REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Nashville, TN 37202

2. FEC IDENTIFICATION NUMBER
C-00-67231

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

4. TYPE OF REPORT

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

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07/01/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19 99		$ 103,568.91
(b) Cash on Hand at Beginning of Reporting Period	$ 71,736.55	
(c) Total Receipts (from Line 19)	$ 220,428.37	$ 231,134.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 292,164.92	$ 334,703.82
7. Total Disbursements (from Line 30)	$ 31,328.00	$ 73,877.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 260,826.82	$ 260,826.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
David G. Anderson

Signature of Treasurer

Date

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

FEC FORM 3X
(revised 9/93)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: Columbia/HCA Healthcare Good Government Fund

REPORT COVERING PERIOD FROM 07/01/99 TO: 12/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	93,594.54	102,255.58	11(a)(i)
ii. Unitemized	92,323.87	94,378.87	11(a)(ii)
iii. Total (add i and ii) ➤	185,918.41	196,634.45	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	185,918.41	196,634.45	11(d)
12. Transfers From Affiliated/Other Party Committees	34,500.46	34,500.46	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	220,418.87	231,134.91	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	220,418.87	231,134.91	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	14,550.00	62,660.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	3,139.00	3,139.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	3,139.00	3,139.00	28(d)
29. Other Disbursements	13,639.00	18,188.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	31,328.00	73,877.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	31,328.00	73,877.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	185,918.41	196,634.45	32
33. Total Contribution Refunds (from line 28d)	3,139.00	3,139.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	182,779.41	193,495.45	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Catherine Duffy 834 Brentwood Brentwood, TN 37027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00	07/08/99	300.00
B. Carol Kenley 3835 Legacy Drive Springfield, TN 37172 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00	07/08/99	500.00
C. Micki Slingerland 1121 Tyne Blvd Nashville, TN 37220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00	07/19/99	300.00
D. Phil Rowland 8435 Heron Circle TN 37363 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00	09/01/99	500.00
E. Terry Gunn 65 Travis Trail McMinnville, TN 37110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 750.00	09/23/99	750.00
F. William D. Poteet III P.O. Box 550 Nashville, TN 37202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 995.00	10/13/99	85.00
G. Allyn R Harris 1705 Windermere Plano, TX 75013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin Aggregate Year-to-Date $ 583.38	10/13/99	83.34

SUBTOTAL of Receipts This Page (optional) 2,518.34

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martha Gerganoff 416 Country Club Blvd Summerville, SC	Occupation: Dir Clinical Services	10/23/99	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
Michael Joyce 3852 Colonel Vandarhorst Mt. Pleasant, SC 29466	Occupation:	10/23/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
James P. Rardin 1238 Hogans Alley Mt. Pleasant, SC 29464	Occupation:	10/23/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
Les Beard 1414 Lynchburg Trace Grayson, GA 30221	Name of Employer: Columbia Eastside Medical Center Occupation: CEO	10/26/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
Mrs Shannon Dauchot 3005 Oakbrook Circle Clearwater, FL 33759	Name of Employer: Columbia Northside Hospital Occupation: Controller	10/26/99	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
Joann Ettlen 14160 Mark Dr Largo, FL 33774	Occupation:	10/26/99	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
Bradley Grover 9145 Cherry Trace Seminole, FL 33777	Occupation:	10/26/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

SUBTOTAL of Receipts This Page (optional) 3,150.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Thomas L. Herron 2127 Mutrfield Way Oldsmar, FL 34677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia St. Petersburg Medical Center President & CEO Aggregate Year-to-Date $ 1,000.00	10/28/99	1,000.00
B. Lawrence Kaufman 1607 Huntington Ln Safety Harbor, FL 34695 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Largo Medical Center COO Aggregate Year-to-Date $ 500.00	10/26/99	500.00
C. Mike Terrell 1206 A Gulf Blvd IRb, FL 34635 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Largo Medical Center CFO Aggregate Year-to-Date $ 300.00	10/26/99	300.00
D. Rex Etheredge 9202 Beauclerc Cir. W. Jacksonville, FL 32257 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	10/27/99	1,000.00
E. Steven Fine 4606 SW 97th Terrace Gainesville, FL 32608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 600.00	10/27/99	600.00
F. Kim Leill 4208 SW 9th Drive Gainesville, FL 32608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 300.00	10/27/99	300.00
G. Scarlott Mueller 9211 SW 42nd Lane Gainesville, FL 32608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: North Florida Divisional Office Occupation Aggregate Year-to-Date $ 300.00	10/27/99	300.00

SUBTOTAL of Receipts This Page (optional) 3,900.00

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

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Brian Robinson 4225 SW 95th Dr Gainesville, FL 3608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 1,000.00	10/27/99	1,000.00
B. Rodney Van Pelt 8179 Green Glade Road Jacksonville, FL 32256 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 300.00	10/27/99	300.00
C. William Bainter 5731 Arcturus Dr SW Roanoke, VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lewis-Gale Medical Center Occupation: CFO Aggregate Year-to-Date $ 300.00	10/28/99	300.00
D. Doug Crabtree 2484 S. Foothill Road Id Falls, ID 83401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 750.00	10/28/99	750.00
E. William Downey 6519 Hidden Wood Dr Roanoke, VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lewis-Gale Medical Center Occupation: CEO Aggregate Year-to-Date $ 1,000.00	10/28/99	1,000.00
F. Steven Gross 5907 W Club Lane Richmond, VA 23225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Chippenham Occupation: Dir Bus Off Aggregate Year-to-Date $ 300.00	10/28/99	300.00
G. Kerreen Mullenbach 2321 Crystal Spring Ave Roanoke, VA 24014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lewis-Gale Medical Center Occupation: VP Aggregate Year-to-Date $ 300.00	10/28/99	300.00

