REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Columbia/HCA Healthcare Good Government Fund

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 550, One Park Plaza

CITY, STATE and ZIP CODE
Nashville, TN 37202

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 30 9 53 AM '99

2. FEC IDENTIFICATION NUMBER
C-00-67231

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

4. TYPE OF REPORT

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

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01/01/99 through 06/30/99		
6. (a) Cash on Hand January 1, 19 99		$ 103,568.91
(b) Cash on Hand at Beginning of Reporting Period	$ 103,568.91	
(c) Total Receipts (from Line 19)	$ 10,977.88	$ 10,977.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 114,546.79	$ 114,546.79
7. Total Disbursements (from Line 30)	$ 42,549.00	$ 42,549.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 71,997.79	$ 71,997.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
David G. Anderson

Signature of Treasurer

Date 7-28-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 8/93)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: Columbia/HCA Healthcare Good Government Fund

REPORT COVERING PERIOD FROM: 01/01/99 TO: 06/30/99

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	8,409.20	8,409.20	11(a)(i)
ii. Unitemized	2,568.68	2,568.68	11(a)(ii)
iii. Total (add i and ii) ➤	10,977.88	10,977.88	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	10,977.88	10,977.88	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	10,977.88	10,977.88	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	10,977.88	10,977.88	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	38,000.00	38,000.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	4,549.00	4,549.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	42,549.00	42,549.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	42,549.00	42,549.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10,977.88	10,977.88	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,977.88	10,977.88	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
Columbia/HCA Healthcare Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Allyn R Harris 1706 Windermere Plano, TX 75013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date > $ 683.38	Payroll Deduction	416.70 ($83.34 Biweekly)
B. William R. Huston TX Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date > $ 834.50	Payroll Deduction	417.50 ($83.50 Biweekly)
C. William D. Poteet III TX Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date > $ 595.00	Payroll Deduction	425.00 ($85.00 Biweekly)
D. Deborah Williams 116 Medinah Ct Frankfort, KY 40601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date > $ 250.00	05/05/99	250.00
E. Michael Minch 3100 West End Ave. Nashville, TN 37203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date > $ 250.00	05/05/99	250.00
F. Wayne Heatherly 4819 Lakeside Dr Colleyville, TX 76034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Plaza Medical Center - Fort Worth Occupation: Health Care Aggregate Year-to-Date > $ 1,000.00	05/05/99	1,000.00
G. Stephen Purves 91 Covedray Park Cola, SC 29223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date > $ 750.00	05/05/99	750.00

SUBTOTAL of Receipts This Page (optional) 3,509.20

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
Columbia/HCA Healthcare Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Larry Ellis 217 Cantgate Circle Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Providence Hospital Occupation: Operational Office Aggregate Year-to-Date $ 500.00	05/05/99	500.00
Philip Cook 3539 Valley Trail Chattanooga, TN Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 300.00	05/05/99	300.00
Suzanne Stone Griffith 94444 Foothills Dr Brentwood, TN 37027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 300.00	05/05/99	300.00
Brenda Waltz 7818 Dunwoody Dr Chattanooga, TN 37421 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 750.00	05/06/99	750.00
John Workman 1114 W Madison Ave Athens, TN 37303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 750.00	05/20/99	750.00
Bryan Dearing 3-9 Shute Ct TN 37138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	05/21/99	1,000.00
Robert H. Alford 2503 Hemingway Dr Nashville, TN 37215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 300.00	06/22/99	300.00

SUBTOTAL of Receipts This Page (optional) 3,900.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (in Full)
ColumbiaHCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence H. Kloess III 504 Medical Center Blvd Conroe, TX 77304	Central Group Office	08/22/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date > $ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	9,499.20

