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-00067231

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 20 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)

FE1AN042.PDF

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

HCA Healthcare Good Government Fund

Report Covering the Period: From: 11 26 2000 To: 12 31 2000

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2000		260,826.82
(b) Cash on Hand at Beginning of Reporting Period	193,556.27	
(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)

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	
(ii) Unitemized	32,459.70	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	98,548.03	164,462.48
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶	98,548.03	164,462.48
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	164,462.48
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	98,548.03	164,462.48

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	164,462.48
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	164,192.48
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)
[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 Boggs
Mailing Address: 350 Hospital Dr
City: Macon | State: GA | Zip Code: 31210
FEC ID number of contributing federal political committee: C
Name of Employer: Columbia Coliseum Medical Complex Psych
Occupation: CEO
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: 1000000730700002

B.
Full Name (Last, First, Middle Initial): BERNARD ("BUD") Costello
Mailing Address: 208 PRINCETON COURT
City: MACON | State: GA | Zip Code: 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: 1000000730980003

C.
Full Name (Last, First, Middle Initial): MARIAROSE KULMA
Mailing Address: 1800 CHARDIN WAY
City: MARIETTA | State: GA | Zip Code: 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: 1000000730980004

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

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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: 1000000730830000B

B.
Full Name (Last, First, Middle Initial): Roger M Simmons
Mailing Address: 115 Arlington Row
City: Macon State: GA Zip Code: 31210
FEC ID number of contributing federal political committee: C
Name of Employer: Columbia Coliseum Medical Collegial 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: 1000000730800000B

C.
Full Name (Last, First, Middle Initial): Doug White
Mailing Address: 5711 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: 1000000730640000B

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

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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: 80218
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: 10000007318400008

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 Cantrell
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) ▶

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ITEMIZED RECEIPTS

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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: Golden State: CO Zip Code: 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: 10000007316500011

B. Full Name (Last, First, Middle Initial): Madelaine L Roberson
Mailing Address: 5402 S. Fulton Court
City: Englewood State: CO Zip Code: 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: 10000007316500012

C. Full Name (Last, First, Middle Initial): Stanley Tatum
Mailing Address: 11001 W Country Dr
City: Oklahoma City State: OK Zip Code: 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: 10000007316500013

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

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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: 905 Suffolk Court
City: Southlake State: TX Zip Code: 76092
FEC ID number of contributing federal political committee: C
Name of Employer: Medical Center of Arlington
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: 10000007311600014

B.
Full Name (Last, First, Middle Initial): Kaya Amick
Mailing Address: 3140 Bent Creek Dr
City: Valrico State: FL Zip Code: 33594
FEC ID number of contributing federal political committee: C
Name of Employer: Brandon Regional Hospital
Occupation: CNO
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: 10000007352200015

C.
Full Name (Last, First, Middle Initial): James Burton
Mailing Address: 516 Rob Roy St
City: Lakeland State: FL Zip Code: 33813
FEC ID number of contributing federal political committee: C
Name of Employer: Brandon Regional Hospital
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: 10000007352100016

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

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ITEMIZED RECEIPTS

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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: Grand Prairie State: TX Zip Code: 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 Farrcal
Mailing Address: 8822 Stillwaters Landing
City: Riverview State: FL Zip Code: 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 05 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007361900018

C. Full Name (Last, First, Middle Initial): Shayna George
Mailing Address: 779 Sparkleberry Road
City: Evans State: GA Zip Code: 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

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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: **Evans** State: **GA** Zip Code: **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 05 2000**
Amount of Each Receipt this Period: **1,000.00**
Transaction ID: 10000007312200020

B. Full Name (Last, First, Middle Initial): **Alexander Mendez**
Mailing Address: **15330 SW 148 Terr.**
City: **Miami** State: **FL** Zip Code: **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 05 2000**
Amount of Each Receipt this Period: **300.00**
Transaction ID: 10000007313500021

C. Full Name (Last, First, Middle Initial): **Stan C Morton**
Mailing Address: **1320 Stonecrest Dr**
City: **Coppell** State: **TX** Zip Code: **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 05 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

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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: 1000000731370002 3

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: 600.00
Date of Receipt: 12 05 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 1000000735200002 4

C. Full Name (Last, First, Middle Initial): Kelly Panton
Mailing Address: 3876 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: 1000000731270002 5

