FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM
2001 JUL 11 A 11:05

Office Use Only

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

HCA Healthcare Good Government Fund

ADDRESS (number and street) ▼ P.O. Box 550, One Park Plaza

☐ Check if different than previously reported. (ACC)

Nashville | TN | 37202-

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C C-00367231

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☒ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on ☐☐/☐☐/☐☐☐☐ In the State of ☐☐

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ☐☐/☐☐/☐☐☐☐ In the State of ☐☐

5. Covering Period 11 / 28 / 2000 through 12 / 31 / 2000

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: [signature] Date: 7 / 10 / 2001

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

Office Use Only							

FEC FORM 3X
(Revised 1/01)

FF1AN042.PDF

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

HCA Healthcare Good Government Fund

Report Covering the Period: From: 11 28 2000 To: 12 31 2000

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2000		260,826.87
(b) Cash on Hand at Beginning of Reporting Period	193,569.27	
(c) Total Receipts (from Line 19)	98,548.03	164,452.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	291,104.30	425,279.30
7. Total Disbursements (from Line 30)	6,024.98	140,199.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	285,079.32	285,079.32
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	

[X] This committee has qualified as a multicandidate committee. (see FEC Form 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01) — Page 3

Write or Type Committee Name

HCA Healthcare Good Government Fund

Report Covering the Period: From: 11 28 2000 To: 12 31 2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	66,088.33	164,452.48
(ii) Unitemized	32,459.70	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	98,548.03	0.00
(b) Political Party Committees	0.00	
(c) Other Political Committees (such as PACs)	0.00	
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶	98,548.03	164,452.48
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.) (Carry Totals to Line 38, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
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 Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	98,548.03	164,452.48
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	98,548.03	164,452.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,500.00	108,225.00
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	270.00	270.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	270.00	270.00
29. Other Disbursements	254.98	31,704.98
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	6,024.98	140,199.98
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	6,024.98	140,199.98

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	98,548.03	164,452.48
33. Total Contribution Refunds (from Line 28(d))	270.00	270.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	98,278.03	164,182.48
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 16, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 1 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HCA Healthcare Good Government Fund

A.
Full Name (Last, First, Middle Initial)
Mike Bogga
Mailing Address
350 Hospital Dr
City | State | Zip Code
Macon | **GA** | **31210**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **Columbia Coliseum Medical Center Psych**
Occupation: **CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **600.00**
Date of Receipt: **11 / 30 / 2000**
Amount of Each Receipt this Period: **600.00**
Transaction ID: 10000007307400002

B.
Full Name (Last, First, Middle Initial)
BERNARD ("BUD") Costello
Mailing Address
208 PRINCETON COURT
City | State | Zip Code
MACON | **GA** | **31210**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **MACON NORTHSIDE HOSPITAL**
Occupation: **CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **250.00**
Date of Receipt: **11 / 30 / 2000**
Amount of Each Receipt this Period: **250.00**
Transaction ID: 10000007306800003

C.
Full Name (Last, First, Middle Initial)
MARIAROSE KULMA
Mailing Address
1800 CHARDIN WAY
City | State | Zip Code
MARIETTA | **GA** | **30062-2141**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **EMORY PARKWAY HOSPITAL**
Occupation: **CNO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **250.00**
Date of Receipt: **11 / 30 / 2000**
Amount of Each Receipt this Period: **250.00**
Transaction ID: 10000007306800004

SUBTOTAL of Receipts This Page (optional) ▶ **1,000.00**

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

FEC Schedule A (Form 3X) (Revised 1/01)

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 2 OF 46

- [X] 11a
- [ ] 11b
- [ ] 11c
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NAME OF COMMITTEE (In Full)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
David Portwood
Mailing Address
151 CHADWICK DRIVE
City: MACON | State: GA | Zip Code: 31210
FEC ID number of contributing federal political committee: C
Name of Employer: COLISEUM MEDICAL CENTERS
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 | 30 | 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007309500006

B. Full Name (Last, First, Middle Initial)
Roger M Simmons
Mailing Address
116 Arlington Row
City: Macon | State: GA | Zip Code: 31210
FEC ID number of contributing federal political committee: C
Name of Employer: Columbia Coliseum Medical Coliseum Psych
Occupation: CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 | 30 | 2000
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007308000005

C. Full Name (Last, First, Middle Initial)
Doug White
Mailing Address
6711 Pickens Ave
City: Myrtle Beach | State: SC | Zip Code: 29577-
FEC ID number of contributing federal political committee: C
Name of Employer: Columbia Grand Strand Regional Med. Ctr.
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 | 30 | 2000
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007308400007

SUBTOTAL of Receipts This Page (optional) ▶ 1,000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Jon Bartlett
Mailing Address: 1719 E. 10th Avenue
City: Denver State: CO Zip Code: 80215
FEC ID number of contributing federal political committee: C
Name of Employer: Presbyterian/St. Luke's Medical Center
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 12 04 2000
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007315400008

B.
Full Name (Last, First, Middle Initial): John Berry
Mailing Address: 735 Terry Dr
City: Richlands State: VA Zip Code: 24641
FEC ID number of contributing federal political committee: C
Name of Employer: Clinch Valley Medical Center
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 350.00
Date of Receipt: 12 04 2000
Amount of Each Receipt this Period: 350.00
Transaction ID: 10000007314200009

C.
Full Name (Last, First, Middle Initial): Gary Centrell
Mailing Address: 11123 Lands End Chase
City: Port St Lucie State: FL Zip Code: 34986
FEC ID number of contributing federal political committee: C
Name of Employer: St. Lucie Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 12 04 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007313900010

SUBTOTAL of Receipts This Page (optional) ▶ 1,100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 4 OF 46

- [X] 11a
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NAME OF COMMITTEE (In Full)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Russell Harms
Mailing Address
1204 Snowberry Drive
City | State | Zip Code
Golden | CO | 80401
FEC ID number of contributing federal political committee: C
Name of Employer: Presbyterian/St. Luke's Medical Center
Occupation: CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 | 04 | 2000
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007315000011

B. Full Name (Last, First, Middle Initial)
Madeleine L Robinson
Mailing Address
5402 S. Fulton Court
City | State | Zip Code
Englewood | CO | 80111
FEC ID number of contributing federal political committee: C
Name of Employer: Presbyterian/St. Luke's Medical Center
Occupation: President/CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00

Date of Receipt: 12 | 04 | 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007315000012

C. Full Name (Last, First, Middle Initial)
Stanley Tatum
Mailing Address
11001 W Country Dr
City | State | Zip Code
Oklahoma City | OK | 73170
FEC ID number of contributing federal political committee: C
Name of Employer: Edmond Regional Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 12 | 04 | 2000
Amount of Each Receipt this Period: 750.00
Transaction ID: 10000007315000013

SUBTOTAL of Receipts This Page (optional): 2,000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 6 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Marshall Allen
Mailing Address
906 Suffolk Court
City: Southlake | State: TX | Zip Code: 76092

Date of Receipt: 12 | 05 | 2000

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 300.00

Name of Employer: Medical Center of Arlington
Occupation: CFO

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Transaction ID: 10000007311600014

B. Full Name (Last, First, Middle Initial)
Kaye Amick
Mailing Address
3140 Bent Creek Dr
City: Valrico | State: FL | Zip Code: 33594

Date of Receipt: 12 | 05 | 2000

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 300.00

Name of Employer: Brandon Regional Hospital
Occupation: CNO

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Transaction ID: 10000007382200016

