

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

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

FOR LINE NUMBER: PAGE 19 OF 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

**A. Jiron, Feliciano, , ,**

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 ▼

495.00

Date of Receipt

11 / 22 / 2019

Transaction ID : A2019-2792460

Amount of Each Receipt this Period

55.00

☐ Memo Item

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

**B. Kent, John, , ,**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LifePoint Health Inc.

Occupation (for Individual)

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

11 / 08 / 2019

Transaction ID : A2019-2642619

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**C. Kent, John, , ,**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LifePoint Health Inc.

Occupation (for Individual)

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

11 / 22 / 2019

Transaction ID : A2019-2792483

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

125.00