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Columbia/HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code Georgians for Isakson P.O. BOX 71955 MARIETTA, GA 30007-1955	Purpose of Disbursement JOHNNY ISAKSON, U.S. HOUSE 6th GA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1999	Date (month, day, year) 01/08/99	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code HOUSE DEMOCRATIC CAUCUS P.O. BOX 305172 DEPT. 46 NASHVILLE, TN 37230-5172	Purpose of Disbursement HOUSE DEMOCRATIC CAUCUS Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	Date (month, day, year) 01/08/99	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code HOUSE REPUBLICAN CAUCUS P.O. BOX 190539 NASHVILLE, TN 37219	Purpose of Disbursement HOUSE REPUBLICAN CAUCUS Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	Date (month, day, year) 01/08/99	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code SENATE REPUBLICAN CAUCUS P.O. BOX 190539 NASHVILLE, TN 37219	Purpose of Disbursement SENATE REPUBLICAN CAUCUS Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	Date (month, day, year) 01/08/99	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code SENATE DEMOCRATIC CAUCUS P.O. BOX 305172 DEPT. 46 NASHVILLE, TN 37230-5172	Purpose of Disbursement SENATE DEMOCRATIC CAUCUS Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	Date (month, day, year) 01/08/99	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code KOMPAC 6344 Cavalier Corridor Falls Church, VA 22044	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	Date (month, day, year) 02/22/99	Amount of Each Disbursement This Period 2,500.00
G. Full Name, Mailing Address and ZIP Code Charles Rangel for Congress Committee 2354 Rayburn House Office Bldg Washington, DC 20510	Purpose of Disbursement Charles Rangel, U.S. HOUSE 15th NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 03/08/99	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Wilson for President I.D #C00300197 180 Newport Center Drive Suite 220 Newport Beach, CA 92660	Purpose of Disbursement Pete Wilson, PRESIDENT OF U.S. CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1996	Date (month, day, year) 03/12/99	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Robert Wexler Campaign 2500 North Military Trail Suite 250 Boca Raton, FL 33431	Purpose of Disbursement Wexler, CONGRESS 19TH DISTRI S28 FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1999	Date (month, day, year) 04/05/99	Amount of Each Disbursement This Period 1,000.00

SUBTOTAL of Disbursements This Page (optional) 10,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
ColumbiaHCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code Henry Brown for Congress 525 Blatt Building Columbia, SC 29211	Purpose of Disbursement Henry Brown, U.S. HOUSE 6th SC Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1999	Date (month, day, year) 04/19/99	Amount of Each Disbursement This Period 2,500.00
B. Full Name, Mailing Address and ZIP Code Diaz-Balart for Congress Committee 431 Cannon House Office Building Washington, DC 20515	Purpose of Disbursement Diaz-Balart, REPRESENTATIVE 21st FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 04/27/99	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad 530 Hart Senate Office Bldg. Washington, DC 20510	Purpose of Disbursement Kent Conrad, U.S. SENATE ND Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 05/17/99	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code David Vitter Campaign 3838 N. Causeway Blvd Metairie, LA 70005	Purpose of Disbursement David Vitter, U.S. SENATE LA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 06/17/99	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Dave Treen Campaign 111 Veterans Memorial Hwy Suite 740 Metairie, LA 70005	Purpose of Disbursement Dave Treen, U.S. SENATE LA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 06/17/99	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Norwood for Congress Committee 1707 Longworth House Office Building Washington, DC 20515	Purpose of Disbursement Norwood, REPRESENTATIVE 10th GA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 05/21/99	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Cannon for Congress 1123 West Center St Provo, UT 84601	Purpose of Disbursement B. Cannon, CONGRESS 3rd UT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 05/27/99	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Feinstein 2000 909 Montgomery Street Suite 400 San Francisco, CA 94133	Purpose of Disbursement Dianne Feinstein, U.S. SENATE CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 06/01/99	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Ensign for Congress Committee 414 Cannon House Office Building Washington, DC 20515	Purpose of Disbursement Ensign, REPRESENTATIVE 1th NV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 06/01/99	Amount of Each Disbursement This Period 1,000.00

SUBTOTAL of Disbursements This Page (optional) 9,500.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Columbia/HCA Healthcare Good Government Fund

