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2001 JAN 30 A 10 05

COLUMBIA GOOD GOVERNMENT FUND
REPORT FILING INSTRUCTIONS

January 26, 2001

TO: Ms. Debi Tucker
HCA Political Action Committee
P.O. Box 550
Nashville, TN 37202

FROM: Kraft Bros., Esstman, Patton & Harrell
Mike Ingram, Jeana Sorrells or Amy Hammer
615-242-7351

REPORT: Year End Report

PERIOD: 11/28/2000 to 12/31/2000

DUE DATE: January 31, 2001

INSTRUCTIONS:

1.) Keep copy of report attached to this instruction sheet for your records.

2.) Form should be signed by Treasurer, Mr. Anderson, and mailed by certified mail or guaranteed service (UPS, Federal Express, etc.) to the following addresses:

Public Records Office
Federal Election Commission
999 E. Street, N.W.
Washington, DC 20463

THIS REPORT WAS PREPARED SOLELY FROM INFORMATION PROVIDED TO US BY YOUR COMPANY WITHOUT AUDIT OR REVIEW. WE ARE NOT RESPONSIBLE FOR ANY ERRORS OR OMISSIONS IN THIS REPORT AS A RESULT OF INCOMPLETE OR INACCURATE INFORMATION PROVIDED TO US.

Please call if you have any questions.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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2001 JAN 30 A 10:05

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-00-67231

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 11/26/00 through 12/31/00		
6. (a) Cash on Hand January 1, 2000		$ 260,826.82
(b) Cash on Hand at Beginning of Reporting Period	$ 192,569.27	
(c) Total Receipts (from Line 19)	$ 88,295.86	$ 164,200.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 280,852.12	$ 425,027.12
7. Total Disbursements (from Line 30)	$ 6,024.98	$ 140,199.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 284,827.14	$ 284,827.14
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

Date 1-29-01

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)

4-0n175

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 11/28/00 TO: 12/31/00

	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)	65,900.00	103,195.05	11(a)(i)
ii. Unitemized	32,395.85	61,005.25	11(a)(ii)
iii. Total (add i and ii) ➤	98,295.85	164,200.30	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) ➤	98,295.85	164,200.30	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) ➤	98,295.85	164,200.30	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	98,295.85	164,200.30	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	6,500.00	108,225.00	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	270.00	270.00	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) ➤	270.00	270.00	28(d)
29. Other Disbursements	254.98	31,704.98	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,024.98	140,199.98	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,024.98	140,199.98	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	98,295.85	164,200.30	32
33. Total Contribution Refunds (from line 28d)	270.00	270.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	98,025.85	163,930.30	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

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mike Boggs 350 Hospital Dr Macon, GA 31210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Coliseum Medical Coliseum Psych CEO Aggregate Year-to-Date $ 500.00	11/30/00	500.00
B. BERNARD ("BUD") Costello 209 PRINCETON COURT MACON, GA 31210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MACON NORTHSIDE HOSPITAL CEO Aggregate Year-to-Date $ 250.00	11/30/00	250.00
C. MARIAROSE KULMA 1800 CHAROIN WAY MARIETTA, GA 30062-2141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	EMORY PARKWAY HOSPITAL CNO Aggregate Year-to-Date $ 250.00	11/30/00	250.00
D. David Portwood 151 CHADWICK DRIVE MACON, GA 31210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	COLISEUM MEDICAL CENTERS COO Aggregate Year-to-Date $ 500.00	11/30/00	500.00
E. Roger M Simmons 116 Arlington Row Macon, GA 31210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Coliseum Medical Coliseum Psych CFO Aggregate Year-to-Date $ 250.00	11/30/00	250.00
F. Doug White 5711 Pickens Ave Myrtle Beach, SC 29577 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Grand Strand Regional Med. Cntr CEO Aggregate Year-to-Date $ 250.00	11/30/00	250.00
G. Jon Bartlett 1719 E. 10th Avenue Denver, CO 80218 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Presbyterian/St. Luke's Medical Center COO Aggregate Year-to-Date $ 250.00	12/04/00	250.00

SUBTOTAL of Receipts This Page (optional) 2,250.00

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)
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. John Barry 736 Terry Dr Richlands, VA 24641 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cilnch Valley Medical Center COO Aggregate Year-to-Date $ 350.00	12/04/00	350.00
B. Gary Cantrell 11123 Lands End Chase Port St Lucie, FL 34986 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Lucie Medical Center CEO Aggregate Year-to-Date $ 500.00	12/04/00	500.00
C. Russell Harms 1204 Snowberry Drive Golden, CO 80401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Presbyterian/St. Luke's Medical Center CFO Aggregate Year-to-Date $ 250.00	12/04/00	250.00
D. Madeleine L Roberson 5402 S. Fulton Court Englewood, CO 80111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Presbyterian/St. Luke's Medical Center President/CEO Aggregate Year-to-Date $ 1,000.00	12/04/00	1,000.00
E. Stanley Tatum 11001 W Country Dr Oklahoma City, OK 73170 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Edmond Regional Medical Center CEO Aggregate Year-to-Date $ 750.00	12/04/00	750.00
F. Marshall Allen 908 Suffolk Court Southlake, TX 76092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medical Center of Arlington CFO Aggregate Year-to-Date $ 300.00	12/05/00	300.00
G. Kaye Amick 3140 Bent Creek Dr Valrico, FL 33594 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brandon Regional Hospital CNO Aggregate Year-to-Date $ 300.00	12/05/00	300.00

