 | 51186.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 12726.00 | 51186.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 145.29 | 617.56 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 145.29 | 617.56 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 63
(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 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 ▼
525.00

Date of Receipt
04 / 05 / 2024
Transaction ID : A2024-771317

Amount of Each Receipt this Period
75.00

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 ▼
600.00

Date of Receipt
04 / 19 / 2024
Transaction ID : A2024-769966

Amount of Each Receipt this Period
75.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Alley, William, , ,

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) Twin County Regional Hospital Occupation (for Individual) Hospital CNO

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
245.00

Date of Receipt
04 / 05 / 2024
Transaction ID : A2024-771239

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.00

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 7 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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")

A. Alley, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Twin County Regional Hospital Occupation (for Individual) Hospital CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-769988
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Anderson, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 770.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771276
 Amount of Each Receipt this Period 110.00
 Memo Item

C. Anderson, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 880.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-770019
 Amount of Each Receipt this Period 110.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 255.00 |
| 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 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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")

A. Bailey, Scott, , ,

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

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 ▼
 490.00

Date of Receipt
 04 / 05 / 2024
Transaction ID : A2024-771297

Amount of Each Receipt this Period
 70.00

Memo Item

B. Bailey, Scott, , ,

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

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 ▼
 560.00

Date of Receipt
 04 / 19 / 2024
Transaction ID : A2024-769970

Amount of Each Receipt this Period
 70.00

Memo Item

C. Barrett, Samuel, , ,

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

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) Group CFO |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 812.00

Date of Receipt
 04 / 05 / 2024
Transaction ID : A2024-771246

Amount of Each Receipt this Period
 116.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 256.00 |
| 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 9 OF 63 |
| | <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 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. Barrett, Samuel, , ,

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) Group CFO |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 928.00

Date of Receipt
 04 / 19 / 2024
Transaction ID : A2024-769967

Amount of Each Receipt this Period
 116.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Barsallo, Tina, , ,

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) VP Rev Cycle Ops |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 04 / 05 / 2024
Transaction ID : A2024-771286

Amount of Each Receipt this Period
 60.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Barsallo, Tina, , ,

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) VP Rev Cycle Ops |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 04 / 19 / 2024
Transaction ID : A2024-770034

Amount of Each Receipt this Period
 60.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 236.00 |
| 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 10 OF 63 |
| | <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 Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

A. Beard, Bertrand B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Maria Parham Health Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771242
 Amount of Each Receipt this Period 65.00
 Memo Item

B. Beard, Bertrand B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Maria Parham Health Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-769993
 Amount of Each Receipt this Period 65.00
 Memo Item

C. Buttry, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) CNO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771250
 Amount of Each Receipt this Period 40.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 170.00 |
| 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 11 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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")

A. Buttry, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-769964
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Celsor, Reba, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Spring View Hospital Occupation (for Individual) Hospital CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771301
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Celsor, Reba, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Spring View Hospital Occupation (for Individual) Hospital CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-769978
 Amount of Each Receipt this Period 85.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 210.00 |
| 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 12 OF 63 |
| | <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 Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

A. Clark, Phillip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 420.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771314
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Clark, Phillip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 480.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770035
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Cleeton, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 217.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771258
 Amount of Each Receipt this Period 31.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 151.00 |
| 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 13 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Cleeton, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 248.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770022
 Amount of Each Receipt this Period 31.00
 Memo Item

B. Cook, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Castlevew Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771241
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Cook, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Castlevew Hospital Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770038
 Amount of Each Receipt this Period 55.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 141.00 |
| 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 14 OF 63 |
| <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 | |

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

A. Critchlow, David, , ,

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

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) Senior Vice President |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
539.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 04 / 05 / 2024 |

Transaction ID : A2024-771325

Amount of Each Receipt this Period
77.00

Memo Item

B. Critchlow, David, , ,

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

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) Senior Vice President |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
616.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 04 / 19 / 2024 |

Transaction ID : A2024-770015

Amount of Each Receipt this Period
77.00

Memo Item

C. Darner, Tonya, L, ,

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

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) Hospital COO 6 Marquette |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 04 / 05 / 2024 |

Transaction ID : A2024-771294

Amount of Each Receipt this Period
75.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 229.00 |
| 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 15 OF 63 |
| <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 |

