REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 16 10 40 AM '96

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 37203

2. FEC IDENTIFICATION NUMBER
C-00-67231

3. [X] 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
- [X] 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 preceeding _____ (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 [X] NO

SUMMARY

5. Covering Period 07/01/96 through 09/30/96

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 96		$ 16,963.63
(b) Cash on Hand at Begining of Reporting Period	$ 85,949.54	
(c) Total Receipts (from line 18)	$ 6,967.00	$ 186,590.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 92,916.54	$ 123,553.80
7. Total Disbursements (from Line 30)	$ 27,000.00	$ 57,637.26
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 65,916.54	$ 65,916.54
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:
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. Andersen, Treasurer

Signature of Treasurer

Date 10/15/96

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 9/93)

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: 07/01/96 TO: 09/30/96

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)	3,416.00	12,103.60
ii. Unitemized	3,551.00	93,486.57
iii. Total (add i and ii) >	6,967.00	105,590.17
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add iii,b and c) >	6,967.00	105,590.17
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.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	6,967.00	106,590.17
20. Total Federal Receipts (subtract line 18 from line 19) >	6,967.00	106,590.17
II. Disbursements		
21. Operating Expenditures:		
a. Shared 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	0.00	0.00
c. Total Operating Expenditures (Add ai,aii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	3,521.85
23. Contributions to Federal Candidates/Committees and Other Political Committees	19,450.00	39,580.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(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 a,b, and c) >	0.00	0.00
29. Other Disbursements	7,550.00	14,615.41
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	27,000.00	57,637.26
31. Total Federal Disbursements (Subtract line 21 ai from line 30) >	27,000.00	57,637.26
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	6,967.00	105,590.17
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	6,967.00	105,590.17
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

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. W.S. Lyne, 133303 Torrington Dr., Midlothian, VA 23113-3882	Richmond Division Office / Pres. Central Atlantic Div.	07/02/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
B. Beverly Wallace, 219 Vaughns, Nashville, TN 37205	Nashville Division Office / Division CFO	07/02/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
C. Paul Rutledge, 9156 Saddlebow Drive, Brentwood, TN 37027	Nashville Division Office / Pres. Nashville Div.	07/02/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Roy Ward, 12313 Pleasant Lake Terr, Rich, VA 23223	Columbia Henrico Doctor's Hospital / CFO	07/02/96	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. Marilyn B. Taventner, 9705 Spring Run Rd, Chesterfiled, VA 23832	Richmond Division Office / Division president	07/03/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
F. Luis A Rosa, 411-B Ridgewood Rd, Franklin, TN 37064	Nashville Division Office / Chief Executive Officer	07/03/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Alecia Alvis, 200 Deer Valley Rd, Bowling Green, KY 42103	Columbia Greenview Hospital / Health Care / Director	07/11/96	211.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 211.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 2,111.00

TOTAL this Period (Last page this line number only) ..... >

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 2 OF 2

FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Andrew T King 3873 Highgreen Dr Marietta, GA 30068	Georgia Division Office Occupation: ~~Health Care~~ Manager	08/01/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 400.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Daniel Slipkovich 7975 NW 154 St Ste 400A Miami Lakes, FL 33016	Columbia Health Florida Group Office Occupation: Chief Financial Officer	08/01/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
James Fleetwood 701 Idlewyld Dr Ft Lauderdale, FL 33301	Columbia Health Florida Group Office Occupation: President	08/01/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Jeff Anthony 7383 Fairway Dr Apt 262 Miami Lakes, FL 33014	Columbia Health Florida Group Office Occupation: VP of Administrative Services	08/01/96	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Russ York 7987 S. Clayton Cir. Littleton, CO 80122	Columbia- Spalding Rehabilitation Hospit Occupation: CEO	09/16/96	255.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 255.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	1,305.00
TOTAL this Period (Last page this line number only) ..... >	3,416.00