C. Full Name (Last, First, Middle Initial)
James Burton
Mailing Address
515 Rob Roy St
City: Lakeland | State: FL | Zip Code: 33813

Date of Receipt: 12 | 05 | 2000

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 300.00

Name of Employer: Brandon Regional Hospital
Occupation: CFO

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Transaction ID: 10000007382100016

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 5 OF 45

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Carolyn Caldwell
Mailing Address
4230 Forestedge
City | State | Zip Code
Grand Prairie | TX | 75052
FEC ID number of contributing federal political committee: C
Name of Employer: Medical Center of Arlington
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 12 | 05 | 2000
Amount of Each Receipt this Period: 350.00
Transaction ID: 10000007311700017

B. Full Name (Last, First, Middle Initial)
Michael Fencel
Mailing Address
8922 Stillwaters Landing
City | State | Zip Code
Riverview | FL | 33569
FEC ID number of contributing federal political committee: C
Name of Employer: Brandon Regional Hospital
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00

Date of Receipt: 12 | 06 | 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007351900019

C. Full Name (Last, First, Middle Initial)
Sheyna George
Mailing Address
779 Sparkleberry Road
City | State | Zip Code
Evans | GA | 30809
FEC ID number of contributing federal political committee: C
Name of Employer: Doctors Hospital of Augusta
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 12 | 05 | 2000
Amount of Each Receipt this Period: 350.00
Transaction ID: 10000007312000019

SUBTOTAL of Receipts This Page (optional) ▶ 1,700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Michael Kerner
Mailing Address
4217 Smithfield Creek
City | State | Zip Code
Evans | GA | 30809
FEC ID number of contributing federal political committee: C
Name of Employer: Doctors Hospital of Augusta
Occupation: Pres/CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00

Date of Receipt: 12 | 06 | 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007312000020

B. Full Name (Last, First, Middle Initial)
Alexander Mendez
Mailing Address
15330 SW 148 Terr.
City | State | Zip Code
Miami | FL | 33196
FEC ID number of contributing federal political committee: C
Name of Employer: Cedars Medical Center
Occupation: CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 12 | 06 | 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007313600021

C. Full Name (Last, First, Middle Initial)
Stan C Morton
Mailing Address
1320 Stonecrest Dr
City | State | Zip Code
Coppell | TX | 75019
FEC ID number of contributing federal political committee: C
Name of Employer: Medical Center of Arlington
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00

Date of Receipt: 12 | 08 | 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007311600022

SUBTOTAL of Receipts This Page (optional) ▶ 2,300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 OF 48

- [X] 11a
- [ ] 11b
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NAME OF COMMITTEE (In Full)
HCA Healthcare Good Government Fund

A.
Full Name (Last, First, Middle Initial)
Karen W Moyer
Mailing Address
7400 SW 57 Terrace
City **Miami** State **FL** Zip Code **33143**
FEC ID number of contributing federal political committee. C
Name of Employer **Cedars Medical Center**
Occupation **CNO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **300.00**
Date of Receipt **12 / 06 / 2000**
Amount of Each Receipt this Period **300.00**
Transaction ID: 10000007313700023

B.
Full Name (Last, First, Middle Initial)
Harold Muetzel
Mailing Address
3002 Sprawling Oaks Place
City **Valrico** State **FL** Zip Code **33594**
FEC ID number of contributing federal political committee. C
Name of Employer **Brandon Regional Hospital**
Occupation **COO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **500.00**
Date of Receipt **12 / 05 / 2000**
Amount of Each Receipt this Period **500.00**
Transaction ID: 10000007362000024

C.
Full Name (Last, First, Middle Initial)
Kelly Penton
Mailing Address
3878 Inverness Way
City **Martinez** State **GA** Zip Code **30907**
FEC ID number of contributing federal political committee. C
Name of Employer **Doctors Hospital of Augusta**
Occupation **CFO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **300.00**
Date of Receipt **12 / 05 / 2000**
Amount of Each Receipt this Period **300.00**
Transaction ID: 10000007312700025

SUBTOTAL of Receipts This Page (optional) ▶ **1,100.00**

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

FEC Schedule A (Form 3X) (Revised 1/01)

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 9 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Beryl O Ramsey
Mailing Address
4626 Scot Court
City | State | Zip Code
Sugar Land | **TX** | **77479**
FEC ID number of contributing federal political committee: C
Name of Employer: **Texas Orthopedic Hospital**
Occupation: **Health Care/CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **325.00**
Date of Receipt: **12 / 06 / 2000**
Amount of Each Receipt this Period: **325.00**
Transaction ID: 10000007354000026

B. Full Name (Last, First, Middle Initial)
Steven D Sonnenreich
Mailing Address
577 SW 131 Terrace
City | State | Zip Code
Miami | **FL** | **33156**
FEC ID number of contributing federal political committee: C
Name of Employer: **Cedars Medical Center**
Occupation: **CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **1,000.00**
Date of Receipt: **12 / 05 / 2000**
Amount of Each Receipt this Period: **1,000.00**
Transaction ID: 10000007313400027

C. Full Name (Last, First, Middle Initial)
Bob Brannigan
Mailing Address
9407 Gadwell Terrace
City | State | Zip Code
Chesterfield | **VA** | **23838**
FEC ID number of contributing federal political committee: C
Name of Employer: **Henrico Doctors' Hospital**
Occupation: **CNO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **300.00**
Date of Receipt: **12 / 07 / 2000**
Amount of Each Receipt this Period: **300.00**
Transaction ID: 10000007329000028

SUBTOTAL of Receipts This Page (optional) ▶ **1,625.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 10 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Rebecca Brewer
Mailing Address
PO Box 704
City: Allendale | State: SC | Zip Code: 29810

FEC ID number of contributing federal political committee: C

Name of Employer: Colleton Medical Center
Occupation: CEO

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 12 07 2000

Amount of Each Receipt this Period: 500.00

Transaction ID: 10000007320900028

B. Full Name (Last, First, Middle Initial)
William Caldwell
Mailing Address
1606 Gravel Neck Dr
City: Chester | State: VA | Zip Code: 23831

FEC ID number of contributing federal political committee: C

Name of Employer: Henrico Doctor's Hospital
Occupation: COO

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 12 07 2000

Amount of Each Receipt this Period: 500.00

Transaction ID: 10000007318800030

C. Full Name (Last, First, Middle Initial)
Patrick Farrell
Mailing Address
11128 Glen Hollow Ct.
City: Richmond | State: VA | Zip Code: 23233

FEC ID number of contributing federal political committee: C

Name of Employer: Henrico Doctor's Hospital
Occupation: CEO

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 1,000.00

Date of Receipt: 12 07 2000

Amount of Each Receipt this Period: 1,000.00

Transaction ID: 10000007318300031

SUBTOTAL of Receipts This Page (optional) ▶ 2,000.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN02.PDF

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 46
(check only one)
- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Harvey L Fishero
Mailing Address
5920 Newgate Lane
City: Plano | State: TX | Zip Code: 75093
FEC ID number of contributing federal political committee: C
Name of Employer: Medical Center of Plano
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 07 / 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007316200032

B. Full Name (Last, First, Middle Initial)
James Hiott III
Mailing Address
310 Silverhill Road
City: Walterboro | State: SC | Zip Code: 29488
FEC ID number of contributing federal political committee: C
Name of Employer: Colleton Medical Center
Occupation: CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 07 / 2000
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007320700033

C. Full Name (Last, First, Middle Initial)
Sally Hurt
Mailing Address
226 Canyon Terrace
City: El Paso | State: TX | Zip Code: 79902
FEC ID number of contributing federal political committee: C
Name of Employer: Del Sol Medical Center
Occupation: CNO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 / 07 / 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007316100034