SUBTOTAL of Receipts This Page (optional) 3,950.00

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

4-50173

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ernest C Padden 11501 Drysdale Dr Richmond, VA 23236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Richmond Division Office Occupation: Vp & COO Aggregate Year-to-Date $ 500.00	10/28/99	500.00
B. Mark Rader 5115 Scottford Court Roanoke, VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 250.00	10/28/99	250.00
C. Bud (Ervin) Rasmussen 1841 May Way Dr. Powhatan, VA 23139 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 250.00	10/28/99	250.00
D. James Sholes 5319 McVitty Rd Roanoke, VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lewis-Gale Medical Center Occupation: COO Aggregate Year-to-Date $ 300.00	10/28/99	300.00
E. Ann Smith 2330 Mosby Rd Powhatan, VA 23234 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 225.00	10/28/99	225.00
F. Irby Williams 3900 Cotley Court Richmond, VA 23233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 250.00	10/28/99	250.00
G. Mike Boggs 350 Hospital Dr Macon, GA 31210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Coliseum Medical Coliseum Psych Occupation: Admin Aggregate Year-to-Date $ 500.00	11/01/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,275.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Jim Burns 1433 Achilles St Pt Charlotte, FL 33980 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 300.00	11/01/99	300.00
B. Terry R Chaffin 7750 Innis Ct N St Petersburg, FL 33709 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia New Port Richey Occupation: COO Aggregate Year-to-Date $ 500.00	11/01/99	500.00
C. Anthony Degina 14940 SW 153 St Miami, FL 33187 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 300.00	11/01/99	300.00
D. Lisa L. Kelley 16148 Duggan Rd Dade City, FL 33525 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tampa Bay Division Office Occupation: HEALTH CARE Aggregate Year-to-Date $ 400.00	11/01/99	400.00
E. Robert C. Meade 37547 Church Ave. Dade City, FL 33525 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Dade City Hospital Occupation: CEO Aggregate Year-to-Date $ 750.00	11/01/99	750.00
F. Dean Alexander 808 Moline Street Bville, FL 34601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 500.00	11/02/99	500.00
G. Rebecca Brewer 204 Hammond Dr P.O. Box 704 Allendale, SC 29810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Colleton Medical Center Occupation: CEO Aggregate Year-to-Date $ 500.00	11/02/99	500.00

SUBTOTAL of Receipts This Page (optional) 3,250.00

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

4-50170

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Sonia Gonzalez 13624 Cooper Road Spring Hill, FL 34609 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation Aggregate Year-to-Date > $ 300.00	11/02/99	300.00
B. James Hiott III 310 Silverhill Road Walterboro, SC 29488 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 250.00	11/02/99	250.00
C. Bonne Johnson 108 Ashley Hill Rd Goose Creek, SC 29445 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Colleton Medical Center Occupation: VP Pat. Care Aggregate Year-to-Date > $ 250.00	11/02/99	250.00
D. Ginger Lusty 2227 Egret Walk Ct New Port Richey, FL 34655 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Regional Med. Cntr Bayonet Pnt. Occupation: Dir Fiscal Aggregate Year-to-Date > $ 300.00	11/02/99	300.00
E. Stan C Morton 1320 Stonecrest Dr Coppell, TX 75019 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Group Office Occupation: Health Care Aggregate Year-to-Date > $ 750.00	11/02/99	750.00
F. Sharon L. Roush 29 Meadows Park Lane Boynton Beach, FL 33462 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Hospital Occupation: COO Aggregate Year-to-Date > $ 500.00	11/02/99	500.00
G. Pat Sullivan 408 Crestviewpoint Drive Lewisville, TX 75067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 350.00	11/02/99	350.00

SUBTOTAL of Receipts This Page (optional) 2,700.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jaime Wesolowski 9275 Butler Boulevard Spring Hill, FL 34613 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,000.00	11/02/99	1,000.00
Alice Adams 6801 Emmett F Lowry Expressway Texas City, TX 77591 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00	11/03/99	300.00
Jack Antonie 3617 Lake Drive Metairie, LA 70002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00	11/03/99	250.00
Mary Berrigan 7923 Meadow Lake Longmont, CO 80503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00	11/03/99	300.00
Connie Boudreaux 12705 Upper Manatee River Rd Bradenton, FL 34202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Blake Medical Center Aggregate Year-to-Date $ 300.00	11/03/99	300.00
Robert Conroy 1287 Greybrooke Pl Oldsmar, FL 34677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00	11/03/99	250.00
Jerry Dooley 3100 Oak St Terre Haute, IN 47803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Terre Haute Regional Hospital Occupation: CEO Aggregate Year-to-Date $ 750.00	11/03/99	750.00

SUBTOTAL of Receipts This Page (optional) 3,150.00

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

6-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Gerald A Fornoff 102 Claremont Cir Lafayette, LA 70508 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Medical Center of Southwest LA Occupation: Health Care Aggregate Year-to-Date > $ 750.00	11/03/99	750.00
B. Benjamin Giles 2397 Landing Circle Bradenton, FL 34209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Blake Medical Center Occupation: CFO Aggregate Year-to-Date > $ 300.00	11/03/99	300.00
C. Mervin Hess 7462 Castle Dr Sarasota, FL 34240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Blake Medical Center Occupation: COO Aggregate Year-to-Date > $ 500.00	11/03/99	500.00
D. Stephen Jones, Jr. 5514 Northside Road New Iberia, LA 70563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dauterive Hospital Occupation: Aggregate Year-to-Date > $ 350.00	11/03/99	350.00
E. Leonard Kalm 6456 Strawberry Lane Niwot, CO 80503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Continental Division Occupation: Aggregate Year-to-Date > $ 250.00	11/03/99	250.00
F. Robert Klein 76 Blue Ridge Tr Hendersonville, TN 37075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 500.00	11/03/99	500.00
G. Marion E. Kress 3121 Hillside Lane Safety Harbor, FL 34695 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia New Port Richey Occupation: C.N.O. Aggregate Year-to-Date > $ 300.00	11/03/99	300.00