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

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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: 4926 Scot Court
City: Sugar Land State: TX Zip Code: 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 05 2000
Amount of Each Receipt this Period: 325.00
Transaction ID: 1000000735460002G

B.
Full Name (Last, First, Middle Initial): Steven O Sonsenreich
Mailing Address: 577 SW 131 Terrace
City: Miami State: FL Zip Code: 33168
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 06 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 1000000731340002J

C.
Full Name (Last, First, Middle Initial): Bob Brannigan
Mailing Address: 9407 Gadwell Terrace
City: Chesterfield State: VA Zip Code: 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: 1000000732000002B

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 48

[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): 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: 10000001220800029

B. Full Name (Last, First, Middle Initial): William Caldwell
Mailing Address: 1605 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: 10000007319800030

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) ▶

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): 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: 10000007318200032

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: 10000007318100034

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): 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: COO
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: 1000000731710003A

B. Full Name (Last, First, Middle Initial): Douglas Matney
Mailing Address: 2024 Gus Moran
City: El Paso State: TX Zip Code: 79938
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: 1000000731800003B

C. Full Name (Last, First, Middle Initial): David Steitz
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: 1000000732270003C

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

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

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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 13 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): 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: 23233
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 Bainter
Mailing Address: 6731 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)
[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 Bashore
Mailing Address: 618 Miramar Lane
City: Ponte Verde | 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: 10000007326500041

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: 10000007337600042

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 15 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): Annie 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: 1108 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: 10000007340600045

C. Full Name (Last, First, Middle Initial): Kathryn Gillette
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: 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: 10000007329400046

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) [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: 6907 W Club Lane
City: Richmond State: VA Zip Code: 23226
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: 10000007337000048

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: 10000007328500049

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 17 OF 48

[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: 10000007327100060

B. Full Name (Last, First, Middle Initial): Don Karl
Mailing Address: 854 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: 10000007338200051

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: 10000007323900052

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

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[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: 10000007333600083

B. Full Name (Last, First, Middle Initial): **Ernie Meier**
Mailing Address: **5637 Marine Parkway**
City: **New Port Richey** State: **FL** Zip Code: **34652-4315**
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: 10000007329200064

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: 10000007333400068

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

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[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): Clifton Mills
Mailing Address: 8005 Ojo De Agua
City: El Paso State: TX Zip Code: 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: 260.00
Date of Receipt: 12 12 2000
Amount of Each Receipt this Period: 125.00
Transaction ID: 10000007341100056

B.
Full Name (Last, First, Middle Initial): Kemeen Mullenbach
Mailing Address: 2321 Crystal Spring Ave
City: Roanoke State: VA Zip Code: 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: 10000007328200067

C.
Full Name (Last, First, Middle Initial): Anne O'Brien
Mailing Address: 6837 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: 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: 10000007328800088

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 20 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): 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: 1000000732800008B

B.
Full Name (Last, First, Middle Initial): James Sholes
Mailing Address: 5318 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: 1000000732790005D

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: 1000000733300061

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

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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): John Smith
Mailing Address: 13531 Starcross 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: 1000000732470005 2

B.
Full Name (Last, First, Middle Initial): Lynn Strader
Mailing Address: 11901 Southern Points 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: 1000000732480005 3

C.
Full Name (Last, First, Middle Initial): Pat Sullivan
Mailing Address: 408 Crestviewpoint Drive
City: Lewisville State: TX Zip Code: 75067
FEC ID number of contributing federal political committee: C
Name of Employer: Lee Collins 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: 1000000732760005 4

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 committee.

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: **205 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: 10000007327400086

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 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): Daniel Watts
Mailing Address: 3821 Cluster 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: 1000000733260008B

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: 1000000733320004B

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 16 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 1000000738830007D

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

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

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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 24 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): Alice Adams
Mailing Address: 2105 Sandmist Circle
City: League City | State: TX | Zip Code: 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: 1000000736630071

B.
Full Name (Last, First, Middle Initial): John Armour
Mailing Address: 15823 Blackhawk
City: Friendswood | State: TX | Zip Code: 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: 1000000736490072

C.
Full Name (Last, First, Middle Initial): Keith Barber
Mailing Address: 234 Hazelcrest Drive
City: The Woodlands | State: TX | Zip Code: 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: 1000000736800073