SUBTOTAL of Receipts This Page (optional) ▶ 1,050.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN04G.PDF

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 12 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Ernest Lynch
Mailing Address
4020 Foxtail Lane
City: Plano | State: TX | Zip Code: 75024
FEC ID number of contributing federal political committee: C
Name of Employer: Medical Center of Plano
Occupation: CDO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 12 | 07 | 2000
Amount of Each Receipt this Period: 350.00
Transaction ID: 10000007317100035

B. Full Name (Last, First, Middle Initial)
Douglas Matney
Mailing Address
2024 Gus Moran
City: El Paso | State: TX | Zip Code: 79936
FEC ID number of contributing federal political committee: C
Name of Employer: Del Sol Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 12 | 07 | 2000
Amount of Each Receipt this Period: 750.00
Transaction ID: 10000007318000046

C. Full Name (Last, First, Middle Initial)
David Stelts
Mailing Address
226 Stonehedge Drive
City: Frankfort | State: KY | Zip Code: 40601
FEC ID number of contributing federal political committee: C
Name of Employer: Frankfort Regional Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 | 07 | 2000
Amount of Each Receipt this Period: 200.00
Transaction ID: 10000007322700037

SUBTOTAL of Receipts This Page (optional) ▶ 1,300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 13 OF 40

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Lisa Valentine
Mailing Address
15022 Three Oaks Court
City **Montpelier** State **VA** Zip Code **23192**
FEC ID number of contributing federal political committee: **C**
Name of Employer **Henrico Doctor's Hospital**
Occupation **Asst. Admin.**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **300.00**
Date of Receipt: **12 07 2000**
Amount of Each Receipt this Period: **200.00**
Transaction ID: 10000007319700038

B. Full Name (Last, First, Middle Initial)
Roy Ward
Mailing Address
12313 Pleasant Lake Terr
City **Richmond** State **VA** Zip Code **23223**
FEC ID number of contributing federal political committee: **C**
Name of Employer **Henrico Doctor's Hospital**
Occupation **CFO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **300.00**
Date of Receipt: **12 07 2000**
Amount of Each Receipt this Period: **300.00**
Transaction ID: 10000007319900039

C. Full Name (Last, First, Middle Initial)
William Painter
Mailing Address
5731 Arcturus Dr SW
City **Roanoke** State **VA** Zip Code **24018**
FEC ID number of contributing federal political committee: **C**
Name of Employer **Lewis-Gale Medical Center**
Occupation **CFO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **300.00**
Date of Receipt: **12 12 2000**
Amount of Each Receipt this Period: **300.00**
Transaction ID: 10000007328100040

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 14 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HCA Healthcare Good Government Fund

A.
Full Name (Last, First, Middle Initial)
Rob Basham
Mailing Address
616 Miramar Lane
City: Ponte Verda | State: FL | Zip Code: 32082
FEC ID number of contributing federal political committee: C
Name of Employer: Chippenham/Johnston-Willis Medical Center
Occupation: Assoc. Adm.
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 12 / 12 / 2000
Amount of Each Receipt this Period: 400.00
Transaction ID: 10000007328500041

B.
Full Name (Last, First, Middle Initial)
Lee Beard
Mailing Address
1414 Lynchburg Trace
City: Grayson | State: GA | Zip Code: 30221
FEC ID number of contributing federal political committee: C
Name of Employer: Emory Eastside Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 / 12 / 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007337500042

C.
Full Name (Last, First, Middle Initial)
Patsy Coghill
Mailing Address
2430 Mt. Blanco Road
City: Chester | State: VA | Zip Code: 23836
FEC ID number of contributing federal political committee: C
Name of Employer: John Randolph Medical Center
Occupation: CNO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 12 / 12 / 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007332100043

SUBTOTAL of Receipts This Page (optional) ▶ 1,200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 16 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Angie L. Copeland
Mailing Address
112 Muddy River Road
City: Lawrenceville | State: GA | Zip Code: 30043
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 12 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007338100044

B. Full Name (Last, First, Middle Initial)
David Darden
Mailing Address
1106 Pinewood Drive
City: Beckley | State: WV | Zip Code: 25801
FEC ID number of contributing federal political committee: C
Name of Employer: Raleigh General Hospital | Occupation: Pres/CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 12 12 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007340500046

C. Full Name (Last, First, Middle Initial)
Kathryn Gillette
Mailing Address
5637 Marina Parkway
City: New Port Richey | State: FL | Zip Code: 34652-4316
FEC ID number of contributing federal political committee: C
Name of Employer: Community Hospital of New Port Richey | Occupation: CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 12 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007329400048

SUBTOTAL of Receipts This Page (optional) ▶ 1,600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 16 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Steven Gross
Mailing Address
5907 W Club Lane
City: Richmond | State: VA | Zip Code: 23228
FEC ID number of contributing federal political committee: C
Name of Employer: Chippenham/Johnston-Willis Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 / 12 / 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007327300047

B. Full Name (Last, First, Middle Initial)
Henry Hernandez
Mailing Address
6557 Majestic Ridge
City: El Paso | State: TX | Zip Code: 79912
FEC ID number of contributing federal political committee: C
Name of Employer: Las Palmas Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 12 / 2000
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007327000048

C. Full Name (Last, First, Middle Initial)
Glenn H. Jacobs
Mailing Address
7334 Candlelight Dr
City: New Port Richey | State: FL | Zip Code: 33455-2
FEC ID number of contributing federal political committee: C
Name of Employer: Community Hospital of New Port Richey
Occupation: Asst. Admin.
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 / 12 / 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007328000049

SUBTOTAL of Receipts This Page (optional) ▶ 850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 17OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Linda Jubinsky
Mailing Address
4459 Village Springs Run
City **Dunwoody** State **GA** Zip Code **30338**
FEC ID number of contributing federal political committee. C
Name of Employer **Emory Peachtree Regional Hospital**
Occupation **CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **500.00**
Date of Receipt **12 / 12 / 2000**
Amount of Each Receipt this Period **500.00**
Transaction ID: 10000007327100050

B. Full Name (Last, First, Middle Initial)
Don Karl
Mailing Address
864 Via Redonda Ct
City **El Paso** State **TX** Zip Code **79912**
FEC ID number of contributing federal political committee. C
Name of Employer **Las Palmas Medical Center**
Occupation **COO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **250.00**
Date of Receipt **12 / 12 / 2000**
Amount of Each Receipt this Period **250.00**
Transaction ID: 10000007336200081

C. Full Name (Last, First, Middle Initial)
Margaret Lewis
Mailing Address
11251 Buckhead Terrace
City **Midlothian** State **VA** Zip Code **23113**
FEC ID number of contributing federal political committee. C
Name of Employer **Chippenham/Johnston-Willis Medical Center**
Occupation **COO-CMC**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **300.00**
Date of Receipt **12 / 12 / 2000**
Amount of Each Receipt this Period **300.00**
Transaction ID: 10000007323000052

SUBTOTAL of Receipts This Page (optional) ▶ **1,050.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Scott Mair
Mailing Address
217 Ridge Circle
City: **Dublin** State: **GA** Zip Code: **31021**
FEC ID number of contributing federal political committee: C
Name of Employer: **Fairview Park Hospital**
Occupation: **COO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **300.00**
Date of Receipt: **12 12 2000**
Amount of Each Receipt this Period: **300.00**
Transaction ID: 10000007333800053

B.
Full Name (Last, First, Middle Initial)
Emie Maier
Mailing Address
5637 Marine Parkway
City: **New Port Richey** State: **FL** Zip Code: **34652-4316**
FEC ID number of contributing federal political committee: C
Name of Employer: **Community Hospital of New Port Richey**
Occupation: **CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **1,000.00**
Date of Receipt: **12 12 2000**
Amount of Each Receipt this Period: **1,000.00**
Transaction ID: 10000007333800054

C.
Full Name (Last, First, Middle Initial)
Darla Meyers
Mailing Address
682 Jones Ln
City: **Dublin** State: **GA** Zip Code: **31021**
FEC ID number of contributing federal political committee: C
Name of Employer: **Fairview Park Hospital**
Occupation: **CNO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **300.00**
Date of Receipt: **12 12 2000**
Amount of Each Receipt this Period: **300.00**
Transaction ID: 10000007333400055

SUBTOTAL of Receipts This Page (optional) ▶ **1,500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 19 OF 46

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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 committees.