SUBTOTAL of Receipts This Page (optional) 2,950.00

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

6-00379

SCHEDULE A

ITEMIZED RECEIPTS

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. J Randolf Morasi 7332 Plumwood Dr North Richland Hills, TX 76180 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: North Hills Hospital Occupation: CEO Aggregate Year-to-Date $ 350.00	11/03/99	350.00
B. Andy Graves 14459 County Line Road Brooksville, FL 34609 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 1,000.00	11/03/99	1,000.00
C. Lindell Orr PO Box 382 Terr Cela, FL 34250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Blake Medical Center Occupation: CEO Aggregate Year-to-Date $ 1,000.00	11/03/99	1,000.00
D. Kyle Viator 712 Emmaline St New Iberia, LA 70560 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Rio Grande Occupation: Health Care Aggregate Year-to-Date $ 750.00	11/03/99	750.00
E. Patrick Whitmore 136 Garfield Street Denver, CO 80206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 300.00	11/03/99	300.00
F. Sylvia Young 5401 S. Cottonwood Ct. Littleton, CO 80121 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: MED CTR AURORA Occupation: Health Care Aggregate Year-to-Date $ 500.00	11/03/99	500.00
G. Greg Bailey 32102 Harborview Lane Westlake, CA 91361 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Los Robles Regional Medical Center Occupation: Aggregate Year-to-Date $ 300.00	11/04/99	300.00

SUBTOTAL of Receipts This Page (optional) 4,200.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Joanna Biere 215 West Janss Road Thousand Oaks, CA 91360-1899 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Los Robles Regional Medical Center Occupation Aggregate Year-to-Date > $ 300.00	11/04/99	300.00
B. Diane Brady 6361 Tidewater Island Circle Ft. Myers, FL 33908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southwest Florida Regional Medical Center Occupation Aggregate Year-to-Date > $ 300.00	11/04/99	300.00
C. Linda Carbiener 6221 Iroquois Ct Odessa, FL 33568 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Regional Med. Cntr Bayonet Pnt. Occupation AVP Fin Aggregate Year-to-Date > $ 300.00	11/04/99	300.00
D. Ben Everett 120 Minorcrest Dickson, TN 37055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Horizon Medical Center Occupation Aggregate Year-to-Date > $ 750.00	11/04/99	750.00
E. Harvey L Fishero 6108 Water Haven Lane Plano, TX 75093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Medical Center of Plano Occupation Health Care Aggregate Year-to-Date > $ 250.00	11/04/99	250.00
F. Daniel Friedrich 7272 125th St. N. Seminole, FL 33772 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 1,000.00	11/04/99	1,000.00
G. Maureen B. Greenway 3049 Mario Boulevard Clearwater, FL 33759 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Petersburg General Hospital Occupation VP Aggregate Year-to-Date > $ 350.00	11/04/99	350.00

SUBTOTAL of Receipts This Page (optional) 3,250.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Patsy Hardy P.O. Box 900 Hurricane, WV 25526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Putnam General Hospital Occupation: Aggregate Year-to-Date > $ 350.00	11/04/99	350.00
B. Susie Lambert 3824 Prairie Dunes Dr Sarasota, FL 34238 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 500.00	11/04/99	500.00
C. Rodney Reider 13122 Westport Moorpark, CA 93021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Los Robles Regional Medical Center Occupation: Aggregate Year-to-Date > $ 300.00	11/04/99	300.00
D. Tracy Rogers 224 Fairway Drive New Orleans, LA 70124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lakeland Medical Center Occupation: Aggregate Year-to-Date > $ 250.00	11/04/99	250.00
E. Stephen L. Royal 11150 Harbour Estates Circle Ft. Myers, FL 33908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Southwest Florida Regional Medical Center Occupation: VP Aggregate Year-to-Date > $ 250.00	11/04/99	250.00
F. Robert Shaw 2169 Paseo Noche Camarillo, CA 93021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Los Robles Regional Medical Center Occupation: Aggregate Year-to-Date > $ 1,000.00	11/04/99	1,000.00
G. Michael Bell 13904 San Sebastian Way Poway, CA 92064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CCN Managed Care Occupation: Aggregate Year-to-Date > $ 500.00	11/05/99	500.00

SUBTOTAL of Receipts This Page (optional) 3,150.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Billings 320 29th Street NW Bradenton, FL 34205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Doctors Hospital of Sarasota Occupation Aggregate Year-to-Date > $ 300.00	11/08/99	300.00
Edward Cook 3778 Hunters Isle Dr Orlando, FL 32837 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 500.00	11/08/99	500.00
Ronald B. Faulkner 1981 Trousdale Place Escondido, CA 92029 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CCN Managed Care Occupation Aggregate Year-to-Date > $ 250.00	11/08/99	250.00
Todd Gallati Rt 13 Box 331-28 Lake City, FL 32055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake City Medical Center Occupation Aggregate Year-to-Date > $ 400.00	11/08/99	400.00
Gail Harrison 732 Siesta Drive Sarasota, FL 34242 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Doctors Hospital of Sarasota Occupation Aggregate Year-to-Date > $ 500.00	11/08/99	500.00
Mark Heinemeyer 820 West G Street, No. 462 San Diego, CA 92101 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CCN Managed Care Occupation Aggregate Year-to-Date > $ 250.00	11/08/99	250.00
Steuart A. Kimmeth 73 Arden Drive Newport News, VA 23601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Peninsula Center Occupation: CFO Aggregate Year-to-Date > $ 750.00	11/08/99	750.00