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

A. Darner, Tonya, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital COO 6 Marquette
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-769982
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Davis, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Division CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 805.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771271
 Amount of Each Receipt this Period 115.00
 Memo Item

C. Davis, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Division CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 920.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-769984
 Amount of Each Receipt this Period 115.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 305.00 |
| 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 16 OF 63 |
| <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 Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

A. Deese, Robert C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SVP Ops CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771253
 Amount of Each Receipt this Period 97.00
 Memo Item

B. Deese, Robert C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SVP Ops CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 776.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-770003
 Amount of Each Receipt this Period 97.00
 Memo Item

C. Dunmore, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) CMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771321
 Amount of Each Receipt this Period 150.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 344.00 |
| 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 17 OF 63 |
| | <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 Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

A. Dunmore, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-769981
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Fallico, Fabio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 805.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771316
 Amount of Each Receipt this Period 115.00
 Memo Item

C. Fallico, Fabio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 920.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-769985
 Amount of Each Receipt this Period 115.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 380.00 |
| 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 18 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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")

A. Fiser, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 945.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771291
 Amount of Each Receipt this Period 135.00
 Memo Item

B. Fiser, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770004
 Amount of Each Receipt this Period 135.00
 Memo Item

C. Fitzgerald, Philip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 1050.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771305
 Amount of Each Receipt this Period 150.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 420.00 |
| 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 19 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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")

A. Fitzgerald, Philip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 1200.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-770020
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Gordian, Michael S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Maria Parham Health Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771302
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Gordian, Michael S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Maria Parham Health Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-770013
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 250.00 |
| 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 20 OF 63 |
| | <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 | |

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 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. Greene, Philip A, , , | | Date of Receipt MM / DD / YYYY 04 / 05 / 2024 Transaction ID : A2024-771266 |
| Mailing Address 330 Seven Springs Way | | Amount of Each Receipt this Period 138.00 |
| City Brentwood | State TN | Zip Code 37027 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) LifePoint Health, Inc. | Occupation (for Individual) Hospital CEO 5 Frye | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 966.00 | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Greene, Philip A, , , | | Date of Receipt MM / DD / YYYY 04 / 19 / 2024 Transaction ID : A2024-769994 |
| Mailing Address 330 Seven Springs Way | | Amount of Each Receipt this Period 138.00 |
| City Brentwood | State TN | Zip Code 37027 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) LifePoint Health, Inc. | Occupation (for Individual) Hospital CEO 5 Frye | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1104.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Grooms, John, , , | | Date of Receipt MM / DD / YYYY 04 / 05 / 2024 Transaction ID : A2024-771310 |
| Mailing Address 330 Seven Springs Way | | Amount of Each Receipt this Period 100.00 |
| City Brentwood | State TN | Zip Code 37027 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) LifePoint Health, Inc. | Occupation (for Individual) SVP Chief Accounting Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 700.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 376.00 |
| 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 OF 63 |
| <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 | |

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

A. Grooms, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SVP Chief Accounting Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-769997
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Harclerode, Timothy, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CEO 2 CM Nason/Miners
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771248
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Harclerode, Timothy, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CEO 2 CM Nason/Miners
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770032
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 300.00 |
| 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 22 OF 63 |
| <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 | |

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 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. Harris, Ronald, , ,

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) Memorial Medical Center | Occupation (for Individual) Hospital CEO |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 04 / 05 / 2024 |

Transaction ID : A2024-771247

Amount of Each Receipt this Period
80.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Harris, Ronald, , ,

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) Memorial Medical Center | Occupation (for Individual) Hospital CEO |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
640.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 04 / 19 / 2024 |

Transaction ID : A2024-770027

Amount of Each Receipt this Period
80.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Heatherly, Stephen L, , ,

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 ▼
1050.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 04 / 05 / 2024 |

Transaction ID : A2024-771240

Amount of Each Receipt this Period
150.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 310.00 |
| 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 23 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 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 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. Heatherly, Stephen L, , ,

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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2024

Transaction ID : A2024-769989

Amount of Each Receipt this Period
150.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Heins, Andrew, , ,

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) VP CISO |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2024

Transaction ID : A2024-771311

Amount of Each Receipt this Period
44.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Heins, Andrew, , ,

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) VP CISO |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
352.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2024

Transaction ID : A2024-769959

Amount of Each Receipt this Period
44.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 238.00 |
| 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 24 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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")