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

A.
Full Name (Last, First, Middle Initial)
Clifton Mills
Mailing Address
6005 Ojo De Aqua
City | State | Zip Code
El Paso | TX | 79912
FEC ID number of contributing federal political committee. C
Name of Employer: Del Sol Medical Center
Occupation: C.F.O.
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 | 12 | 2000
Amount of Each Receipt this Period: 125.00
Transaction ID: 10000007341100058

B.
Full Name (Last, First, Middle Initial)
Kenyon Mullenbach
Mailing Address
2321 Crystal Spring Ave
City | State | Zip Code
Roanoke | VA | 24014
FEC ID number of contributing federal political committee. C
Name of Employer: Lewis-Gale Medical Center
Occupation: CNO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 | 12 | 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007328200057

C.
Full Name (Last, First, Middle Initial)
Anne O'Brien
Mailing Address
9637 Marina Parkway
City | State | Zip Code
New Port Richey | FL | 34652-4316
FEC ID number of contributing federal political committee. C
Name of Employer: Community Hospital of New Port Richey
Occupation: CNO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 | 12 | 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007325500058

SUBTOTAL of Receipts This Page (optional) ▶ 725.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 20OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Mark Rader
Mailing Address
6115 Scotford Court
City: **Roanoke** State: **VA** Zip Code: **24018**
FEC ID number of contributing federal political committee: C
Name of Employer: **Lewis-Gale Medical Center**
Occupation: **VP**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **500.00**
Date of Receipt: **12** / **12** / **2000**
Amount of Each Receipt this Period: **500.00**
Transaction ID: 10000007328000088

B. Full Name (Last, First, Middle Initial)
James Sholes
Mailing Address
5319 McVitty Rd
City: **Roanoke** State: **VA** Zip Code: **24018**
FEC ID number of contributing federal political committee: C
Name of Employer: **Lewis-Gale Medical Center**
Occupation: **COO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **500.00**
Date of Receipt: **12** / **12** / **2000**
Amount of Each Receipt this Period: **500.00**
Transaction ID: 10000007327000080

C. Full Name (Last, First, Middle Initial)
Ted Short
Mailing Address
200 Ridge Circle
City: **Dublin** State: **GA** Zip Code: **31021**
FEC ID number of contributing federal political committee: C
Name of Employer: **Fairview Park**
Occupation: **CFO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **300.00**
Date of Receipt: **12** / **12** / **2000**
Amount of Each Receipt this Period: **300.00**
Transaction ID: 10000007333000061

SUBTOTAL of Receipts This Page (optional) ▶ **1,300.00**

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE1A60A2.PDF

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 21 OF 46

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
John Smith
Mailing Address
13531 Staircrose Rd
City **Midlothian** State **VA** Zip Code **23113**
FEC ID number of contributing federal political committee: C
Name of Employer **Chippenham Hospital**
Occupation **ECO/Asst. Adm.**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **300.00**
Date of Receipt: **12** / **12** / **2000**
Amount of Each Receipt this Period: **300.00**
Transaction ID: 10000007324700062

B. Full Name (Last, First, Middle Initial)
Lynn Strader
Mailing Address
11801 Southern Pointe Dr
City **Chesterfield** State **VA** Zip Code **23838**
FEC ID number of contributing federal political committee: C
Name of Employer **Chippenham Hospital**
Occupation **CFO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **300.00**
Date of Receipt: **12** / **12** / **2000**
Amount of Each Receipt this Period: **300.00**
Transaction ID: 10000007324800063

C. Full Name (Last, First, Middle Initial)
Pat Sullivan
Mailing Address
405 Greatviewpoint Drive
City **Lewisville** State **TX** Zip Code **75067**
FEC ID number of contributing federal political committee: C
Name of Employer **Los Colinas Medical Center**
Occupation **CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **350.00**
Date of Receipt: **12** / **12** / **2000**
Amount of Each Receipt this Period: **350.00**
Transaction ID: 10000007327500064

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 22 OF 46

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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 committees.

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

A. Full Name (Last, First, Middle Initial)
James Thweatt
Mailing Address
621 Linwood Drive
City: Richlands | State: VA | Zip Code: 24641
FEC ID number of contributing federal political committee: C
Name of Employer: Lewis-Gale Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00

Date of Receipt: 12 | 12 | 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007327800065

B. Full Name (Last, First, Middle Initial)
Tim Tobin
Mailing Address
206 Plantation Drive
City: Macon | State: GA | Zip Code: 31210
FEC ID number of contributing federal political committee: C
Name of Employer: Clinch Valley Medical Center
Occupation: President/CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 | 12 | 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007327400088

C. Full Name (Last, First, Middle Initial)
William Wagnon
Mailing Address
5637 Marine Parkway
City: New Port Richey | State: FL | Zip Code: 34652-4316
FEC ID number of contributing federal political committee: C
Name of Employer: Community Hospital of New Port Richey
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 | 12 | 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007329300067

SUBTOTAL of Receipts This Page (optional) ▶ 2,000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 23 OF 48

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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)
HCA Healthcare Good Government Fund

A.
Full Name (Last, First, Middle Initial)
Daniel Watts
Mailing Address
3821 Chester Way
City **Williamsburg** State **VA** Zip Code **23188**
FEC ID number of contributing federal political committee. C
Name of Employer **John Randolph Medical Center**
Occupation **CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **400.00**

Date of Receipt **12 12 2000**
Amount of Each Receipt this Period **400.00**
Transaction ID: 10000007332800068

B.
Full Name (Last, First, Middle Initial)
James Wood
Mailing Address
104 Cedar Creek Drive
City **Dublin** State **GA** Zip Code **31021**
FEC ID number of contributing federal political committee. C
Name of Employer **Fairview Park Hospital**
Occupation **CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **1,000.00**

Date of Receipt **12 12 2000**
Amount of Each Receipt this Period **1,000.00**
Transaction ID: 10000007333200069

C.
Full Name (Last, First, Middle Initial)
MaryAnn Fullarte
Mailing Address
23115 Regal Isle Ct
City **Katy** State **TX** Zip Code **77494**
FEC ID number of contributing federal political committee. C
Name of Employer **Spring Branch Medical Center**
Occupation **CNO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **12 18 2000**
Amount of Each Receipt this Period **300.00**
Transaction ID: 10000007368300070

SUBTOTAL of Receipts This Page (optional) ▶ **1,700.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 24 OF 48

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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)
HCA Healthcare Good Government Fund

A.
Full Name (Last, First, Middle Initial)
Alice Adams
Mailing Address
2105 Sandmist Circle
City | State | Zip Code
League City | **TX** | **77573**
FEC ID number of contributing federal political committee: C
Name of Employer: **Mainland Medical Center**
Occupation: **CNO/COO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **300.00**