SUBTOTAL of Receipts This Page (optional) 2,950.00

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

4-00170

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Manheim 11636 Spruce Run Drive San Diego, CA 92131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CCN Managed Care Occupation Aggregate Year-to-Date > $ 250.00	11/08/99	250.00
Richard Mastaler 5251 Viewridge Court San Diego, CA 92123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CCN Managed Care Occupation Aggregate Year-to-Date > $ 500.00	11/08/99	500.00
Craig Preston 656 Indian Springs Road Bountiful, UT 84020 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lakeview Hospital Occupation Aggregate Year-to-Date > $ 450.00	11/08/99	450.00
Keith Sandlin 52 Commache Trail Cartersville, GA 30120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 250.00	11/08/99	250.00
William Stapleton 17846 Butterfield Trail Poway, CA 92064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CCN Managed Care Occupation Aggregate Year-to-Date > $ 250.00	11/08/99	250.00
John Barry 736 Terry Dr Richlands, VA 24641 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clinch Valley Medical Center Occupation: COO Aggregate Year-to-Date > $ 350.00	11/08/99	350.00
Wayne Campbell 1024 Lakeway Drive Niceville, FL 32578 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ft. Walton Beach Medical Center Occupation Aggregate Year-to-Date > $ 500.00	11/08/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,550.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Joe Davis 10 Longwood Drive Shalimar, FL 32579 Receipt For: Primary General Other (specify):	Fort Walton Beach Medical Center Occupation: CNO Aggregate Year-to-Date $ 300.00	11/09/99	300.00
B. Jay Johnson 100 A Alton Gloor Blvd Brownsville, TX 78526 Receipt For: Primary General Other (specify):	Valley Regional Medical Center Occupation: Aggregate Year-to-Date $ 300.00	11/09/99	300.00
C. Edward McGlynn 100 A Alton Gloor Blvd Brownsville, TX 78526 Receipt For: Primary General Other (specify):	Valley Regional Medical Center Occupation: Aggregate Year-to-Date $ 750.00	11/09/99	750.00
D. Frank Molinaro 145 Nicols Ln Crestview, FL 32536 Receipt For: Primary General Other (specify):	Fort Walton Beach Medical Center Occupation: Aggregate Year-to-Date $ 350.00	11/09/99	350.00
E. Galen Russell 18614 Capetown Houston, TX 77058 Receipt For: Primary General Other (specify):	Clear Lake Regional Medical Center Occupation: COO Aggregate Year-to-Date $ 400.00	11/09/99	400.00
F. Charles Sexton 100 A Alton Gloor Blvd. Brownsville, TX 78526 Receipt For: Primary General Other (specify):	Valley Regional Medical Center Occupation: Aggregate Year-to-Date $ 1,000.00	11/09/99	1,000.00
G. Melinda W. Stephenson 807 Orchard Houston, TN 77002 Receipt For: Primary General Other (specify):	Clear Lake Regional Medical Center Occupation: RN Aggregate Year-to-Date $ 400.00	11/09/99	400.00

SUBTOTAL of Receipts This Page (optional) 3,500.00

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

4-00174

SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Thwaalt 631 Linwood Drive Richlands, VA 24641	Clinch Valley Medical Center	11/09/99	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date > $ 750.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeff Whitehorn 9442 Highwood Hill Rd Brentwood, TN 37027		11/09/99	800.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date > $ 800.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh Wilson 7401 Rolling Band Ct Columbus, GA 31904	Doctors Hospital	11/09/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date > $ 500.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Adams 10350 Carol Street Great Falls, VA 22066	Reston Hospital Center	11/10/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date > $ 1,000.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kaye Amick 3140 Bent Creek Dr Valrico, FL 33594	Columbia Brandon Regional Medical Center	11/10/99	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CNO Aggregate Year-to-Date > $ 300.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Anderson 1096 Banner Square Powder Springs, GA 30127	Emory Parkway Medical Center	11/10/99	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date > $ 400.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Durie Andrews 7705 Royal Harbour Circle TN		11/10/99	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date > $ 300.00		

SUBTOTAL of Receipts This Page (optional) 4,050.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Steven Bateman 1767 N. 300 W. Centerville, UT 84014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Ogden Regional Medical Center Occupation Aggregate Year-to-Date $ 250.00	11/10/99	250.00
B. Ward Boston 745 18th Avenue N.E. St. Petersburg, FL 33704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brandon Regional Hospital Occupation HEALTH CARE Aggregate Year-to-Date $ 500.00	11/10/99	500.00
C. William Buck 25326 Oaks Blvd. Land O' Lakes, FL 34639 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pasco Community Hospital Occupation Aggregate Year-to-Date $ 750.00	11/10/99	750.00
D. James Burton 515 Rob Roy St Lakeland, FL 33813 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Brandon Regional Medical Center Occupation CFO Aggregate Year-to-Date $ 250.00	11/10/99	250.00
E. Mark Canada 2404 Wilde Lake Place Richmond, VA 23233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chippenham Occupation COO Aggregate Year-to-Date $ 300.00	11/10/99	300.00
F. Mari Jo Craft 6009 Brentmoor Drive Glen Allen, VA 23060 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chippenham Hospital Occupation Aggregate Year-to-Date $ 300.00	11/10/99	300.00
G. James Cruickshank 20810 Sonrise Way BocaRaton, FL 33433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	11/10/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 3,350.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Cheryl E. Deamer-Boykin 3400 NE 45th Street Ocala, FL 34479 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Ocala Regional Medical Center Occupation: COO Aggregate Year-to-Date $ 800.00	11/10/99	500.00
B. Robert Dunwoody 2640 Riverview Court Vero Beach, FL 32963 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lawnwood Regional Medical Center Occupation: Aggregate Year-to-Date $ 300.00	11/10/99	300.00
C. Marsha Easley 11758 Wordsworth Ct Jacksonville, FL 32223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Orange Park Medical Center Occupation: Adm Asst Aggregate Year-to-Date $ 250.00	11/10/99	250.00
D. Michael Fennel 8822 Stillwaters Landing Riverview, FL 33569 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brandon Regional Hospital Occupation: CEO Aggregate Year-to-Date $ 1,000.00	11/10/99	1,000.00
E. John Hanshaw 12514 Bear Cub Circle UT 84060 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 300.00	11/10/99	300.00
F. Debbie Herwaldt 17815 SW 111Th Ave Tualatin, OR 97062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	McMinnville Community Hospital Occupation: CFO Aggregate Year-to-Date $ 300.00	11/10/99	300.00
G. Robert Krieger 11939 Marron Meadows Jacksonville, FL 32223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Orange Park Medical Center Occupation: CEO Aggregate Year-to-Date $ 1,000.00	11/10/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 3,650.00

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

4-00173

Columbia/HCA Healthcare Corporation
Caring for the Community Awards

Purpose: The purpose of this new recognition program is to reward employees for outstanding service and volunteerism; to promote utilization of Caring for the Community Service hours and reporting; to strengthen relationship with area non-profits

This new annual award program will give recognition to up to six corporate payroll employees who have demonstrated a superior level of commitment to both the mission and values of the company and community service and volunteerism.
Full time employees and regular part time employees working 20 hours per week and eligible for consideration.