A. Hindman, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Harris Reg Hospital/ Swain Comm Hospit Occupation (for Individual) Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771299
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Hindman, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Harris Reg Hospital/ Swain Comm Hospit Occupation (for Individual) Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770001
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Honeycutt, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 210.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771304
 Amount of Each Receipt this Period 30.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 108.00 |
| 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 25 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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")

A. Honeycutt, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 240.00

Date of Receipt
 04 / 19 / 2024
Transaction ID : A2024-770023
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Howard, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CEO 2 Crockett
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 644.00

Date of Receipt
 04 / 05 / 2024
Transaction ID : A2024-771303
 Amount of Each Receipt this Period 92.00
 Memo Item

C. Howard, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CEO 2 Crockett
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 736.00

Date of Receipt
 04 / 19 / 2024
Transaction ID : A2024-770028
 Amount of Each Receipt this Period 92.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 214.00 |
| 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 OF 63 |
| <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 Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

A. Hughes, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 756.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771259
 Amount of Each Receipt this Period 108.00
 Memo Item

B. Hughes, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 864.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770024
 Amount of Each Receipt this Period 108.00
 Memo Item

C. Iverson, Caryn T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) CNO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771327
 Amount of Each Receipt this Period 38.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 254.00 |
| 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 27 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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")

A. Iverson, Caryn T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770010
 Amount of Each Receipt this Period 38.00
 Memo Item

B. Kane, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Reg VP Phys Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771267
 Amount of Each Receipt this Period 90.00
 Memo Item

C. Kane, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Reg VP Phys Svcs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770011
 Amount of Each Receipt this Period 90.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 218.00 |
| 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 28 OF 63 |
| | <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 Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

A. Kiefer, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CEO 3 Ottumwa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 609.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771300
 Amount of Each Receipt this Period 87.00
 Memo Item

B. Kiefer, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CEO 3 Ottumwa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-769974
 Amount of Each Receipt this Period 87.00
 Memo Item

C. Kirkpatrick, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 560.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771262
 Amount of Each Receipt this Period 80.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 254.00 |
| 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 OF 63 |
| (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 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. Kirkpatrick, Jay, , ,

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 ▼
640.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 19 | | 2024 |

Transaction ID : A2024-769996

Amount of Each Receipt this Period
80.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Knight, Catherine, , ,

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) Regional Vice President |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 05 | | 2024 |

Transaction ID : A2024-771278

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Knight, Catherine, , ,

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) Regional Vice President |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 19 | | 2024 |

Transaction ID : A2024-770042

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 180.00 |
| 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 30 OF 63 |
| <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 Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

A. Koch, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 525.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771261
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Koch, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 600.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-770041
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Leckelt, Mitchell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 462.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771298
 Amount of Each Receipt this Period 66.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 216.00 |
| 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 31 OF 63 |
| <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 | |

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

A. Leckelt, Mitchell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 528.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-769990
 Amount of Each Receipt this Period 66.00
 Memo Item

B. Lee, Kristy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CFO 3 Ottumwa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771268
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Lee, Kristy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CFO 3 Ottumwa
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-769979
 Amount of Each Receipt this Period 30.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 126.00 |
| 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 32 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Lewis, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771277
 Amount of Each Receipt this Period 96.00
 Memo Item

B. Lewis, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770033
 Amount of Each Receipt this Period 96.00
 Memo Item

C. Mahoney, Sandra, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CFO 4 Community
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 371.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771273
 Amount of Each Receipt this Period 53.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 245.00 |
| 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 33 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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")

A. Mahoney, Sandra, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CFO 4 Community
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 424.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-770018
 Amount of Each Receipt this Period 53.00
 Memo Item

B. Markowitz, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sovah Health - Danville Occupation (for Individual) Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771320
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Markowitz, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sovah Health - Danville Occupation (for Individual) Hospital CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-770030
 Amount of Each Receipt this Period 40.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 133.00 |
| 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 34 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Martin, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 420.00

Date of Receipt
 04 / 05 / 2024
Transaction ID : A2024-771296
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Martin, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 480.00

Date of Receipt
 04 / 19 / 2024
Transaction ID : A2024-770017
 Amount of Each Receipt this Period 60.00
 Memo Item