Date of Receipt: **12 / 18 / 2000**
Amount of Each Receipt this Period: **300.00**
Transaction ID: 10000007388300071

B.
Full Name (Last, First, Middle Initial)
John Armour
Mailing Address
15823 Blackhawk
City | State | Zip Code
Friendswood | **TX** | **77546**
FEC ID number of contributing federal political committee: C
Name of Employer: **Texas Orthopedic Hospital**
Occupation: **CFO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **425.00**

Date of Receipt: **12 / 18 / 2000**
Amount of Each Receipt this Period: **400.00**
Transaction ID: 10000007384900072

C.
Full Name (Last, First, Middle Initial)
Keith Barker
Mailing Address
234 Hazelcrest Drive
City | State | Zip Code
The Woodlands | **TX** | **77382**
FEC ID number of contributing federal political committee: C
Name of Employer: **Conroe Regional Medical Center**
Occupation: **CFO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **300.00**

Date of Receipt: **12 / 18 / 2000**
Amount of Each Receipt this Period: **300.00**
Transaction ID: 10000007388500073

SUBTOTAL of Receipts This Page (optional) ▶ **1,000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 250F 46

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Keith Barber
Mailing Address
234 Hazelcrest Drive
City — State — Zip Code
The Woodlands — **TX** — **77382**
FEC ID number of contributing federal political committee: C
Name of Employer: **Conroe Regional Medical Center**
Occupation: **CFO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **500.00**
Date of Receipt: **12** / **18** / **2000**
Amount of Each Receipt this Period: **200.00**
Transaction ID: 10000007368900074

B. Full Name (Last, First, Middle Initial)
Scott G Bantley
Mailing Address
476 Pompano
City — State — Zip Code
Bayou Vista — **TX** — **77563**
FEC ID number of contributing federal political committee: C
Name of Employer: **Mainland Medical Center**
Occupation: **CFO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **500.00**
Date of Receipt: **12** / **18** / **2000**
Amount of Each Receipt this Period: **500.00**
Transaction ID: 10000007368900075

C. Full Name (Last, First, Middle Initial)
Britt Barrett
Mailing Address
901 St. James Drive
City — State — Zip Code
Fairview — **TX** — **75069**
FEC ID number of contributing federal political committee: C
Name of Employer: **Medical City Dallas Hospital**
Occupation: **CEO/President**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **1,000.00**
Date of Receipt: **12** / **18** / **2000**
Amount of Each Receipt this Period: **1,000.00**
Transaction ID: 10000007363400078

SUBTOTAL of Receipts This Page (optional) ▶ **1,700.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 committees.

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

A.
Full Name (Last, First, Middle Initial)
Kay Bissell
Mailing Address
114 E Shadowpoint
City: The Woodlands | State: TX | Zip Code: 77381
FEC ID number of contributing federal political committee: C
Name of Employer: Kingwood Medical Center
Occupation: CNO/COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 | 18 | 2000
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007388600077

B.
Full Name (Last, First, Middle Initial)
James Winston Borland
Mailing Address
4305 Woodriver
City: Corpus Christi | State: TX | Zip Code: 78410
FEC ID number of contributing federal political committee: C
Name of Employer: Northwest Regional Hospital
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 12 | 16 | 2000
Amount of Each Receipt this Period: 750.00
Transaction ID: 10000007356800078

C.
Full Name (Last, First, Middle Initial)
William Burns
Mailing Address
101 E. Ridge Road
City: McAllen | State: TX | Zip Code: 78503
FEC ID number of contributing federal political committee: C
Name of Employer: Rio Grande Regional Hospital
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00

Date of Receipt: 12 | 15 | 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007359100079

SUBTOTAL of Receipts This Page (optional) ▶ 2,000.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE' AN042 P0F

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HCA Healthcare Good Government Fund

A.
Full Name (Last, First, Middle Initial)
Connie Cowan
Mailing Address
13111 East Freeway
City: Houston | State: TX | Zip Code: 77015
FEC ID number of contributing federal political committee: C
Name of Employer: East Houston Regional Medical Center
Occupation: CNO/COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 | 18 | 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007388100080

B.
Full Name (Last, First, Middle Initial)
Patricia Curtis
Mailing Address
107 Warrenton
City: Houston | State: TX | Zip Code: 77024
FEC ID number of contributing federal political committee: C
Name of Employer: Spring Branch Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,400.00
Date of Receipt: 12 | 18 | 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007388000081

C.
Full Name (Last, First, Middle Initial)
James Dover
Mailing Address
15734 Steamboat Lane
City: Houston | State: TX | Zip Code: 77079
FEC ID number of contributing federal political committee: C
Name of Employer: West Houston Medical Center
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 | 18 | 2000
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007388000082

SUBTOTAL of Receipts This Page (optional) ▶ 1,550.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 28 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Sheila Everly
Mailing Address
6035 Anita
City: Dallas | State: TX | Zip Code: 75206
FEC ID number of contributing federal political committee: C
Name of Employer: Medical City Dallas Hospital
Occupation: CNO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007981000063

B. Full Name (Last, First, Middle Initial)
Patsy Hardy
Mailing Address
P.O. Box 900
City: Hurricane | State: WV | Zip Code: 25526
FEC ID number of contributing federal political committee: C
Name of Employer: Putnam General Hospital
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: 350.00
Transaction ID: 10000007381000084

C. Full Name (Last, First, Middle Initial)
Jeffrey Holland
Mailing Address
39 Harbor View
City: Sugar Land | State: TX | Zip Code: 77479
FEC ID number of contributing federal political committee: C
Name of Employer: West Houston Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007366800085

SUBTOTAL of Receipts This Page (optional) ▶ 1,650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 29 OF 46

- [X] 11a
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NAME OF COMMITTEE (In Full)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Thomas A Holt
Mailing Address
4239 Dewberry Lane
City: Katy | State: TX | Zip Code: 77494
FEC ID number of contributing federal political committee: C
Name of Employer: West Houston Medical Center
Occupation: CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007366800088

B. Full Name (Last, First, Middle Initial)
David Huffstutler
Mailing Address
3630 Drummond
City: Houston | State: TX | Zip Code: 77025
FEC ID number of contributing federal political committee: C
Name of Employer: Spring Branch Medical Center
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: 600.00
Transaction ID: 10000007366100087

C. Full Name (Last, First, Middle Initial)
Jay Johnson
Mailing Address
100 A Alton Gloor Blvd
City: Brownsville | State: TX | Zip Code: 78526
FEC ID number of contributing federal political committee: C
Name of Employer: Valley Regional Medical Center
Occupation: CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007364800065

SUBTOTAL of Receipts This Page (optional) ▶ 1,600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 30 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 committees.