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Ed Bryant for Congress 408 Cannon House Office Building Washington, DC 20515	Ed Bryant, U.S. HOUSE 7th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/01/99	1,000.00
B. Jeffords for Vermont 728 Hart Senate Office Bldg Washington, DC 20510	Jim Jeffords, U.S. SENATE VT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/02/99	1,000.00
C. James Clyburn for Congress Committee 319 Cannon House Office Building Washington, DC 20515	Clyburn, REPRESENTATIVE 6th SC Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/07/99	500.00
D. HAROLD FORD JR - NEW VISION COMMITTEE 58 RIVERMIST LANE MEMPHIS, TN 38103	Voided Check Issued 10/15/98 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	06/09/99	-500.00
E. Henry Brown for Congress 526 Blatt Building Columbia, SC 29211	Henry Brown, U.S. HOUSE 6th SC Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/15/99	2,500.00
F. FRIENDS OF THA 500 INTERSTATE BLVD SOUTH NASHVILLE, TN 37210	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	06/17/99	5,000.00
G. FedPac 1111 19th Street NW Ste 402 Washington, DC 20036	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	06/22/99	5,000.00
H. ARMPAC - Americans for a Republican Majority 5888 A-1 Westheimer Suite 460 Houston, TX 77057	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	06/23/99	4,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 18,500.00

TOTAL This Period (last page this line number only) 38,000.00

4-02173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)
Columbia/HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Underwood for Governor	Underwood, GOVERNOR WV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	01/26/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Kiss 2000 Office of the Speaker Drawer AU Beckley, WV 25802	Purpose of Disbursement Robert Kiss, GOVERNOR 27th WV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 06/01/99	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code RALPH COLE CAMPAIGN FUND 307 RIGDE CREST DRIVE ELIZABETHTON, TN 37643	Purpose of Disbursement RALPH COLE, REPRESENTATIVE 4th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 06/08/99	Amount of Each Disbursement This Period 250.00
D. Full Name, Mailing Address and ZIP Code Friends of Joe Kent 219 War Memorial Bldg Nashville, TN 37243-0183	Purpose of Disbursement Joe Kent, REPRESENTATIVE 83rd TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 06/08/99	Amount of Each Disbursement This Period 250.00
E. Full Name, Mailing Address and ZIP Code Friends of Zane Whitson 204 War Memorial Bldg Nashville, TN 37243-0105	Purpose of Disbursement Zane Whitson, REPRESENTATIVE 51h TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 06/22/99	Amount of Each Disbursement This Period 250.00
F. Full Name, Mailing Address and ZIP Code Committee to Elect Ronnie Cole 1311 East Court Street Dyersboro, TN 38024	Purpose of Disbursement Ronnie Cole, REPRESENTATIVE 78th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 06/22/99	Amount of Each Disbursement This Period 250.00
G. Full Name, Mailing Address and ZIP Code Mike Williams 17 Legislature Plaza Nashville, TN 37243-0163	Purpose of Disbursement Mike Williams, REPRESENTATIVE 63rd TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 06/22/99	Amount of Each Disbursement This Period 250.00
H. Full Name, Mailing Address and ZIP Code Friends of Lois DeBerry 15 Legislative Plaza Nashville, TN 37243-0191	Purpose of Disbursement Lois DeBerry, REPRESENTATIVE 91st TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 06/22/99	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Ronnie Davis Campaign 1360 Golf Course Road Newport, TN 37821	Purpose of Disbursement Ronnie Davis, REPRESENTATIVE 11th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 06/22/99	Amount of Each Disbursement This Period 250.00

SUBTOTAL of Disbursements This Page (optional) 4,000.00

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

4-09173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

ColumbiaHCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dennis Ferguson Committee 23 Legislative Plaza Nashville, TN 37243-0132	Dennis Ferguson, REPRESENTATIVE 32nd TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/22/99	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Kathryn Bowers 1307 Swallow Lane Memphis, TN 38119	Kathryn Bowers, REPRESENTATIVE 87th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/22/99	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 500.00

TOTAL This Period (last page this line number only) 4,500.00

4-00173

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☒	Hand Delivered	Date of Receipt 7/30/99
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☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

7/30/99
DATE PREPARED

(4/98)