Criteria for Selection
Nominees should be an employee who:

Treats others with absolute respect and acts with honesty and integrity while conducting business and/or personal activities

Has a history of outstanding and significant volunteer service with a local agency or organization as a Board Member or in a direct service capacity: preference will be given to employees who utilize and report Caring for the Community Hours

Demonstrates personal humility and modesty

Process for Award includes

- Communication will be sent to all corporate employees announcing the award program following the announcement on Community Day 1999
- Two page nomination forms will be distributed to employees in May 2000 with a return date of June 2000; Individuals can be nominated by supervisors and/or colleagues
- An original review of nominations will be conducted by the Foundation/Community Outreach Staff to ensure that the criteria has been fulfilled
- Final selection will be completed by a diverse group of employees. The winners will be announced and recognized at Community Day 2000. All employees and community organizations with Columbia Volunteers will be invited to attend.

Award

- The individuals selected will receive a unique display service award and a trip voucher worth $2500
- A related agency or eligible 501C(3) organization will receive a grant award $2500

All eligible volunteers will receive a special gift celebrating service and volunteerism To be eligible, volunteer would have reported eligible caring for community hours.

Outstanding issues

Promotional Materials (under development)

- Nomination Forms
- Posters
- Table Tents
- Koala Site
- Other Something to send to employees Announcing Award (Optional)

Additional Notes regarding nomination forms: Instructions for completing the nomination should be part of the entry form. Nominations should be typed and include the following

- Nomination Form
- Letters of Recommendation
- Related Press Releases and/or newspaper articles

The nomination should give specific, detailed examples of the candidates volunteer or board service. Letters of recommendation by board members, agency representatives or other community representatives are helpful documentation for the judge's reference.

Please note that a maximum of 5 pages supporting the award nominees will be accepted for review by the judges. Please include photographs if available. No nominations or supporting materials will be returned.

Timeline

Development of Collateral Materials and Application	Feb – April
Formal Announcement	May 1
Applications Due	July 3
Winners Announced	September 15

SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Roberta McCaffrey 8049 O'Bannon Dr Las Vegas, NV 89117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sunrise Mountain View Hosp. & Med. Cnt. Occupation: VP Aggregate Year-to-Date $ 300.00	11/10/99	300.00
B. Randy McVay 4819 SE 12 Place Ocala, FL 34471 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ocala Regional Medical Center Occupation: Aggregate Year-to-Date $ 300.00	11/10/99	300.00
C. Stephen Mahan 6816 W. 48 Lane Ocala, FL 34478 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 1,000.00	11/10/99	1,000.00
D. Ronald Metivier 336 S San Gabriel Blvd Pasadena, CA 91107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Las Encinas Hospital Occupation: Admin Aggregate Year-to-Date $ 750.00	11/10/99	750.00
E. Milton Mongell 3101 S. Indian River Drive Ft. Pierce, FL 34982 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lawnwood Regional Medical Center Occupation: Aggregate Year-to-Date $ 400.00	11/10/99	400.00
F. Harold Muetzel 3002 Sprawling Oaks Place Valrico, FL 33594 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Dir Bus Dev Aggregate Year-to-Date $ 750.00	11/10/99	750.00
G. Thomas R. Pentz 101 Bent Tree Dr #50 Daytona Beach, FL 32114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Daytona Medical Center Occupation: CEO Aggregate Year-to-Date $ 1,000.00	11/10/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 4,500.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11 a i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Lorena Perona 2825 S. Indian River Drive Ft. Pierce, FL 34982 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lawnwood Regional Medical Center Occupation: Aggregate Year-to-Date $ 300.00	11/10/99	300.00
B. Jane Raymond 20365 Marguerite Square Sterling, VA 20165 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia/HCA Reston Hospital Center Occupation: unknown Aggregate Year-to-Date $ 350.00	11/10/99	350.00
C. Toni Rice 6903 Moss Creek Midlothian, VA 23112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chippenham Occupation: Assoc Admin Aggregate Year-to-Date $ 300.00	11/10/99	300.00
D. John Smith 13631 Stancross Rd Midlothian, VA 23113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chippenham Occupation: Dir Rural Health Aggregate Year-to-Date $ 300.00	11/10/99	300.00
E. Edward Stojakovich 638 Halls Farm Way Great Falls, VA 22066 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Reston Hospital Center Occupation: CFO Aggregate Year-to-Date $ 300.00	11/10/99	300.00
F. Lynn Strader 11801 Southern Points Dr Chesterfield, VA 23838 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chippenham Occupation: Controller Aggregate Year-to-Date $ 300.00	11/10/99	300.00
G. Marilyn Tavenner 9705 Spring Run Rd Chesterfield, VA 23832 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chippenham Occupation: CEO Aggregate Year-to-Date $ 1,000.00	11/10/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 2,850.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Sandra Troester 2078 Wildwood Lane Jacksonville, FL 32259 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 300.00	11/10/99	300.00
B. Terence Van Arkel 928 S. Lobus Lane Jacksonville, FL 32259 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Orange Park Medical Center Occupation Aggregate Year-to-Date $ 300.00	11/10/99	300.00
C. Doug White 5711 Pickens Ave Myrtle Beach, SC 29577 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Grand Strand Regional Med. Cntr Occupation: CEO Aggregate Year-to-Date $ 250.00	11/10/99	250.00
D. Patricia Currie 107 Warrenton Houston, TX 77024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Clear Lake Occupation: Health Care Aggregate Year-to-Date $ 300.00	11/11/99	300.00
E. Kevin Gross 5340 S. Fulton Ct Englewood, CO 80111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	11/11/99	1,000.00
F. Jerry Harrison 9050 Hoyt St Westminstr., CO 80021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 250.00	11/11/99	250.00
G. Millie Stanley 1100 Huntsman Path Pensacola, FL 32514 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: West Florida Regional Medical Center Occupation: Health Care Aggregate Year-to-Date $ 350.00	11/11/99	350.00