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

A.
Full Name (Last, First, Middle Initial)
Melonie Kelley
Mailing Address
7229 Mansions
City **Corpus Christi** State **TX** Zip Code **78414**
FEC ID number of contributing federal political committee. C
Name of Employer **Corpus Christi Medical Center**
Occupation **CNO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **500.00**
Date of Receipt **12 / 18 / 2000**
Amount of Each Receipt this Period **500.00**
Transaction ID: 10000007387500088

B.
Full Name (Last, First, Middle Initial)
Molly Jo Kirby
Mailing Address
1906 Wynwood
City **Deer Park** State **TX** Zip Code **77536**
FEC ID number of contributing federal political committee. C
Name of Employer **Women's Hospital of Texas**
Occupation **CNO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **550.00**
Date of Receipt **12 / 18 / 2000**
Amount of Each Receipt this Period **400.00**
Transaction ID: 10000007387800090

C.
Full Name (Last, First, Middle Initial)
Christopher Knight
Mailing Address
2439 Ponderosa Drive
City **Mission** State **TX** Zip Code **78572**
FEC ID number of contributing federal political committee. C
Name of Employer **Rio Grande Regional Hospital**
Occupation **CFO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **500.00**
Date of Receipt **12 / 18 / 2000**
Amount of Each Receipt this Period **500.00**
Transaction ID: 10000007389400091

SUBTOTAL of Receipts This Page (optional) ▶ **1,400.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 31 OF 46

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
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- [ ] 16
- [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Odette Mark
Mailing Address
5406 Windham Spring Court
City: Houston | State: TX | Zip Code: 77041
FEC ID number of contributing federal political committee: C
Name of Employer: Conroe Regional Medical Center
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007366700082

B. Full Name (Last, First, Middle Initial)
Patrick Mathews
Mailing Address
2330 Reflection Ct.
City: Missouri City | State: TX | Zip Code: 77459
FEC ID number of contributing federal political committee: C
Name of Employer: The Women's Hospital of Tx
Occupation: CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007366700093

C. Full Name (Last, First, Middle Initial)
Eamon McGlynn
Mailing Address
PO Box 4366
City: Brownsville | State: TX | Zip Code: 78523
FEC ID number of contributing federal political committee: C
Name of Employer: Valley Regional Medical Center
Occupation: MAD
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: 750.00
Transaction ID: 10000007369200084

SUBTOTAL of Receipts This Page (optional) ▶ 1,850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 32 OF 48

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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 committees.

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

A.
Full Name (Last, First, Middle Initial)
Russell Meyers
Mailing Address
289 Waterford Way
City: **Montgomery** State: **TX** Zip Code: **77356**
FEC ID number of contributing federal political committee: C
Name of Employer: **Conroe Regional Medical Center**
Occupation: **CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **1,000.00**
Date of Receipt: **12 / 18 / 2000**
Amount of Each Receipt this Period: **1,000.00**
Transaction ID: 10000007356600098

B.
Full Name (Last, First, Middle Initial)
Charles Morgan
Mailing Address
6646 Bent Trail
City: **Corpus Christi** State: **TX** Zip Code: **78413**
FEC ID number of contributing federal political committee: C
Name of Employer: **Northwest Regional Hospital**
Occupation: **CFO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **400.00**
Date of Receipt: **12 / 18 / 2000**
Amount of Each Receipt this Period: **400.00**
Transaction ID: 10000007356200096

C.
Full Name (Last, First, Middle Initial)
Jerry Nash
Mailing Address
7026 N. 1st Street
City: **McAllen** State: **TX** Zip Code: **78504**
FEC ID number of contributing federal political committee: C
Name of Employer: **East Houston Regional Medical Center**
Occupation: **CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **500.00**
Date of Receipt: **12 / 18 / 2000**
Amount of Each Receipt this Period: **500.00**
Transaction ID: 10000007356800097

SUBTOTAL of Receipts This Page (optional) ▶ **1,900.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 33 OF 46

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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)
HCA Healthcare Good Government Fund

A.
Full Name (Last, First, Middle Initial)
Jerry Nash
Mailing Address
7028 N. 1st Street
City | State | Zip Code
McAllen | TX | 78504
FEC ID number of contributing federal political committee. C
Name of Employer: East Houston Regional Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 12 | 18 | 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007386000096

B.
Full Name (Last, First, Middle Initial)
Chris Nicosia
Mailing Address
3315 S. Alameda
City | State | Zip Code
Corpus Christi | TX | 78411
FEC ID number of contributing federal political committee. C
Name of Employer: Corpus Christi Medical Center
Occupation: C.F.O.
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 12 | 18 | 2000
Amount of Each Receipt this Period: 600.00
Transaction ID: 10000007364700089

C.
Full Name (Last, First, Middle Initial)
Stanley K Nord
Mailing Address
104 Pamellia
City | State | Zip Code
Houston | TX | 77063
FEC ID number of contributing federal political committee. C
Name of Employer: East Houston Medical Center
Occupation: CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 | 18 | 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007386500106

SUBTOTAL of Receipts This Page (optional) ▶ 1,500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 34 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Sherilyn J Oliver
Mailing Address
4000 Spencer Highway
City **Pasadena** State **TX** Zip Code **77504**
FEC ID number of contributing federal political committee. C
Name of Employer **Bayshore Medical Center**
Occupation **VP, Nursing**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **400.00**
Date of Receipt **12 / 16 / 2000**
Amount of Each Receipt this Period **400.00**
Transaction ID: 10000007368300101

B. Full Name (Last, First, Middle Initial)
Elaine M. Recola
Mailing Address
4530 Thare
City **Seabrook** State **TX** Zip Code **77586**
FEC ID number of contributing federal political committee. C
Name of Employer **Bayshore Medical Center**
Occupation **COO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **500.00**
Date of Receipt **12 / 16 / 2000**
Amount of Each Receipt this Period **500.00**
Transaction ID: 10000007365100102

C. Full Name (Last, First, Middle Initial)
Linda B Russell
Mailing Address
18814 Copetown Dr
City **Houston** State **TX** Zip Code **77058**
FEC ID number of contributing federal political committee. C
Name of Employer **Women's Hospital of Texas**
Occupation **CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **2,000.00**
Date of Receipt **12 / 16 / 2000**
Amount of Each Receipt this Period **1,000.00**
Transaction ID: 10000007387800103

SUBTOTAL of Receipts This Page (optional) ▶ **1,900.00**

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

FEC Schedule A (Form 3X) (Revised 1/01)

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 35 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 committees.

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

A. Full Name (Last, First, Middle Initial)
Robert Russell
Mailing Address
303 Harborside Circle
City **Kemah** State **TX** Zip Code **77565**
FEC ID number of contributing federal political committee: C
Name of Employer **Clear Lake Regional Medical Center**
Occupation **CFO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **500.00**

Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: **500.00**
Transaction ID: 10000007387000104

B. Full Name (Last, First, Middle Initial)
Anthony Sala
Mailing Address
713 Rio Grande Court
City **Mission** State **TX** Zip Code **78572**
FEC ID number of contributing federal political committee: C
Name of Employer **Rio Grande Regional Hospital**
Occupation **COO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **500.00**

Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: **500.00**
Transaction ID: 10000007369000105

C. Full Name (Last, First, Middle Initial)
Charles Sexton
Mailing Address
100 A Alton Gloor Blvd.
City **Brownsville** State **TX** Zip Code **78526**
FEC ID number of contributing federal political committee: C
Name of Employer **Valley Regional Medical Center**
Occupation **CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **1,000.00**

Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: **1,000.00**
Transaction ID: 10000007389000106

SUBTOTAL of Receipts This Page (optional) ▶ **2,000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 36 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Donald Shaffett
Mailing Address
1906 Tower River Ct
City: Houston | State: TX | Zip Code: 77062
FEC ID number of contributing federal political committee: C
Name of Employer: Clear Lake Regional Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00

Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007367000107

B. Full Name (Last, First, Middle Initial)
Susan Shreeve
Mailing Address
4138 Pine Blossom Trail
City: Houston | State: TX | Zip Code: 77059
FEC ID number of contributing federal political committee: C
Name of Employer: Bayshore Medical Center
Occupation: CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: 600.00
Transaction ID: 10000007365200105