C. McLain, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CEO 3B Starr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 04 / 05 / 2024
Transaction ID : A2024-771308
 Amount of Each Receipt this Period 75.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 195.00 |
| 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 35 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. McLain, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CEO 3B Starr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-769983
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Meigs, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Haywood Regional Medical Center Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771264
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Meigs, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Haywood Regional Medical Center Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770007
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 275.00 |
| 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 36 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Mitchell, Cathy, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital COO 3 Southern TN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771249
 Amount of Each Receipt this Period 34.00
 Memo Item

B. Mitchell, Cathy, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital COO 3 Southern TN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770039
 Amount of Each Receipt this Period 34.00
 Memo Item

C. Mulkey, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CEO 4 Willamette
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771313
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 318.00 |
| 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 37 OF 63 |
| | <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 | |

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

A. Mulkey, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CEO 4 Willamette
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 19 / 2024
 Transaction ID : A2024-770040
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Musher, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Chief Behavioral Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 04 / 05 / 2024
 Transaction ID : A2024-771280
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Musher, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Chief Behavioral Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 19 / 2024
 Transaction ID : A2024-770044
 Amount of Each Receipt this Period 150.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 550.00 |
| 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 OF 63 |
| (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 Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

A. Oglesby, Celestial, , ,

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

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) VP / ASG - Phys Svcs |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt

| |
|-----------------------------|
| M M M / D D D / Y Y Y Y Y Y |
| 04 / 05 / 2024 |

Transaction ID : A2024-771260

Amount of Each Receipt this Period
57.00

Memo Item

B. Oglesby, Celestial, , ,

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

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) VP / ASG - Phys Svcs |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

| |
|-----------------------------|
| M M M / D D D / Y Y Y Y Y Y |
| 04 / 19 / 2024 |

Transaction ID : A2024-769987

Amount of Each Receipt this Period
57.00

Memo Item

C. Parker, Robert C, , ,

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

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) Hospital CEO 5B Lk Cumberland |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| |
|-----------------------------|
| M M M / D D D / Y Y Y Y Y Y |
| 04 / 05 / 2024 |

Transaction ID : A2024-771318

Amount of Each Receipt this Period
96.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 210.00 |
| 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 39 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 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")

A. Parker, Robert C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CEO 5B Lk Cumberland
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-770009
 Amount of Each Receipt this Period 96.00
 Memo Item

B. Patterson, Marcia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) STRHS - Lawrenceburg Occupation (for Individual) Hospital CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771295
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Patterson, Marcia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) STRHS - Lawrenceburg Occupation (for Individual) Hospital CNO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-770006
 Amount of Each Receipt this Period 55.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 206.00 |
| 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 40 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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")

A. Pearce, Charles T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Market CFO 5 Trois / Lourdes
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 945.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771243
 Amount of Each Receipt this Period 135.00
 Memo Item

B. Pearce, Charles T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Market CFO 5 Trois / Lourdes
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770000
 Amount of Each Receipt this Period 135.00
 Memo Item

C. Perry, Teresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Bell Hospital Occupation (for Individual) Hospital CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771254
 Amount of Each Receipt this Period 40.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 310.00 |
| 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 41 OF 63 |
| <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 Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

A. Perry, Teresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Bell Hospital Occupation (for Individual) Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-769972
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Phillips, Shaun, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 707.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771323
 Amount of Each Receipt this Period 101.00
 Memo Item

C. Phillips, Shaun, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 808.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-770005
 Amount of Each Receipt this Period 101.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 242.00 |
| 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 42 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Pigg, Russell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 525.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771263
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Pigg, Russell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 600.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770026
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Polite, Elmer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) CFO Division
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 728.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771287
 Amount of Each Receipt this Period 104.00
 Memo Item

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 254.00 |
| 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 43 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Polite, Elmer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) CFO Division
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 832.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-769958
 Amount of Each Receipt this Period 104.00
 Memo Item

B. Poppell, Marcus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771255
 Amount of Each Receipt this Period 110.00
 Memo Item

C. Poppell, Marcus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-769999
 Amount of Each Receipt this Period 110.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 324.00 |
| 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 44 OF 63 |
| <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 |

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

A. Reynolds, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Reg VP Phys Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771274
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Reynolds, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Reg VP Phys Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-770021
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Russell, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 203.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771281
 Amount of Each Receipt this Period 29.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 119.00 |
| 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 45 OF 63
(check only one)