SUBTOTAL of Receipts This Page (optional) 2,750.00

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

4-00175

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Barbara Thames 4654 Carlyn Drive Pace, FL 32571 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Florida Regional Medical Center Occupation Aggregate Year-to-Date > $ 500.00	11/11/99	500.00
B. William Burns 101 E. Ridge Road McAllen, TX 78503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rio Grande Regional Hospital Occupation Aggregate Year-to-Date > $ 1,000.00	11/15/99	1,000.00
C. Patsy Coghill 2430 Mt. Blanco Road Chester, VA 23836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	John Randolph Medical Center Occupation Aggregate Year-to-Date > $ 300.00	11/15/99	300.00
D. Patricia Fradley 1701 George Bell Circle Anchorage, AK 99515 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alaska Regional Hospital Occupation Aggregate Year-to-Date > $ 300.00	11/15/99	300.00
E. Dan Houghton 18753 May Court Circle Eagle River, AK 99577 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alaska Regional Hospital Occupation Aggregate Year-to-Date > $ 300.00	11/15/99	300.00
F. Edward Lamb 15121 Bridgewood Circle Anchorage, AK 99516 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alaska Regional Hospital Occupation Aggregate Year-to-Date > $ 500.00	11/15/99	500.00
G. William Peaks 1520 Broad Ave Gulfport, MS 39501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Garden Park Occupation: HEALTH CARE Aggregate Year-to-Date > $ 750.00	11/15/99	750.00

SUBTOTAL of Receipts This Page (optional) 3,650.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Charles D-Chuck Schuetz 41 Doe Run The Woodlands, TX 77380 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kingwood Medical Center Occupation: CEO Aggregate Year-to-Date $ 400.00	11/15/99	400.00
B. Ward Stevens 112 Parkview Ave. Covington, VA 24426 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Alleghany Regional Hospital Occupation: HEALTH CARE Aggregate Year-to-Date $ 250.00	11/15/99	250.00
C. Daniel Wetta 3821 Cluster Way Williamsburg, VA 23188 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	John Randolph Occupation: CEO Aggregate Year-to-Date $ 400.00	11/15/99	400.00
D. Bob Brannigan 9407 Gadwell Terrace Chesterfield, VA 23838 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Henrico Doctors' Hospital Occupation: CNO Aggregate Year-to-Date $ 300.00	11/16/99	300.00
E. William Caldwell 10606 Gravel Neck Dr Chester, VA 23831 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	John Randolph Occupation: COO Aggregate Year-to-Date $ 600.00	11/16/99	500.00
F. Karen Core 1804 Pine Forest Cr Dublin, GA 31021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fairview Park Occupation: CNE Aggregate Year-to-Date $ 300.00	11/16/99	300.00
G. Michael Kerner 3722Walton Way Est #224 Augusta, GA 30907 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Augusta Regional Medical Center Occupation: Pres/CEO Aggregate Year-to-Date $ 1,000.00	11/16/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 3,150.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Scott Mair 217 Ridge Circle Dublin, GA 31021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Fairview Park Hospital Occupation: Aggregate Year-to-Date > $ 300.00	11/16/99	300.00
B. Kelly Penton 3878 Inverness Way Martinez, GA 30907 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 300.00	11/16/99	300.00
C. Ted Short 200 Ridge Circle Dublin, GA 31021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 300.00	11/16/99	300.00
D. Jeffrey Simless 4623 Rocky Branch Ct Evans, GA 30809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Augusta Regional Medical Center Occupation: Asst. VP Finance Aggregate Year-to-Date > $ 250.00	11/16/99	250.00
E. Donald Stewart 1910 Sandgate Falls Court Houston, TX 77062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bayshore Medical Center Occupation: CEO Aggregate Year-to-Date > $ 500.00	11/16/99	500.00
F. Roy Ward 12313 Pleasant Lake Terr Rich, VA 23223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Henrico Doctor's Hospital Occupation: CFO Aggregate Year-to-Date > $ 300.00	11/16/99	300.00
G. James Wood 104 Cedar Creek Drive Dublin, GA 31021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Fairview Park Hospital Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	11/16/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 2,850.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Holland 39 Harbor View Sugar Land, TX 77479 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	West Houston Occupation: Aggregate Year-to-Date > $ 750.00	11/17/99	750.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Mabney 2024 Gus Moran El Paso, TX 79936 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: HEALTH CARE Aggregate Year-to-Date > $ 500.00	11/17/99	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Beryl C Ramsey 4618 Devon Houston, TX 77027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Women's Hospital of Texas Occupation: Health Care Aggregate Year-to-Date > $ 300.00	11/17/99	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
C Dewayne Benefield 8860 Long Point Houston, TX 77055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spring Branch Medical Center Occupation: CFO Aggregate Year-to-Date > $ 250.00	11/22/99	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Carrel 12722 Kingsway Rd Wellington, FL 33414 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Hospital Occupation: CFO Aggregate Year-to-Date > $ 300.00	11/22/99	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lee Chaykin 2942 Myrtle Oak Circle Davie, FL 33328 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westside Regional Medical Center Occupation: Aggregate Year-to-Date > $ 500.00	11/22/99	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Joseph 8129 SW 88 Terrace Miami, FL 33143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date > $ 1,000.00	11/22/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 3,600.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kimberley Jutras 5170 Chardonnay Dr Coral Springs, FL 33067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pompano Beach Medical Center Occupation: Chief operating officer Aggregate Year-to-Date > $ 300.00	11/22/99	300.00
B. Richard Klusmann 9914 Silver Mountain Dr Austin, TX 78737 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: St David's Medical Center Occupation: Aggregate Year-to-Date > $ 500.00	11/22/99	500.00
C. Maura Walsh 3126 Amherst Houston, TX 77005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bayshore Medical Center Occupation: Assoc. Adm. Aggregate Year-to-Date > $ 1,000.00	11/22/99	1,000.00
D. William D. Poteet III P.O. Box 550 Nashville, TN 37202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 880.00	11/30/99	85.00
E. Duane Brookhart 3567 Wiley Road Montgomery, AL 36106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: West Paces Occupation: Aggregate Year-to-Date > $ 300.00	11/30/99	300.00
F. Kenneth Feller 11303 East Ida Avenue Englewood, CO 80111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Rose Medical Center Occupation: Aggregate Year-to-Date > $ 250.00	11/30/99	250.00
G. Allyn R Harris 1705 Windermere Plano, TX 75013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Admin Aggregate Year-to-Date > $ 888.72	11/30/99	63.34