C. Full Name (Last, First, Middle Initial)
Melinda W. Stephenson
Mailing Address
807 Orchard
City: Houston | State: TN | Zip Code: 77062
FEC ID number of contributing federal political committee: C
Name of Employer: Clear Lake Regional Medical Center
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007367200105

SUBTOTAL of Receipts This Page (optional) ▶ 2,000.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE1ANDE.PDF

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 37 OF 46

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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)
HCA Healthcare Good Government Fund

A.
Full Name (Last, First, Middle Initial)
Donald Stewart
Mailing Address
1910 Sandgate Falls Court
City | State | Zip Code
Houston | TX | 77062
FEC ID number of contributing federal political committee: C
Name of Employer: Bayshore Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 | 18 | 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007385400110

B.
Full Name (Last, First, Middle Initial)
John E Ulbricht
Mailing Address
PO Box 6937
City | State | Zip Code
Corpus Christi | TX | 78466-9011
FEC ID number of contributing federal political committee: C
Name of Employer: Corpus Christi Medical Center
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 | 18 | 2000
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007387800111

C.
Full Name (Last, First, Middle Initial)
Troy Villarreal
Mailing Address
8021 Ashby Court
City | State | Zip Code
Plano | TX | 75025
FEC ID number of contributing federal political committee: C
Name of Employer: Medical City Dallas Hospital
Occupation: VP/COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 | 18 | 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007383600112

SUBTOTAL of Receipts This Page (optional) ▶ 1,250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 38 OF 46

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Maura Walsh
Mailing Address
6130 Annapolis
City **Houston** State **TX** Zip Code **77005**
FEC ID number of contributing federal political committee: C
Name of Employer **Mainland Medical Center**
Occupation **CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **1,000.00**
Date of Receipt: **12 / 18 / 2000**
Amount of Each Receipt this Period: **1,000.00**
Transaction ID: 10000007368700113

B. Full Name (Last, First, Middle Initial)
Patty Williams
Mailing Address
7 Cape Jasmine Place
City **The Woodlands** State **TX** Zip Code **77381**
FEC ID number of contributing federal political committee: C
Name of Employer **Kingwood Medical Center**
Occupation **CFO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **500.00**
Date of Receipt: **12 / 18 / 2000**
Amount of Each Receipt this Period: **500.00**
Transaction ID: 10000007367400114

C. Full Name (Last, First, Middle Initial)
Steve Woerner
Mailing Address
202 Shore Drive
City **Portland** State **TX** Zip Code **78374**
FEC ID number of contributing federal political committee: C
Name of Employer **Corpus Christi Medical Center**
Occupation **CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: **1,000.00**
Date of Receipt: **12 / 18 / 2000**
Amount of Each Receipt this Period: **1,000.00**
Transaction ID: 10000007367700115

SUBTOTAL of Receipts This Page (optional) ▶ **2,500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 39 OF 46

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

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
William Adams
Mailing Address
10350 Carol Street
City: Great Falls | State: VA | Zip Code: 22066
FEC ID number of contributing federal political committee: C
Name of Employer: Reston Hospital Center
Occupation: CEO/President
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 12 | 26 | 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007345600116

B. Full Name (Last, First, Middle Initial)
Paul Baldwin
Mailing Address
2521 Grove Avenue
City: Richmond | State: VA | Zip Code: 23220
FEC ID number of contributing federal political committee: C
Name of Employer: Retreat Hospital
Occupation: CEO
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 12 | 26 | 2000
Amount of Each Receipt this Period: 400.00
Transaction ID: 10000007344800117

C. Full Name (Last, First, Middle Initial)
Stephen Dixon
Mailing Address
2220 Astral Place
City: L.A. | State: CA | Zip Code: 90046
FEC ID number of contributing federal political committee: C
Name of Employer: Chino Valley Medical Center
Occupation: CEO
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 12 | 26 | 2000
Amount of Each Receipt this Period: 750.00
Transaction ID: 10000007347400116

SUBTOTAL of Receipts This Page (optional) ▶ 2,150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 4 OF 45

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
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- [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Dwayne Ray
Mailing Address
2129 Teton Drive
City: Carrollton | State: TX | Zip Code: 75008
FEC ID number of contributing federal political committee: C
Name of Employer: North Central Medical Center
Occupation: CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 / 26 / 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007348300118

B. Full Name (Last, First, Middle Initial)
Cindy Glover
Mailing Address
10416 Rocklridge Lane
City: Fairfax | State: VA | Zip Code: 22030
FEC ID number of contributing federal political committee: C
Name of Employer: Reston Hospital Center
Occupation: VP-CNO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 / 26 / 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007345900120

C. Full Name (Last, First, Middle Initial)
Nancy S. Hilton
Mailing Address
1550 S.E. Clearmont St.
City: Port St. Lucie | State: FL | Zip Code: 34983
FEC ID number of contributing federal political committee: C
Name of Employer: St. Lucie Medical Center
Occupation: CNO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 / 26 / 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007347500121

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 41 OF 46

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
George Miller
Mailing Address
7101 Virginia Parkway #1031
City: McKinney | State: TX | Zip Code: 75070
FEC ID number of contributing federal political committee: C
Name of Employer: North Central Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 12 | 26 | 2000
Amount of Each Receipt this Period: 750.00
Transaction ID: 10000007349200122

B.
Full Name (Last, First, Middle Initial)
J Randolf Moore
Mailing Address
7332 Plumwood Dr
City: North Richland Hills | State: TX | Zip Code: 76180
FEC ID number of contributing federal political committee: C
Name of Employer: North Hills Hospital
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 12 | 26 | 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007341900123

C.
Full Name (Last, First, Middle Initial)
Jack Nunley
Mailing Address
186 Northwood Pl
City: Pulaski | State: VA | Zip Code: 24301
FEC ID number of contributing federal political committee: C
Name of Employer: Pulaski Community Hospital
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 12 | 26 | 2000
Amount of Each Receipt this Period: 400.00
Transaction ID: 10000007349800124

SUBTOTAL of Receipts This Page (optional) ▶ 2,150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 OF 46
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Ronald Powell
Mailing Address
3633 Derby Ridge Way
City **Midlothian** State **VA** Zip Code **23113**
FEC ID number of contributing federal political committee. C
Name of Employer **Retreat Hospital**
Occupation **CFO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **250.00**
Date of Receipt **12 26 2000**
Amount of Each Receipt this Period **100.00**
Transaction ID: 10000007344500125

B. Full Name (Last, First, Middle Initial)
Jana Raymond
Mailing Address
20365 Marguerite Square
City **Sterling** State **VA** Zip Code **20165**
FEC ID number of contributing federal political committee. C
Name of Employer **Reston Hospital Center**
Occupation **VP-COO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **500.00**
Date of Receipt **12 26 2000**
Amount of Each Receipt this Period **500.00**
Transaction ID: 10000007346200126

C. Full Name (Last, First, Middle Initial)
Ward Stevens
Mailing Address
112 Parkview Ave.
City **Covington** State **VA** Zip Code **24426**
FEC ID number of contributing federal political committee. C
Name of Employer **HCA Alleghany Regional Hospital**
Occupation **HEALTH CARE/CEO**
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date **500.00**
Date of Receipt **12 26 2000**
Amount of Each Receipt this Period **500.00**
Transaction ID: 10000007342500127

SUBTOTAL of Receipts This Page (optional) ▶ **1,100.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 43 OF 48

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Edward Stojakovich
Mailing Address
858 Nalle Farm Way
City | State | Zip Code
Great Falls | VA | 22066
FEC ID number of contributing federal political committee. C
Name of Employer: Reston Hospital Center
Occupation: CFO\VP
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 / 26 / 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007348800128

