REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 20 9 43 AM '96

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

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

CITY, STATE and ZIP CODE
Nashville, TN 37202

2. FEC IDENTIFICATION NUMBER
C-00-67231

3. [X] This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- [X] 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 preceeding _____ (Type of Election) election on _____ in the State of _____

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

(b) Is this Report an Amendment ? ☐ YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 05/13/96 through 06/30/96		
6. (a) Cash on Hand January 1, 1996		$ 86,963.63
(b) Cash on Hand at Beginning of Reporting Period	$ 87,890.54	
(c) Total Receipts (from line 19)	$ 6,452.50	$ 99,623.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 94,343.04	$ 116,586.80
7. Total Disbursements (from Line 30)	$ 8,393.50	$ 30,637.26
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 85,949.54	$ 85,949.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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

I Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and Complete

Type or Print Name Of Treasurer
DAVID G. ANDERSON

Signature of Treasurer

Date
7/15/96

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

FEC FORM 3X
(Revised 9/93)

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

Revised (1/1/91)

NAME OF COMMITTEE: Columbia/HCA HealthCare Good Government Fund

REPORT COVERING PERIOD FROM: 05/23/96 TO: 06/30/96

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	895.00	8,687.60
ii. Unitemized	5,557.50	89,935.57
iii. Total (add i and ii) >	6,452.50	98,623.17
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add aiii,b and c) >	6,452.50	98,623.17
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	6,452.50	99,623.17
20. Total Federal Receipts (subtract line 18 from line 19) >	6,452.50	99,623.17
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	0.00	0.00
c. Total Operating Expenditures (Add ai,aii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	3,521.85
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,750.00	20,050.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c) >	0.00	0.00
29. Other Disbursements	1,643.50	7,865.41
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	8,393.50	30,637.26
31. Total Federal Disbursements (Subtract line 21 ai from line 30) >	8,393.50	30,637.26
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	6,452.50	98,623.17
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	6,452.50	98,623.17
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Columbia/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
Robin E. Lake 2026 Pepperiree Carlsbad, NM 88220	Columbia Med Ctr of Carlsbad Occupation: CEO	06/21/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
William S. Hussey 15950 Country Court Ft Myers, FL 33912	Tampa Bay Division Office Occupation: President	06/21/96	345.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 345.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Frank J. Demarco 2271 Capt Waring Ct.	South Carolina Division Occupation: HEALTH CARE	06/21/96	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	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	895.00
TOTAL this Period (Last page this line number only) ..... >	895.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Columbia/HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For:	Date (Month day, Year)	Amount of Each Disb. this Period
Democratic Senatorial Campaign Committee 430 S. Capitol Street, SE Washington, DC 20003	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) 1996	05/28/96	2,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For:	Date (Month day, Year)	Amount of Each Disb. this Period
1996 Republican House-Senate Leadership Dinner Washington, DC 200	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) 1996	05/29/96	2,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For:	Date (Month day, Year)	Amount of Each Disb. this Period
Arnold O. Hopland Campaign 1900 WEST ELK AVENUE ELIZABETHTON, TN 37643	O. HOPLAND, U.S. HOUSE 1th TN Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	06/04/96	250.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For:	Date (Month day, Year)	Amount of Each Disb. this Period
Torricelli for US Senate P.O. Box 1865 South Hackensack, NJ 07606	Robert G. Torricelli, U.S. SENATE NJ Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	06/04/96	1,000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For:	Date (Month day, Year)	Amount of Each Disb. this Period
Peter M. Weinstein 7880 N University Drive Suite 302 Tamarac, FL 33321	M. Weinstein, US CONGRESS 19th FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	06/27/96	1,500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For:	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For:	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For:	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For:	Date (Month day, Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		

SUB TOTAL of Disbursements this page (Optional) ..... >	6,750.00
TOTAL this Period (Last page this line number only) ..... >	6,750.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 2
	FOR LINE NUMBER 29

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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 Disb. this Period
A. Citizens for Christene Radegno P.O. Box 274 La Grange, IL 60525	Radegno, STATE SENATOR 24th IL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	06/14/96	250.00
B. Friends of Eileen Lyons P.O. Box 322 Western Springs, IL 60558	Lyons, STATE REPRESENTATIVE 47th IL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	06/14/96	250.00
C. Committee to Elect J.K. Sherron 4021 Barrett Drive Raleigh, NC 27609	Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	06/19/96	-500.00
D. Committee To Elect Zeno L. Edwards, Jr. 212 Riverside Drive Washington, NC 27889	Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	06/19/96	-500.00
E. Suntrust Bank P.O. Box 305110 Nashville, TN 37230-5110	Bank Charges Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	06/26/96	18.50
F. Carnahan for Missouri Committee Capitol Building Room 216 Jefferson City, MO 65102	Carnahan, GOVERNOR MO Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	06/27/96	500.00
G. Phil Wannemacher 731 E. Smith Springfield, MO 65803	Wannemacher, STATE REPRESENTATIVE 139th MO Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	06/27/96	250.00
H. Norma Champion 3609 S. Broadway Springfield, MO 65803	Champion, STATE REPRESENTATIVE 134th MO Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	06/27/96	250.00
I. Craig Hosmer for State Rep. 657 S. Weller Springfield, MO 65802	Purpose of Disbursement W Hosmer, STATE REPRESENTATIVE 138th MO Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year) 06/27/96	Amount of Each Disb. this Period 250.00

SUB TOTAL of Disbursements this page (Optional) ..... > 768.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER 29

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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 Disb. this Period
A. Friends of Jim Krieder 1058 Melton Ave. Ozark, MO 65721	Krieder, STATE REPRESENTATIVE 142nd MO	06/27/96	250.00
B. Friends of Connie Wible Murray 2118 S. Catalina Avenue Springfield, MO 65804	Wible Murray, STATE REPRESENTATIVE 135th MO	06/27/96	250.00
C. Schilling for State Representative 1827 S. New Springfield, MO 65807	Schilling, STATE REPRESENTATIVE 136th MO	06/27/96	250.00
D. Los Angeles Registrar/Recorder County Clerk's Office Los Angeles, CA	Filing Fee	06/27/96	100.00
E. Suntrust Bank P.O. Box 305110 Nashville, TN 37230-5110	Returned Check Fee	05/24/96	25.00
F.			
G.			
H.			
I.			

SUB TOTAL of Disbursements this page (Optional) ..... >	875.00
TOTAL this Period (Last page this line number only) ..... >	1,693.50

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
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7-15-96
☐	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

PREPARER: [illegible]

DATE PREPARED: 7-20-96

FEC FORM 70-2 (12/92)