SUBTOTAL of Receipts This Page (optional) 2,518.34

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Linda Jubinsky 4456 Village Springs Run Dunwoody, GA 30338		11/30/99	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 750.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Nevill 1113 Somerset Cir Lawrence, KS 66049	Overland Park HEALTH CARE	11/30/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 600.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Doug Sills 398 Eagle Creek Cir. Lake Mary, FL 32746		11/30/99	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steven Tarkington 10505 Gayton Rd Rich, VA 23233	Columbia Henrico Doctor's Hospital CNE	11/30/99	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen Willis 166 S. Pershing Wichita, KS 67218		11/30/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Nell A. Heatherly 1713 Arbor Mill Circle #1424 Bedford, TX 76021	Northeast Community Hospital Assoc. Adm.	12/01/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Susie Lambert 3824 Prairie Dunes Dr Sarasota, FL 34238		12/01/99	26.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 526.00		

SUBTOTAL of Receipts This Page (optional)	2,626.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Karen W Moyer 7400 SW 57 Terrace Miami, FL 33143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Cedars Medical Center Occupation: VP - Nursing Aggregate Year-to-Date $ 300.00	12/01/99	300.00
B. Tom Rine 1807 NE 29th St Lawton, OK 73507 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oklahoma Divison Office Occupation: CEO Aggregate Year-to-Date $ 500.00	12/01/99	500.00
C. David E. Schoenborn 571 Stonemont Dr Ft Lauderdale, FL 33328 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Cedars Medical Center Occupation: CFO Aggregate Year-to-Date $ 300.00	12/01/99	300.00
D. Steven D Sonenreich 8776 SW 131 Terrace Miami, FL 33168 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	12/01/99	1,000.00
E. Michael R Burroughs 125 Olde Overlook Ct Atlanta, GA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 250.00	12/14/99	250.00
F. Melissa Griffin 724 Napoleon Avenue New Orleans, LA 70115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tulane University Hospital Occupation Aggregate Year-to-Date $ 300.00	12/14/99	300.00
G. David Holdal 3010 Walden Place Mandeville, LA 70448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Central Group Office Occupation: Health Care Aggregate Year-to-Date $ 500.00	12/14/99	500.00

SUBTOTAL of Receipts This Page (optional) 3,150.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard B King 1910 Luckburn Drive Spring, TX 77386 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Conroe Regional Medical Center Occupation: Health Care Aggregate Year-to-Date > $ 300.00	12/14/99	300.00
B. Russell Meyers 14503 Hillside Hickory Houston, TX 77062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bayshore Medical Center Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	12/14/99	1,000.00
C. Shirley Stewart 5624 Sutton Place New Orleans, LA 70131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tulane University Hospital Occupation: Aggregate Year-to-Date > $ 1,000.00	12/14/99	1,000.00
D. Bud Wethington 16863 Fox Den Fort Myers, FL 33908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southwest Florida Regional Medical Center Occupation: CFO Aggregate Year-to-Date > $ 300.00	12/22/99	300.00
E. William R. Huston P.O. Box 550 Nashville, TN 37202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 564.60	Payroll Deduction	83.60 ($0.00 Biweekly)
F. William D. Pobert III P.O. Box 550 Nashville, TN 37202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 1,020.00	Payroll Deduction	340.00 ($85.00 Biweekly)
G. Allyn R Harris 1705 Windermere Plano, TX 75013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Admin Aggregate Year-to-Date > $ 1,000.08	Payroll Deduction	333.36 ($83.34 Biweekly)

SUBTOTAL of Receipts This Page (optional)	3,356.96
TOTAL This Period (last page this line number only)	93,594.54

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 12

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Central Group 13455 Noel Rd., 20th Floor Dallas, TX 75240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 32,000.46	07/19/99	32,000.46
B. Triad Good Government Fund 13455 Noel Road, Suite 2000 Dallas, TX 75240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,500.00	10/13/99	2,500.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 34,500.46

TOTAL This Period (last page this line number only) 34,500.46

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Martin Frost 400 S Zang Blvd Dallas, TX 75208	Frost, CONGRESS 24th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1999	07/01/99	2,000.00
B. Henry Brown for Congress 525 Blatt Building Columbia, SC 29211	Voided Check Issued 4/15/1999 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1999	07/09/99	-2,500.00
C. Gordon for Congress Committee 2201 Rayburn House Office Building Washington, DC 20515	Gordon, REPRESENTATIVE 6th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/15/99	1,000.00
D. COOPER FOR CONGRESS P.O. Box 137 Smarrt Station, TN 37378	Jerry Cooper, U.S. HOUSE 4th TN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	07/19/99	1,000.00
E. BOB KERRY FOR SENATE 141 Hart Senate Office Building Washington, DC 20510	BOB KERRY, U.S. SENATE NE Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/19/99	1,500.00
F. Senator Mitch McConnell Campaign Committee 363 Dirksen Senate Office Building Washington, DC 20510	Mitch McConnell, U.S. SENATE KY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2002	08/11/99	1,000.00
G. Wes Watkins 2312 Rayburn House Office Building Washington, DC	Watkins, U.S. HOUSE OK Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/17/99	1,000.00
H. Bishop for Congress Committee 1632 Longworth House Office Building Washington, DC 20515	Bishop, REPRESENTATIVE 2nd GA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/18/99	500.00
I. Colorado Democratic Party PAC Fund 770 Grant Street Suite 200 Denver, CO 80203	Colorado Democratic Party PAC Fund Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	08/20/99	500.00