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|---|------------------------------|------------------------------|-----------------------------|
| <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 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 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. Russell, Michelle, , ,

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 ▼
232.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 19 | / | 2024 |

Transaction ID : A2024-770045

Amount of Each Receipt this Period
29.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Scott, Susan, , ,

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) Director |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 05 | / | 2024 |

Transaction ID : A2024-771272

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Scott, Susan, , ,

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) Director |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 19 | / | 2024 |

Transaction ID : A2024-769968

Amount of Each Receipt this Period
50.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 129.00 |
| 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 46 OF 63
(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")

A. Segal, Rebecca M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CEO 3 Rutherford
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771244
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Segal, Rebecca M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital CEO 3 Rutherford
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-769973
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Serck, Emily, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Senior Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771245
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 155.00
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 47 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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")

A. Serck, Emily, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Senior Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-769975
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Shepherd, Tory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sovah Health - Martinsville Occupation (for Individual) Hospital COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771292
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Shepherd, Tory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sovah Health - Martinsville Occupation (for Individual) Hospital COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-770031
 Amount of Each Receipt this Period 30.00
 Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 95.00 |
| 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 48 OF 63 |
| | <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 Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

A. Simpson, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 280.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771306
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Simpson, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 320.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770037
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Sindelar, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 672.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771282
 Amount of Each Receipt this Period 96.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 176.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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")

A. Sindelar, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 768.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-770046
 Amount of Each Receipt this Period 96.00
 Memo Item

B. Sloan, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Lake Cumberland Regional Hospital Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771307
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Sloan, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Lake Cumberland Regional Hospital Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-769995
 Amount of Each Receipt this Period 39.00
 Memo Item

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| SUBTOTAL of Receipts This Page (optional).....▶ | 174.00 |
| 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 50 OF 63 |
| | <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 | |

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

A. Smith, Alan James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SVP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1078.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771290
 Amount of Each Receipt this Period 154.00
 Memo Item

B. Smith, Alan James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SVP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1232.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-769962
 Amount of Each Receipt this Period 154.00
 Memo Item

C. Sparks, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) STRHS - Winchester Occupation (for Individual) Hospital COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771252
 Amount of Each Receipt this Period 56.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 364.00 |
| 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 51 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Sparks, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) STRHS - Winchester Occupation (for Individual) Hospital COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 448.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770029
 Amount of Each Receipt this Period 56.00
 Memo Item

B. Stewart, Alice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Clinch Valley Health Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771309
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Stewart, Alice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Clinch Valley Health Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-770016
 Amount of Each Receipt this Period 42.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 140.00 |
| 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 52 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Svidergol-Peterman, Jessica, A, ,

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

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) Hospital CNO 1 Miner's Med |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2024

Transaction ID : A2024-771324

Amount of Each Receipt this Period
31.00

Memo Item

B. Svidergol-Peterman, Jessica, A, ,

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

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) Hospital CNO 1 Miner's Med |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2024

Transaction ID : A2024-769960

Amount of Each Receipt this Period
31.00

Memo Item

C. Thomas, Robert, , ,

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

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) Central Carolina Hospital | Occupation (for Individual) Hospital CEO |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2024

Transaction ID : A2024-771322

Amount of Each Receipt this Period
75.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 137.00 |
| 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 53 OF 63 |
| <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 | |

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

A. Thomas, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Central Carolina Hospital Occupation (for Individual) Hospital CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 04 / 19 / 2024
Transaction ID : A2024-769963
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Wallace, Lisa, 3, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 04 / 05 / 2024
Transaction ID : A2024-771237
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Wallace, Lisa, 3, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) CNO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 04 / 19 / 2024
Transaction ID : A2024-769976
 Amount of Each Receipt this Period 85.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 245.00 |
| 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 54 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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")

A. Wang, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) VP Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 553.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771251
 Amount of Each Receipt this Period 79.00
 Memo Item

B. Wang, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) VP Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 632.00

Date of Receipt 04 / 19 / 2024
Transaction ID : A2024-769969
 Amount of Each Receipt this Period 79.00
 Memo Item

C. White, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital COO 5 Frye
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 812.00

Date of Receipt 04 / 05 / 2024
Transaction ID : A2024-771312
 Amount of Each Receipt this Period 116.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 274.00 |
| 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 55 OF 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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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")

