COLUMBIA HEALTHCARE GOOD GOVERNMENT FUND

P.O. Box 740033 - Louisville, Kentuyrcky 40241-7433 - 502/572-2906

July 1, 1994

Federal Election Commission
999 "E" Street, NW
Washington, D.C. 20463

Re: Columbia Healthcare Good Government Fund
C-000-67231-Monthly Report for 6/1/94 - 6/30/94

Gentlemen:

Enclosed please find Columbia Healthcare Good Government Fund FED Form 3X, for the monthly report (6/1/94 -6/30/94) with appropriate schedules attached.

Sincerely,

David G. Anderson
Treasurer

MWW/eas

Enclosure

cc: Kentucky Registry of Election Finance
140 Walnut Street
Frankfort, Kentucky 40601

Registry of Election Finance
404 James Robertson Parkway
Suite 1614
Nashville, Tennessee 37243

Florida Division of Elections
Secretary of State
Capitol Building, Room 1801
Tallahassee, Florida 32399

Office of the Secretary of State
Building 1, Room 157-K
1900 Kanawha Blvd. East
Charleston, W. Virginia 25305

Secretary of State
Elections Division
State Capitol, Room 105-5
600 Dexter Avenue
Montgomery, Alabama 36103

State Board of Elections
1020 S. Spring Street
Springfield, Illinois 62704

Federal Election Commission
999 "E" Street, N.W.
Washington, DC 20463

July 1, 1994

cc: Secretary of State
Election Division
Room 110, State Capitol
Atlanta, Georgia 30334

Office of the Secretary of State
Capitol Complex
Carson City, Nevada 89710

Texas Ethics Commission
1101 Camino La Costa
Austin, Texas 78752

Elections Division
Office of the Secretary of State
State Capitol Building, 19th Floor
P.O. Box 44125, Capitol Station
Baton Rouge, Louisiana 70804

Political Reform Division
Office of the Secretary of State
1230 "J" Street,Room 219
Sacramento, California 95814

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 Healthcare Good Government Fund

ADDRESS (number and street) ☐ Check if different than previously reported
201 West Main Street

CITY, STATE and ZIP CODE
Louisville, Kentucky 40202

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 6/1/94 through 6/30/94		
6. (a) Cash on Hand January 1, 19 94		$ 39,448.03
(b) Cash on Hand at Beginning of Reporting Period	$ 25,493.01	
(c) Total Receipts (from Line 19)	$ 0	$ 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 25,493.01	$ 39,448.03
7. Total Disbursements (from Line 30)	$ 4,467.00	$ 18,422.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 21,026.01	$ 21,026.01
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ 0	

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
7/1/94

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 Healthcare Good Government Fund

REPORT COVERING PERIOD FROM 6/1/94 TO: 6/30/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	0	0
ii. Unitemized	0	0
iii. Total (add i and ii) ➤	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	0	0
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	0	0
20. Total Federal Receipts (subtract line 18 from line 19) ➤	0	0
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	467.00	3,872.02
c. Total Operating Expenditures (add a i, a ii, and b) ➤	467.00	3,872.02
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	3,800.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) ➤	0	0
29. Other Disbursements	4,000.00	10,750.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,467.00	18,422.02
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4,467.00	18,422.02
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	0	0
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	0	0
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	467.00	3,872.02
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	467.00	3,872.02

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21 b

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)

Columbia Healthcare Good Government Fund

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
A. The Word Processory 1355 S. Third St. Louisville, Kentucky 40208	Secretarial Services Disbursement for: Primary, General, [x] Other (specify) See above	6/1/94	50.00
B. Michael W. Wooden 1385 S. Third Street Louisville, Kentucky 40208	Bookkeeping Services Disbursement for: Primary, General, [x] Other (specify) See above	6/30/94	417.00
C.	Purpose of Disbursement Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D.	Purpose of Disbursement Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	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) 467.00

TOTAL This Period (last page this line number only) 467.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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)

Columbia 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
DeWayne Freeman Campaign P.O. Box 3069 Huntsville, AL 35810	State Representative Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/1/94	200.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Johnny Mack Morrow Campaign 709 Carter Street, N.E. Red Bay, AL. 35582	State Representative Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/1/94	150.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Pat Lindsey Campaign 126 S. Mulberry Street Butler, AL 36904	State Senate Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/1/94	150.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Greg Wren Campaign 4211 Carmichael Rd. Montgomery, AL 36106	State Representative Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/1/94	150.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Republican Party of Kentucky P.O. Box 1068 Frankfort, Kentucky 40602	Political Contribution Disbursement for: [ ] Primary [ ] General [x] Other (specify) See above.	6/7/94	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Albright for State Senate 100 East 10th Street Chattanooga, TN 37402	State Senate Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/7/94	350.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Slattery for Governor P.O. Box 1814 Topeka, KS 66601	Governor Disbursement for: [x] Primary [ ] General [ ] Other (specify)	6/20/94	2,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement 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 Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 4,000.00

TOTAL This Period (last page this line number only) 4,000.00

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.

☑	Hand Delivered	DATE OF RECEIPT 7-7-94
☐	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

MMR — PREPARER

7-7-94 — DATE PREPARED

FEC FORM 70-2 (12/92)