SUBTOTAL of Disbursements This Page (optional) 8,300.00

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

4-09/99

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Tennessee Republican Caucus P.O. Box 190839 Nashville, TN 37219	Tennessee Republican Caucus Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1998	08/20/99	1,000.00
B. Bob Barr for Congress 999 Whitlock Avenue Marietta, GA 30164	Bob Barr, U.S. HOUSE 7th GA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	09/28/99	1,000.00
C. John Ensign for Senate 3310 S. Jones BE Las Vegas, NV 89102	John Ensign, U.S. SENATE NV Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/18/99	1,000.00
D. Thurman for Congress 5700 SW 34th Street Gainesville, FL 32608	Karen L. Thurman, U.S. HOUSE 5th FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/21/99	500.00
E. Ed Bryant for Congress 408 Cannon House Office Building Washington, DC 20515	Ed Bryant, U.S. HOUSE 7th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/25/99	1,000.00
F. Wilson Federal Exploratory Committee P.O. Box 50711 Denton, TX 76206	Kirk Wilson, U.S. HOUSE TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/01/99	500.00
G. Zach Wamp for Congress Committee 423 Cannon House Office Building Washington, DC 20515	Wamp, REPRESENTATIVE 3rd TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/01/99	250.00
H. Zach Wamp for Congress Committee 423 Cannon House Office Building Washington, DC 20515	Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/01/99	-250.00
I. Fletcher for Congress PO Box 4703 Lexington, KY 40544	Ernie Fletcher, CONGRESS 6th KY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/08/99	500.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code Billey for Congress 2241 Rayburn Office Bldg Washington, DC 20515	Purpose of Disbursement J. Billey, Jr., REPRESENTATIVE 7th VA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 12/06/99	Amount of Each Disbursement This Period 750.00
B. Full Name, Mailing Address and ZIP Code Todd Tiahrt 428 Cannon Office Bldg US House of Representatives Washington, DC 20515	Purpose of Disbursement Todd Tiahrt, US CONGRESS 4th KS Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 12/15/99	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Tennessee Republican Caucus P.O. Box 190639 Nashville, TN 37219	Purpose of Disbursement Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 12/22/99	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 2,750.00

TOTAL This Period (last page this line number only) 14,660.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Pat Ball 13455 Noel Road, 20th Floor Dallas, TX 75240	Refund for: Pat Ball	09/29/99	500.00
James D. Shelton 13455 Noel Road, 20th Floor Dallas, TX 75240	Refund for James D. Shelton	09/29/99	2,000.00
Robert Krieger 2001 Kingsley Avenue Orange Park, FL 32073-5111	Reimbursement to contributor, requested refund	11/16/99	500.00

SUBTOTAL of Disbursements This Page (optional) 3,000.00

TOTAL This Period (last page this line number only) 3,000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF THA 500 INTERSTATE BLVD SOUTH NASHVILLE, TN 37210 was memoed on previous report - excess distribution that was returned back to PAC	Excess distribution, refunded back to pac Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	07/02/99	138.00
Friends of Sherry Jones 37 Legislative Plaza Nashville, TN 37243-0139	Sherry Jones, REPRESENTATIVE 59th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	07/19/99	500.00
Hagood for State House 1020 West Nokomis Circle Knoxville, TN 37919	Jamie Hagood, STATE HOUSE REP. 17th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/10/99	250.00
Campaign for Re-Electric Steve Godsey 417 Mountain View Court Blountville, TN 37617	Steve Godsey, REPRESENTATIVE 1th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/10/99	250.00
Langster for Legislative 2423 Underwood Street Nashville, TN 37208	Edith Langster, REPRESENTATIVE 54th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/10/99	500.00
Pete Springer 2 Legislative Plaza Nashville, TN 37243-0025	Pete Springer, STATE SENATE TN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998 Debt Retirement	08/10/99	250.00
Friends of Shelby Rhinehart 34 Legislative Plaza Nashville, TN 37243-0137	Shelby Rhinehart, REPRESENTATIVE 37th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/20/99	500.00
Crutchfield for Senate 707 Georgia Avenue Flation Building Chattanooga, TN 37402	Ward Crutchfield, STATE SENATE TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/20/99	500.00
Friends of Roscoe Dixon 3592 Huckle Berry Memphis, TN 38116	Roscoe Dixon, STATE SENATE TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/20/99	250.00

SUBTOTAL of Disbursements This Page (optional) 3,138.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of John White 191 Waldon Road Lawrenceberg, TN 38464	John White, REPRESENTATIVE 70th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/20/99	250.00
B. Friends of Jimmy Naifeh P.O. Box 97 Covington, TN 38019	Jimmy Naifeh, REPRESENTATIVE 81st TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/20/99	1,000.00
C. Womach for Senate Committee 1535 W. Northfield #5 Murfreesboro, TN 37129	Andy Womach, STATE SENATE TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/20/99	500.00
D. Friends of Matt Kisber 33 Legislative Plaza Nashville, TN 37243-0173	Matt Kisber, REPRESENTATIVE 73rd TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/20/99	1,000.00
E. Friends of Rosalind Kurita 6 Legislative Plaza Nashville, TN 37243-0022	Rosalind Kurita, STATE SENATE TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/24/99	250.00
F. Jason Mumpower State Representative P.O. Box 2221 Nashville, TN 37621	Jason Mumpower, REPRESENTATIVE 3rd TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/26/99	250.00
G. Boyer for Legislator 4501 Idumea Road Corryton, TN 37721	Jim Boyer, REPRESENTATIVE 19th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	08/26/99	250.00
H. Committee to Elect Steve McDaniel 97 Battleground Drive Parkers Crossroads, TN 38388	Steve McDaniel, TN STATE REPRESENTAE 72nd TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/18/99	1,000.00
I. Friends of Jerry Cooper P.O. Box 137 Smartt Station, TN 37378	Jerry Cooper, TN STATE SENATE TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	10/18/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 5,500.00

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

4-u0173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Kevin Brady for Congress P.O. Box 5277 26403 I45N The Woodlands, TX 77387	Brady, U.S. HOUSE 8th TX DEBT RETIREMENT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998 Debt Retirement	10/15/99	1,000.00
B. Friends of Joe Haynes P.O. Box 527 Goodlettsville, TN 37070	Joe Haynes, STATE SENATE TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/28/99	1,000.00
C. Friends of Joe Armstrong P.O. Box 6597 Knoxville, TN 37914	Joe Armstrong, REPRESENTATIVE 15th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/08/99	250.00
D. Senate Democratic Caucus 5 Legislative Plaza Nashville, TN 37243	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	11/08/99	1,000.00
E. Committee to Elect JoAnn Graves 197 Woodlake Drive Gallatin, TN 37066	JoAnn Graves, STATE SENATE TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/08/99	500.00
F. Wilder for State Senate 4020 Highway 59 Mason, TN 38049	John Wilder, STATE SENATE TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/29/99	1,000.00
G. Friends of Paul Phelan P.O. Box 409 Trenton, TN 38382	Paul Phelan, REPRESENTATIVE 79th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	12/06/99	250.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 5,000.00

TOTAL This Period (last page this line number only) 13,638.00

4-00173

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 2-9-00
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JM N — PREPARER

2-9-00 — DATE PREPARED

(4/98)