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 25 OF 46

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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: The Woodlands State: TX Zip Code: 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: 10000007388900074

B. Full Name (Last, First, Middle Initial): Scott C Bentley
Mailing Address: 475 Pompano
City: Bayou Vista State: TX Zip Code: 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: 10000007368600075

C. Full Name (Last, First, Middle Initial): Britt Barrett
Mailing Address: 901 St. James Drive
City: Fairview State: TX Zip Code: 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: 10000007363400076

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

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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): Fay 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 16 2000
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007365500077

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: 10000007365500078

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 16 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007365100079

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)
[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): 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 15 2000
Amount of Each Receipt this Period: 300.00
Transaction ID: 1000000736810000

B.
Full Name (Last, First, Middle Initial): Patricia Currie
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 15 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 1000000736800001

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 15 2000
Amount of Each Receipt this Period: 250.00
Transaction ID: 1000000736890002

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

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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: 10000007381000083

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: 10000007351500084

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: 10000007366500085

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) [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): 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: 10000007365800066

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 ▼: 500.00
Date of Receipt: 12 / 18 / 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007368100067

C. Full Name (Last, First, Middle Initial): Jay Johnson
Mailing Address: 100 A Alton Gloor Blvd
City: Brownsville | State: TX | Zip Code: 78528
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: 10000007364600068

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) [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): **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: 1000000736780069

B. Full Name (Last, First, Middle Initial): **Molly Jo Kirby**
Mailing Address: **1905 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 ▼ 850.00
Date of Receipt: 12 18 2000
Amount of Each Receipt this Period: 400.00
Transaction ID: 1000000736780090

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: 1000000736840081

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 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): **Odette Mark**
Mailing Address: **5408 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: 10000007365700092

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 ▼: **800.00**

Date of Receipt: **12 / 18 / 2000**
Amount of Each Receipt this Period: **800.00**
Transaction ID: 10000007365700093

C. Full Name (Last, First, Middle Initial): **Eamon McGlynn**
Mailing Address: **PO Box 4356**
City: **Brownsville** State: **TX** Zip Code: **78523**
FEC ID number of contributing federal political committee: C
Name of Employer: **Valley Regional Medical Center**
Occupation: **MAO**
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: 10000007366200094

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

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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): 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: 1000000736560065

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: 1000000736620096

C. Full Name (Last, First, Middle Initial): Jerry Nash
Mailing Address: 7025 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: 1000000736560097

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

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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): Jerry Nash
Mailing Address: 7025 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: 1,000.00
Date of Receipt: 12 18 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 1000000073860000058

B.
Full Name (Last, First, Middle Initial): Chris Nicosia
Mailing Address: 3315 S. Alameda
City: Corpus Christi | State: TX | Zip Code: 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: 500.00
Date of Receipt: 12 18 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 1000000073847000099

C.
Full Name (Last, First, Middle Initial): Stanley K Nord
Mailing Address: 104 Pamelia
City: Houston | State: TX | Zip Code: 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: 1000000073868000100

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

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

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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 34 OF 46

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

A. Full Name (Last, First, Middle Initial): Sharilyn 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 18 2000
Amount of Each Receipt this Period: 400.00
Transaction ID: 10000007385000101

B. Full Name (Last, First, Middle Initial): Elaine M. Rengla
Mailing Address: 4530 Thane
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 18 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007368100102

C. Full Name (Last, First, Middle Initial): Linda B Russell
Mailing Address: 16614 Capetown 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 18 2000
Amount of Each Receipt this Period: 1,000.00
Transaction ID: 10000007387900103

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 35 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): 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: 10000007987300104

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: 10000007349000105

C. Full Name (Last, First, Middle Initial): Charles Saxton
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: 10000007369300106

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: 1908 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: 1000000736700010 7

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: 500.00
Date of Receipt: 12 18 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 1000000736620010 8

C.
Full Name (Last, First, Middle Initial): Melinda W. Stephenson
Mailing Address: 607 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: 500.00
Date of Receipt: 12 18 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 1000000736720010 8

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

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

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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)
[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): Donald Stewart
Mailing Address: 1010 Sandgate Falls Court
City: Houston State: TX Zip Code: 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: 600.00
Transaction ID: 1000000738640011B

