REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 13 P 1:53

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
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-00-97231

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 04/01/00 through 06/30/00		
6. (a) Cash on Hand January 1, 2000		$ 260,826.82
(b) Cash on Hand at Beginning of Reporting Period	$ 257,649.61	
(c) Total Receipts (from Line 19)	$ 3,314.29	$ 18,277.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 260,963.90	$ 279,103.90
7. Total Disbursements (from Line 30)	$ 11,726.00	$ 29,825.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 249,238.90	$ 249,278.90
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 202-694-1100

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

Type or Print Name of Treasurer
David G. Anderson

Signature of Treasurer
[signature]

Date 10/11/00

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)

4-00172

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

(revised 1/1/91)

NAME OF COMMITTEE: HCA Healthcare Good Government Fund

REPORT COVERING PERIOD FROM: 04/01/00 TO: 06/30/00

	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)	1,503.34	9,485.03	11(a)(i)
ii. Unitemized	1,810.95	8,792.05	11(a)(ii)
iii. Total (add i and ii) ➤	3,314.29	18,277.08	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) ➤	3,314.29	18,277.08	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	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) ➤	3,314.29	18,277.08	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	3,314.29	18,277.08	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	11,075.00	18,575.00	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	0.00	0.00	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) ➤	0.00	0.00	28(d)
29. Other Disbursements	650.00	11,250.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	11,725.00	29,825.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	11,725.00	29,825.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,314.29	18,277.08	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,314.29	18,277.08	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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11 a i

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. William Kenley 3635 Legacy Dr Springfield, TN 37172	Northeast Medical Center	04/19/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO		
	Aggregate Year-to-Date > $ 500.00		
B. Jeff Whitehorn 3442 Highwood Hill Rd Brentwood, TN 37027	SOUTHERN HILLS MEDICAL CENTER	06/16/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO		
	Aggregate Year-to-Date > $ 500.00		
C. William D. Poteet III 6565 N. McArthur Blvd, Ste 350 Irving, TX 75039	HCA Corporate Office	Payroll Deduction	170.00 ($85.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Pres./N. Tx Division		
	Aggregate Year-to-Date > $ 595.00		
D. Rodney Smith 1401 W. Seminole Boulevard Sanford, FL 32771	Central Florida Regional Hospital	Payroll Deduction	166.66 ($83.33 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO		
	Aggregate Year-to-Date > $ 416.65		
E. Allyn R Harris 612 West Due West Avenue Madison, TN 37115	Nashville Memorial Hospital	Payroll Deduction	166.68 ($83.34 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin		
	Aggregate Year-to-Date > $ 583.36		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 1,583.34

TOTAL This Period (last page this line number only) > 1,583.34

4-00178

8

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Gordon for Congress Committee 2201 Rayburn House Office Building Washington, DC 20515	Gordon, REPRESENTATIVE 6th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/17/00	500.00
B. John Culberson 15117 Memorial Suite 216 Houston, TX 77079	Culberson, REPRESENTATIVE 130th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/26/00	500.00
C. Cantor for Congress PO Box 28537 Richmond, VA 23228	Cantor , U.S. HOUSE 73rd VA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/02/00	500.00
D. Steve Martin for Congress PO Box 35147 Richmond, VA 23235	H. Martin, U.S. HOUSE 11th VA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/02/00	500.00
E. Norwood for Congress Committee 1707 Longworth House Office Building Washington, DC 20515	Norwood, REPRESENTATIVE 10th GA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/03/00	1,000.00
F. DeGette for Congress Committee 770 Grant Street Denver, CO 80203	DeGette, REPRESENTATIVE 1th CO Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/16/00	500.00
G. Victory 2000, Republican Party of Kentucky PO Box 1098 Frankfort, KY 40602	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	05/24/00	5,000.00
H. Chambliss for Congress Committee 1708 Longworth House Office Building Washington, DC 20515	Chambliss, REPRESENTATIVE 8th GA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/25/00	500.00
I. Hansen for Congress PO Box 654 Farmington, UT 84025	Purpose of Disbursement V Hansen, CONGRESS 1th UT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/26/00	375.00

SUBTOTAL of Disbursements This Page (optional) 9,375.00

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Mary Landrieu Campaign Fund 4600 Venus Street New Orleans, LA 70122	L. Landrieu, U.S. SENATE LA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/26/00	200.00
B. Simpson for Congress 1440 Longworth House Office Building Washington, DC 20515	Simpson, U.S. HOUSE 2nd ID Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	06/06/00	500.00
C. Ben Cardin For Congress 100 East Pratt Street 27th Floor Baltimore, MD 21202	Cardin, U.S. HOUSE 3rd MD Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	06/15/00	500.00
D. Campbell for Senate 572 Oak Park Way Redwood City, CA 94062-4040	Campbell, U.S. SENATE CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/16/00	500.00
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) 1,700.00

TOTAL This Period (last page this line number only) 11,075.00

4-001.73

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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

NAME OF COMMITTEE (In Full)

HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code Friends of Pataki State Capitol Albany, NY 12224	Purpose of Disbursement Pataki , GOVERNOR NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2002	Date (month, day, year) 08/12/00	Amount of Each Disbursement This Period 500.00
B. 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
C. 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
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)	500.00
TOTAL This Period (last page this line number only)	500.00

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 10/13/00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

10/13/00
DATE PREPARED

(6/2000)