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 Friends of Cliff Stearns 115 S.E. 25th Avenue Ocala, FL 34471	Purpose of Disbursement B. Stearns, U.S. HOUSE 6th FL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 07/09/96	Amount of Each Disb. this Period 500.00
B. Full Name, Mailing Address and Zip Code Robert Wexler Campaign Boca Raton, FL 33431	Purpose of Disbursement Wexler, U.S. HOUSE 19th FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day,Year) 07/09/96	Amount of Each Disb. this Period 1,500.00
C. Full Name, Mailing Address and Zip Code Sybert for Congress 20121 Ventura Blvd. #207 Woodland Hills, CA 91367	Purpose of Disbursement Sybert, U.S. HOUSE 24th CA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 07/09/96	Amount of Each Disb. this Period 500.00
D. Full Name, Mailing Address and Zip Code Friends of Jim Gibbons 3006 S. Maryland Pkwy #590 Las Vegas, NV 89109	Purpose of Disbursement Gibbons, U.S. HOUSE 2nd NV Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day,Year) 07/30/96	Amount of Each Disb. this Period 450.00
E. Full Name, Mailing Address and Zip Code Friends of Jim Gibbons 3006 S. Maryland Pkwy #590 Las Vegas, NV 89109	Purpose of Disbursement Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day,Year) 07/30/96	Amount of Each Disb. this Period -450.00
F. Full Name, Mailing Address and Zip Code Friends of Jim Gibbons 3006 S. Maryland Pkwy #590 Las Vegas, NV 89109	Purpose of Disbursement Gibbons, U.S. HOUSE 2nd NV Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day,Year) 08/05/96	Amount of Each Disb. this Period 450.00
G. Full Name, Mailing Address and Zip Code Sandos for Congress 1600 Downing, #550 Denver, CO 80218	Purpose of Disbursement M. Sandos, U.S. HOUSE 1st CO Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day,Year) 08/06/96	Amount of Each Disb. this Period 500.00
H. Full Name, Mailing Address and Zip Code Pat Roberts 335 N. Washington, Suite 180 Hutchinson, KS 67501	Purpose of Disbursement Roberts, U.S. SENATE KS Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day,Year) 08/15/96	Amount of Each Disb. this Period 1,000.00
I. Full Name, Mailing Address and Zip Code Jill Docking 125 S. Crestway Wichita, KS 67218	Purpose of Disbursement Docking, U.S. SENATE KS Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day,Year) 08/15/96	Amount of Each Disb. this Period 1,000.00

SUB TOTAL of Disbursements this page (Optional) ..... >	5,450.00
TOTAL this Period (Last page this line number only) ..... >	

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)
Columbia/HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and Zip Code Sam Brownback 1530 S. Oliver Wichita, KS 67218	Purpose of Disbursement Brownback, U.S. SENATE KS Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 08/15/96	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Ed Eilert 8617 W. 88th Terrace Overland Park, KS 66212	Purpose of Disbursement Eilert, U.S. HOUSE 3rd KS Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 08/15/96	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code U.S. Congressman Todd Tiahrt 1329 Amity Goddard, KS 67052	Purpose of Disbursement Tiahrt, U.S. HOUSE 4th KS Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 08/15/96	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Senator Jerry Moran P.O. Box 128 Hays, KS 67601	Purpose of Disbursement Moran, U.S. HOUSE 1st KS Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 08/15/96	Amount of Each Disb. this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Blagojevich for Congress 3657 North Kedzie Chicago, IL 60618	Purpose of Disbursement Blagojevich, U.S. HOUSE 5th IL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day, Year) 08/15/96	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Robert Wexler Campaign Boca Raton, FL 33431	Purpose of Disbursement Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 08/27/96	Amount of Each Disb. this Period -1,500.00
G. 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: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 08/27/96	Amount of Each Disb. this Period 1,500.00
H. Full Name, Mailing Address and Zip Code Ward for Congress 1250 Bardstown Road Louisville, KY 40204-9879	Purpose of Disbursement Ward, U S CONGRESS KY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day, Year) 08/28/96	Amount of Each Disb. this Period 500.00
I. Full Name, Mailing Address and Zip Code James E Rogan for Congress 3525 N Verdugo Road Glendale, CA 91208	Purpose of Disbursement E Rogan, U S CONGRESS 27th CA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day, Year) 08/28/96	Amount of Each Disb. this Period 1,000.00

SUB TOTAL of Disbursements this page (Optional) ..... >	6,500.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 3
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SCHEDULE B — ITEMIZED DISBURSEMENTS

