OTHER PERSON'S REPORT

(filed by a person that makes expenditures or accepts contributions, other than to or from a candidate or political committee in support or opposition of one or more candidates)

1. Full Name and Address

Province Healthcare
105 Westwood Place
Suite 400
Brentwood, TN 37027

OFFICE USE ONLY

Other
40-G 10/01
12/13 grp

0104284

2. Date of Election August 20, 2001

This report covers from August 31, 2001 through November 29, 2001

3. Type of Report:

- ___ 180th day prior to primary
- ___ 90th day prior to primary
- ___ 30th day prior to primary
- ___ 10th day prior to primary
- ___ 10th day prior to general
- x 40th day after general
- ___ Annual/Supplemental
- ___ Amendment to prior report

4. Candidates Supported or Opposed (use additional sheets if necessary)

a. Name & Address of Candidate	b. Office Sought	c. Political Party	d. Support/Oppose

5. a. Name of Person Preparing Report

Gregory D. Frost

b. Daytime Telephone (225) 929-7033

6. I HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of my knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 13th day of December, 2001

Signature

(225) 929-7033
Daytime Telephone

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions Received (Schedule A-1)	
2. In-kind Contributions Received (Schedule A-2)	$0
3. Campaign paraphernalia sales of $25 *or less*	
4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 +3)	$0
5. Other Receipts (Schedule A-3)	
6. Loans Received (Schedule B)	
7. **TOTAL RECEIPTS** (Lines 4 + 5 + 6)	$0

DISBURSEMENTS	This Period
8. General Expenditures (Schedule D)	
9. **TOTAL EXPENDITURES** (Line 8)	

FINANCIAL SUMMARY	Amount
10. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this committee)	
11. *Plus* total receipts this period (*less* in-kind contributions received) (Line 7 above minus line 2 above)	
12. Funds on hand at close of reporting period	

Form 305, Rev 7/07, Page Rev 3/88.

SCHEDULE A-2: IN-KIND CONTRIBUTIONS RECEIVED

The following information must be provided for all in-kind contributions received by the committee during this reporting period. In-kind contributions made by the committee (i.e. in-kind expenditures) are reported on SCHEDULE E-2: IN-KIND EXPENDITURES. In Column 1, check "yes" if the in-kind contributor is a political committee and "no" if not. For anonymous contributions see SCHEDULE F. Totals and subtotals at bottom of the page are *optional*. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

1. Name and Address of In-Kind Contributor	2. In-Kind Contributions Received this Reporting Period a. Description(s)	b. Date(s)	c. Value(s)	3. Total this Year
Province Healthcare 105 Westwood Place, Suite 400 Brentwood, TN 37027 POLITICAL COMMITTEE? _____ YES __X__ NO	None			$9,513.90
POLITICAL COMMITTEE? _____ YES _____ NO				
POLITICAL COMMITTEE? _____ YES _____ NO				
POLITICAL COMMITTEE? _____ YES _____ NO				
POLITICAL COMMITTEE? _____ YES _____ NO				
POLITICAL COMMITTEE? _____ YES _____ NO				
POLITICAL COMMITTEE? _____ YES _____ NO				
4. SUBTOTAL (this page)				N/A
5. TOTAL (complete only on last page of this schedule)				$9,513.90

6. IN-KIND CONTRIBUTIONS FROM POLITICAL COMMITTEES:
SUBTOTAL (this page) _____ TOTAL (complete only on last page of this schedule) _____

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