A. White, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital COO 5 Frye
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 928.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-769977
 Amount of Each Receipt this Period 116.00
 Memo Item

B. Willis, Casey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital COO 4 National Park
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt **04 / 05 / 2024**
Transaction ID : A2024-771289
 Amount of Each Receipt this Period 55.00
 Memo Item

C. Willis, Casey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Hospital COO 4 National Park
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt **04 / 19 / 2024**
Transaction ID : A2024-770012
 Amount of Each Receipt this Period 55.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 226.00 |
| 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 56 OF 63 |
| | <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 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. Zachariah, Jason, , ,

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) President, Integration Solutions |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1218.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 05 | | 2024 |

Transaction ID : A2024-771285

Amount of Each Receipt this Period
174.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Zachariah, Jason, , ,

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) President, Integration Solutions |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1392.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 19 | | 2024 |

Transaction ID : A2024-770049

Amount of Each Receipt this Period
174.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Zarnick, Gregory, , ,

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) Asst VP Construction Proj Mgmt |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
238.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 05 | | 2024 |

Transaction ID : A2024-771269

Amount of Each Receipt this Period
34.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 382.00 |
| 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 57 OF 63
(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 Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zarnick, Gregory, , ,

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) Asst VP Construction Proj Mgmt |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
272.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2024

Transaction ID : A2024-770025

Amount of Each Receipt this Period
34.00

Memo Item

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 34.00 |
| TOTAL This Period (last page this line number only)..... | 12238.00 |

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)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <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 Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

A. Regions Bank

Full Name (Last, First, Middle Initial) _____

Mailing Address One Nashville Place, 330 Seven Spr

City Brentwood State TN Zip Code 37027

Purpose of Disbursement Bank Service Charge

Candidate Name _____

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) **Not Applicable**

State: _____ District: _____

Date of Disbursement: MM / DD / YYYY
04 / 09 / 2024

FEC Identification Number: C _____

Transaction ID : B873035

Amount of Each Disbursement this Period: 145.29

Memo Item

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C _____

Amount of Each Disbursement this Period: _____

Memo Item

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C _____

Amount of Each Disbursement this Period: _____

Memo Item

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 145.29 |
| TOTAL This Period (last page this line number only).....▶ | 145.29 |

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 checked="" type="checkbox"/> 23 | <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 Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

A. Friends of John Barrasso

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement
Contribution
Candidate Name
Barrasso, John, , ,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: WY District:

Date of Disbursement: 04 / 08 / 2024

FEC Identification Number: C00436386
Transaction ID : B868494
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

B. HAPAC

Full Name (Last, First, Middle Initial)
Mailing Address 30 North Third Street Suite 600

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Contribution
Candidate Name

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) Not Applicable

State: District:

Date of Disbursement: 04 / 08 / 2024

FEC Identification Number: C00128082
Transaction ID : B873297
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

C. Team Joyce for Pennsylvania

Full Name (Last, First, Middle Initial)
Mailing Address 824 S. Milledge Ave. Suite 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
Contribution
Candidate Name

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) Not Applicable

State: District:

Date of Disbursement: 04 / 08 / 2024

FEC Identification Number: C00747220
Transaction ID : B869493
Amount of Each Disbursement this Period: 1500.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9000.00

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 checked="" type="checkbox"/> 23 | <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 Health PAC - The PAC of LifePoint Corporate Services, General Partnership ("LCSGP") and facilities which are subsidiaries of LifePoint Health (collectively "LifePoint")

Full Name (Last, First, Middle Initial)

A. Team Rick Scott

Mailing Address PO Box 76024

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Contribution

011

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2024

FEC Identification Number

C C00692343

Transaction ID : B869214

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kaine for Virginia

Mailing Address 1751 Potomac Greens Drive

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

Contribution

011

Candidate Name

Kaine, Tim, , ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify)

State: VA

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 09 / 2024

FEC Identification Number

C C00495358

Transaction ID : B869593

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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

19000.00

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)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <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 |

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

A. Tony Hampton for State Representative

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM / DD / YYYY
04 / 09 / 2024

Mailing Address 120 Marketplace Circle Suite F

City Georgetown State KY Zip Code 40324

Purpose of Disbursement: P-2024 State House 62 KY
Category/Type: 011

Candidate Name: Hampton, Tony, , ,

Office Sought: House Senate President
Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: KY District: 62