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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 Disb. this Period
Bamberger for Congress P O Box 4149 Springfield, MO 65808	Bamberger, 7TH DISTRICT CONGRES 7th MO Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	09/11/96	500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
James Fay 22470 Foothill Blvd., #32 Lisyward, CA 94541-9927	Fay, 13th CA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	09/17/96	1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Mark Sharpe Campaign 5011 - H Hillsborough Avenue Tampa, FL 33634	Sharpe, CONGRESS-HOUSE REP 11th FL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	09/23/96	1,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Sybert for Congress 20121 Ventura Blvd. #207 Woodland Hills, CA 91367	Sybert, U.S. HOUSE 24th CA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	09/24/96	1,000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Bob Graham Campaign Account 44 West Flagler St Suite 1715 Miami, FL 33130	Graham, U S SENATE FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	09/26/96	2,000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Sessions for Congress 4131 Carmichael Rd Suite A P O Box 4278 Montgomery, AL 36103-4278	Sessions, U S SENATE AL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	09/30/96	500.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Rick Boucher Campaign US House of Representation 2245 Raybuen House Office Bldg Washington, DC 20515	C "Rick" Boucher, HOUSE OF REPRESENTAT 9th VA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	09/30/96	500.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Porter Goss 108 Cannon House Office Bld Washington, DC 20515	Goss, FL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	09/30/96	1,000.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		

SUB TOTAL of Disbursements this page (Optional) ..... >	7,500.00
TOTAL this Period (Last page this line number only) ..... >	19,450.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 2
			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 Disb. this Period
Roger Wilson for Lt. Governor Capitol Building Room 120 Jefferson City, MO 65101	Wilson, LT. GOVERNOR MO Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	07/30/96	300.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Roger Wilson for Lt. Governor Capitol Building Room 120 Jefferson City, MO 65101	Voided Check Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	07/30/96	-300.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Bekki Cook Capitol Building Room 208 Jefferson City, MO 65101	McDowell Cook, SECRETARY OF STATE MO Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	07/30/96	300.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Bekki Cook Capitol Building Room 208 Jefferson City, MO 65101	Voided Check Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	07/30/96	-300.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Roger Wilson for Lt. Governor Capitol Building Room 120 Jefferson City, MO 65101	Wilson, LT. GOVERNOR MO Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/05/96	300.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Bekki Cook Capitol Building Room 208 Jefferson City, MO 65101	McDowell Cook, SECRETARY OF STATE MO Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/05/96	300.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Scott for Commissioner Committee 8155 E. Farm Road 170 Rogersville, MO 65742	A. Scott, COMMISSIONER 2nd MO Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/06/96	250.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Smitherman Campaign Fund 603 6th Avenue Selma, AL 36701	T. Smitherman, MAYOR AL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/15/96	500.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Charles Miller fo State Senate 2606 Windsor Forest Dr. Louisville, KY 40272	Miller, STATE SENATE KY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/28/96	500.00

SUB TOTAL of Disbursements this page (Optional) ..... > 1,850.00

TOTAL this Period (Last page this line number only) ..... >

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 Disb. this Period
Campaign to Re-Elect William Scott 260 Frogg Lane Raywick, KY 40060	Scott, STATE REPRESENTATIVE 24th KY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/28/96	250.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Committee to Elect Jeffrey Buis Route 4 Box 117-B Liberty, KY 42539	Buis, STATE REPRESENTATIVE 24th KY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/28/96	250.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Crimm 96' Campaign P O Box 43244 Louisville, KY 40253-0244	Crimm, 47TH LD SEAT 47th KY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	09/17/96	250.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Citizens for Judy Erwin Campaign Fund P O Box 64868 Chicago, IL 60664-0868	Erwin, STATE REPRESENTATIVE 11th IL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	09/24/96	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Citizens For Jim Hunt P.O. Box 12798 Raleigh, NC 27605	Jim Hunt, GOVERNOR NC Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	09/24/96	3,000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Kasputis Committee 5281 Hampton Drive North Olmsted, OH 44070	Kasputis, STATE REPRESENTATIVE 16th OH Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	09/24/96	250.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Citizens for Ralph Munro 5041 Houston Drive NW Olympia, WA 98502	Munro, SECRETARY OF STATE 22nd WA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	09/30/96	500.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		

SUB TOTAL of Disbursements this page (Optional) ..... >	5,000.00
TOTAL this Period (Last page this line number only) ..... >	6,850.00

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.

[X]	Hand Delivered	DATE OF RECEIPT 10-16-96
[ ]	First Class Mail	POSTMARKED
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[ ]	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

TG PREPARER	10-16-96 DATE PREPARED

FEC FORM 70-2 (12/92)