B.
Full Name (Last, First, Middle Initial): John E Ulbricht
Mailing Address: PO Box 6937
City: Corpus Christi State: TX Zip Code: 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: 1000000738790011I

C.
Full Name (Last, First, Middle Initial): Troy Villarreal
Mailing Address: 8021 Ashby Court
City: Plano State: TX Zip Code: 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: 600.00
Transaction ID: 1000000738360011J

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

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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: 1000000738700113

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: 1000000738740011 4

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: 1000000738770011 6

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

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

FE1ANXEL.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 39 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): 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: 1000000734580011 6

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: 1000000734580011 7

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: 1000000734740011 8

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)
[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): **Dwayne Ray**
Mailing Address: **2129 Teton Drive**
City: **Carrollton** State: **TX** Zip Code: **75006**
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: 10000007349300119

B. Full Name (Last, First, Middle Initial): **Cindy Glover**
Mailing Address: **10416 Backlinridge 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: **1650 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: 76070
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: 10000007348200123

B. Full Name (Last, First, Middle Initial): J Randolf Moresi
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: 185 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: 10000007348800124

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)
[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: 3533 Darby 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: 1000000734400125

B.
Full Name (Last, First, Middle Initial): Jane Raymond
Mailing Address: 20386 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: 1000000734400126

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: 1000000734400127

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)
[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): Edward Stojakovich
Mailing Address: 636 Nalls Farm Way
City: Great Falls | State: VA | Zip Code: 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: 10000007346500128

B. Full Name (Last, First, Middle Initial): Glenn Wallace
Mailing Address: 4401 Booth Calloway
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: 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: 10000007341500129

C. Full Name (Last, First, Middle Initial): David Williams
Mailing Address: 3005 Stradford Lane
City: Blacksburg | State: VA | Zip Code: 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) ▶

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): 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: 33165
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: 10000007357200132

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: 10000007355800133

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)
[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): Victor Maya
Mailing Address: 2655 Collins Ave # 500
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: 600.00
Date of Receipt: 12 28 2000
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007357100134

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: 10000007357600135

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: 10000007389600139

SUBTOTAL of Receipts This Page (optional) ..... ▶ 820.00

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): William D. Poteet III
Mailing Address: 6565 N. McArthur Blvd. Ste 350
City: Irving State: TX Zip Code: 75039
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: 1,190.00
Date of Receipt: Payroll Deduction
Amount of Each Receipt this Period: 85.00 ($85.00 Biweekly)
Transaction ID: 1000000738800137

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: 1000000738800138

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) 168.33

TOTAL This Period (last page this line number only) 65,083.33

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 ☐ 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): 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
Candidate Name: John Ensign
Category/Type: 24K
Office Sought: ☐ House ☐ Senate ☐ President
State: NV District: 1
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ General Election 2000 Debt Retirement
Date of Disbursement: 12 01 2000
Amount of Each Disbursement this Period: 1,000.00
Transaction ID: 1000000730460000 2

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
Candidate Name: Mark Foley
Category/Type: 24K
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: 1000000730470000 3

C.
Full Name (Last, First, Middle Initial): Senator John Warner Committee
Mailing Address: Post Office Box 3536
City: Merrifield State: VA Zip Code: 22116
Purpose of Disbursement: YTD:$1000.00 John W. Warner, U.S. SENATE VA
Candidate Name: John W. Warner
Category/Type: 24K
Office Sought: ☐ House ☒ Senate ☐ President
State: VA District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: 12 05 2000
Amount of Each Disbursement this Period: 1,000.00
Transaction ID: 1000000730480000 4

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**
Candidate Name: **EVAN BAYH**
Office Sought: ☐ House ☐ Senate ☐ President
State: **IN** District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼
Category/Type: **24K**
Date of Disbursement: **12 06 2000**
Amount of Each Disbursement this Period: **1,000.00**
Transaction ID: 1000000730490000B

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Category/Type:
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:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Category/Type:
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) ▶ **5,500.00**

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 660**
City: **Nashville** State: **TN** Zip Code: **37202**
Purpose of Disbursement: **YTD:$254.96 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: 234.96
Transaction ID: 1000000738970000

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) ▶ 234.96

TOTAL This Period (last page this line number only) ▶ 234.96

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)