FEC Identification Number: C _____
Transaction ID : B869592
Amount of Each Disbursement this Period: 500.00

Memo Item

B. Matt Nunn for State Senate

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM / DD / YYYY
04 / 09 / 2024

Mailing Address 315 Eagle Creek Trail

City Sadieville State KY Zip Code 40370

Purpose of Disbursement: P-2024 State Senate 17 KY
Category/Type: 011

Candidate Name: Nunn, Matt, , ,

Office Sought: House Senate President
Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: KY District: 17

FEC Identification Number: C _____
Transaction ID : B869591
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Ambrose Castellano District 70 Campaign Fund

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM / DD / YYYY
04 / 22 / 2024

Mailing Address P.O. Box 114

City Serafina State NM Zip Code 87569

Purpose of Disbursement: P-2024 State House 70 NM
Category/Type: 011

Candidate Name: Castellano, Ambrose, M, ,

Office Sought: House Senate President
Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NM District: 70

FEC Identification Number: C _____
Transaction ID : B870208
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2500.00

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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Marasella Duarte for State Representative | | Date of Disbursement MM / DD / YYYY 04 / 22 / 2024 |
| Mailing Address 3301-R Coors Blvd | | FEC Identification Number C [REDACTED] Transaction ID : B870210 |
| City Albuquerque | State NM | Zip Code 87120 |
| Purpose of Disbursement P-2024 State House 16 NM | | Category/ Type 011 |
| Candidate Name Duarte, Marsella, . . | | Amount of Each Disbursement this Period [REDACTED] 1000.00 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NM | District: 16 | <input type="checkbox"/> Memo Item |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Gabriel Duran | | Date of Disbursement MM / DD / YYYY 04 / 22 / 2024 |
| Mailing Address 2070 Rosedale Dr | | FEC Identification Number C [REDACTED] Transaction ID : B870209 |
| City Las Cruces | State NM | Zip Code 88005 |
| Purpose of Disbursement P-2024 State House 35 NM | | Category/ Type 011 |
| Candidate Name Duran, Gabriel, . . | | Amount of Each Disbursement this Period [REDACTED] 1000.00 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NM | District: 35 | <input type="checkbox"/> Memo Item |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Cmte. to Elect Harry Garcia for NM House | | Date of Disbursement MM / DD / YYYY 04 / 22 / 2024 |
| Mailing Address 31 Garcia Boulevard | | FEC Identification Number C [REDACTED] Transaction ID : B870207 |
| City Grants | State NM | Zip Code 87020 |
| Purpose of Disbursement P-2024 State House 69 NM | | Category/ Type 011 |
| Candidate Name Garcia, Harry, . . | | Amount of Each Disbursement this Period [REDACTED] 1000.00 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NM | District: 69 | <input type="checkbox"/> Memo Item |

| | |
|---|--------------------|
| SUBTOTAL of Disbursements This Page (optional)..... ▶ | [REDACTED] 3000.00 |
| TOTAL This Period (last page this line number only)..... ▶ | [REDACTED] |

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

Full Name (Last, First, Middle Initial)

A. Cmte to Elect Patricia Lundstrom

Mailing Address 3406 Blue Hill Avenue

City Gallup State NM Zip Code 87301

Purpose of Disbursement P-2024 State House 09 NM Category/Type

Candidate Name

Lundstrom, Patricia (Patty) A., , ,

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) State: NM District: 09

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2024

FEC Identification Number

Transaction ID : B870174 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Willie Madrid for State Representative

Mailing Address 113 McLain Road

City Chaparral State NM Zip Code 88081

Purpose of Disbursement P-2024 State House 53 NM Category/Type

Candidate Name

Madrid, Willie, , ,

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) State: NM District: 53

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2024

FEC Identification Number

Transaction ID : B870205 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Marian Matthews for HD 27

Mailing Address P.O. Box 21256

City Albuquerque State NM Zip Code 87154

Purpose of Disbursement P-2024 State House 27 NM Category/Type

Candidate Name

Matthews, Marian, , ,

Office Sought: House Senate President Disbursement For: 2024 Primary General Other (specify) State: NM District: 27

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2024

FEC Identification Number

Transaction ID : B870175 Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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