B. Full Name (Last, First, Middle Initial)
Glenn Wallace
Mailing Address
4401 Booth Calloway
City | State | Zip Code
North Richland Hills | TX | 76180
FEC ID number of contributing federal political committee. C
Name of Employer: North Hills Hospital
Occupation: CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 / 26 / 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007341800128

C. Full Name (Last, First, Middle Initial)
David Williams
Mailing Address
3006 Stradford Lane
City | State | Zip Code
Blacksburg | VA | 24060
FEC ID number of contributing federal political committee. C
Name of Employer: Montgomery Regional Hospital
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 12 / 26 / 2000
Amount of Each Receipt this Period: 400.00
Transaction ID: 10000007347300130

SUBTOTAL of Receipts This Page (optional) ▶ 1,000.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 44OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HCA Healthcare Good Government Fund

A.
Full Name (Last, First, Middle Initial): Georgina Diaz
Mailing Address: 88 Corydon Dr
City: Miami Spring | State: FL | Zip Code: 33166
FEC ID number of contributing federal political committee: C
Name of Employer: Kendall Medical Center
Occupation: COO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 / 28 / 2000
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007357200131

B.
Full Name (Last, First, Middle Initial): Teresa Fernandez
Mailing Address: 2030 S. Ocean Drive #206
City: Miami | State: FL | Zip Code: 33155
FEC ID number of contributing federal political committee: C
Name of Employer: Kendall Medical Center
Occupation: CNO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 12 / 28 / 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007357300132

C.
Full Name (Last, First, Middle Initial): Michael Joyce
Mailing Address: 3852 Colonel Vanderhorst
City: Mt. Pleasant | State: SC | Zip Code: 29466
FEC ID number of contributing federal political committee: C
Name of Employer: Trident Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00

Date of Receipt: 12 / 28 / 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007356800133

SUBTOTAL of Receipts This Page (optional) ▶ 1,650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 4 OF 46

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
HCA Healthcare Good Government Fund

A. Full Name (Last, First, Middle Initial)
Victor Maya
Mailing Address
2665 Collins Ave # 800
City: Miami Beach | State: FL | Zip Code: 33140
FEC ID number of contributing federal political committee: C
Name of Employer: Kendall Medical Center
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 | 28 | 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000097357100134

B. Full Name (Last, First, Middle Initial)
Mauricio Sirvent
Mailing Address
14701 Kirsten Court
City: Davie | State: FL | Zip Code: 33325
FEC ID number of contributing federal political committee: C
Name of Employer: Kendall Medical Center
Occupation: CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 | 28 | 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000097357600136

C. Full Name (Last, First, Middle Initial)
Debra Noyes
Mailing Address
P.O. Box 550
City: Nashville | State: TN | Zip Code: 37202
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 20.00 ($20.00 Biweekly)
Transaction ID: 10000097389900136

SUBTOTAL of Receipts This Page (optional) ▶ 820.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE' AN32.PDF

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
William D. Poteet III
Mailing Address
8685 N. McArthur Blvd, Ste 350
City: Irving | State: TX | Zip Code: 75038
FEC ID number of contributing federal political committee: C
Name of Employer: HCA Corporate Office
Occupation: Pres./N. Tx Division
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1,150.00

Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 65.00 ($65.00 Biweekly)
Transaction ID: 10000007329800137

B. Full Name (Last, First, Middle Initial)
Rodney Smith
Mailing Address
1401 W. Seminole Boulevard
City: Sanford | State: FL | Zip Code: 32771
FEC ID number of contributing federal political committee: C
Name of Employer: Central Florida Regional Hospital
Occupation: CEO
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 999.96

Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 83.33 ($83.33 Biweekly)
Transaction ID: 10000007390000138

C. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period
Transaction ID:

SUBTOTAL of Receipts This Page (optional) ▶ 158.33
TOTAL This Period (last page this line number only) ▶ 56,066.33

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 26
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A. Full Name (Last, First, Middle Initial)
Ensign for Congress Committee

Mailing Address
414 Cannon House Office Building

City: **Washington** State: **DC** Zip Code: **20515**

Purpose of Disbursement: **YTD:$1000.00 Ensign, REPRESENTATIVE 1th NV -debt retirement**

Category/Type: **24K**

Candidate Name: **John Ensign**

Office Sought: ☐ House ☐ Senate ☐ President
State: **NV** District: **1**

Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ **General Election 2000**

Date of Disbursement: **12 01 2000**

Amount of Each Disbursement this Period: **1,000.00**

Debt Retirement Transaction ID: 10000007304600002

B. Full Name (Last, First, Middle Initial)
Foley for Congress Committee

Mailing Address
113 Cannon House Office Building

City: **Washington** State: **DC** Zip Code: **20515**

Purpose of Disbursement: **YTD:$3500.00 Foley, REPRESENTATIVE 16th FL**

Category/Type: **24K**

Candidate Name: **Mark Foley**

Office Sought: ☐ House ☐ Senate ☐ President
State: **FL** District: **16**

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

Date of Disbursement: **12 05 2000**

Amount of Each Disbursement this Period: **2,500.00**

Transaction ID: 10000007304700003

C. Full Name (Last, First, Middle Initial)
Senator John Warner Committee

Mailing Address
Post Office Box 3638

City: **Merrifield** State: **VA** Zip Code: **22116**

Purpose of Disbursement: **YTD:$1000.00 John W. Warner, U.S. SENATE VA**

Category/Type: **24K**

Candidate Name: **John W. Warner**

Office Sought: ☐ House ☒ Senate ☐ President
State: **VA** District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

Date of Disbursement: **12 06 2000**

Amount of Each Disbursement this Period: **1,000.00**

Transaction ID: 10000007304800004

SUBTOTAL of Disbursements This Page (optional) ▶ **4,500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial)
AMERICANS FOR RESPONSIBLE LEADERSHIP
Mailing Address
B40-2 SENATE DIRKSEN OFFICE BUILDING
City: **WASHINGTON** State: **DC** Zip Code: **20510**
Purpose of Disbursement: **YTD:$1000.00 Leadership PAC**
Category/Type: **24K**
Candidate Name: **EVAN BAYH**
Office Sought: ☐ House ☐ Senate ☐ President
State: **IN** District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify)
Date of Disbursement: **12 06 2000**
Amount of Each Disbursement this Period: **1,000.00**
Transaction ID: 18000007304B00006

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement
Amount of Each Disbursement this Period
Transaction ID:

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement
Amount of Each Disbursement this Period
Transaction ID:

SUBTOTAL of Disbursements This Page (optional) ▶ **1,000.00**
TOTAL This Period (last page this line number only) ▶ **6,500.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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

A.
Full Name (Last, First, Middle Initial)
Columbia Good Government
Mailing Address
One Park Plaza P.O. Box 550
City: **Nashville** State: **TN** Zip Code: **37202**
Purpose of Disbursement: **YTD:$264.98 return check fees**
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify)
Date of Disbursement: **12 / 31 / 2000**
Amount of Each Disbursement this Period: **234.98**
Transaction ID: 10000007389700006

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement
Amount of Each Disbursement this Period
Transaction ID:

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement
Amount of Each Disbursement this Period
Transaction ID:

SUBTOTAL of Disbursements This Page (optional) ▶ **234.98**
TOTAL This Period (last page this line number only) ▶ **234.98**

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 7-11-01
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	7-11-01 DATE PREPARED

(6/2000)