SUBTOTAL of Receipts This Page (optional) 3,450.00

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

4-06173

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)
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. James Burton 515 Rob Roy St Lakeland, FL 33813 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Brandon Regional Hospital Occupation: CFO Aggregate Year-to-Date > $ 300.00	12/05/00	300.00
B. Carolyn Caldwell 4230 Forestedge Grand Prairie, TX 75052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Medical Center of Arlington Occupation: COO Aggregate Year-to-Date > $ 350.00	12/08/00	350.00
C. Michael Foncel 5822 Stillwaters Landing Riverview, FL 33569 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Brandon Regional Hospital Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	12/05/00	1,000.00
D. Shayne George 778 Sparkleberry Road Evans, GA 30809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Doctors Hospital of Augusta Occupation: COO Aggregate Year-to-Date > $ 350.00	12/05/00	350.00
E. Michael Kerner 4217 Smithfield Creek Evans, GA 30809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Doctors Hospital of Augusta Occupation: Pres/CEO Aggregate Year-to-Date > $ 1,000.00	12/05/00	1,000.00
F. Alexander Mendez 15330 SW 148 Terr. Miami, FL 33196 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Cedars Medical Center Occupation: CFO Aggregate Year-to-Date > $ 300.00	12/08/00	300.00
G. Stan C Morton 1320 Stonecrest Dr Coppell, TX 75019 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Medical Center of Arlington Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	12/05/00	1,000.00

SUBTOTAL of Receipts This Page (optional) > 4,300.00

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

4-60173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER(S) 11 a I

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NAME OF COMMITTEE (in Full)
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):	Cedars Medical Center CNO Aggregate Year-to-Date $ 300.00	12/06/00	300.00
B. Harold Muetzel 3002 Sprawling Oaks Place Valrico, FL 33594 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Brandon Regional Hospital COO Aggregate Year-to-Date $ 500.00	12/05/00	500.00
C. Kelly Penton 3876 Inverness Way Martinez, GA 30907 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Doctors Hospital of Augusta CFO Aggregate Year-to-Date $ 300.00	12/05/00	300.00
D. Beryl G Ramsay 4526 Scot Court Sugar Land, TX 77479 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Texas Orthopedic Hospital Health Care/CEO Aggregate Year-to-Date $ 325.00	12/05/00	325.00
E. Steven D Sonenshein 577 SW 131 Terrace Miami, FL 33156 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Cedars Medical Center CEO Aggregate Year-to-Date $ 1,000.00	12/06/00	1,000.00
F. Bob Brannigan 9407 Cadwell Terrace Chesterfield, VA 23838 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Henrico Doctors' Hospital CNO Aggregate Year-to-Date $ 300.00	12/07/00	300.00
G. Rebecca Brewer PO Box 704 Allendale, SC 29810 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Colleton Medical Center CEO Aggregate Year-to-Date $ 500.00	12/07/00	500.00

SUBTOTAL of Receipts This Page (optional) 3,225.00

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

4-00170

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NAME OF COMMITTEE (In Full)
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. William Caldwell 1606 Gravel Neck Dr Chester, VA 23831 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Henrico Doctor's Hospital Occupation: COO Aggregate Year-to-Date > $ 500.00	12/07/00	500.00
B. Patrick Farrell 11126 Glen Hollow Ct. Richmond, VA 23233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Henrico Doctor's Hospital Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	12/07/00	1,000.00
C. Harvey L Fishero 5020 Newgate Lane Plano, TX 75093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medical Center of Plano Occupation: CEO Aggregate Year-to-Date > $ 500.00	12/07/00	500.00
D. James Holt III 310 Silverhill Road Walterboro, SC 29488 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Colleton Medical Center Occupation: CFO Aggregate Year-to-Date > $ 250.00	12/07/00	250.00
E. Sally Hurt 226 Canyon Terrace El Paso, TX 79902 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Del Sol Medical Center Occupation: CNO Aggregate Year-to-Date > $ 300.00	12/07/00	300.00
F. Ernest Lynch 4020 Foxtail Lane Plano, TX 75024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medical Center of Plano Occupation: COO Aggregate Year-to-Date > $ 350.00	12/07/00	350.00
G. Douglas Matney 2024 Gus Moran El Paso, TX 79936 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Del Sol Medical Center Occupation: CEO Aggregate Year-to-Date > $ 750.00	12/07/00	750.00

SUBTOTAL of Receipts This Page (optional)	3,550.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
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. David Steitz 226 Stonehedge Drive Frankfort, KY 40601 Receipt For: Primary / General / Other (specify):	Frankfort Regional Medical Center CEO Aggregate Year-to-Date $ 500.00	12/07/00	200.00
B. Lisa Valentine 15022 Three Oaks Court Montpelier, VA 23192 Receipt For: Primary / General / Other (specify):	Henrico Doctor's Hospital Asst. Admin. Aggregate Year-to-Date $ 300.00	12/07/00	200.00
C. Roy Ward 12313 Pleasant Lake Terr Richmond, VA 23223 Receipt For: Primary / General / Other (specify):	Henrico Doctor's Hospital CFO Aggregate Year-to-Date $ 300.00	12/07/00	300.00
D. William Bolnier 6731 Arcturus Dr SW Roanoke, VA 24018 Receipt For: Primary / General / Other (specify):	Lewis-Gale Medical Center CFO Aggregate Year-to-Date $ 300.00	12/12/00	300.00
E. Rob Bashore 618 Miramar Lane Ponte Verda, FL 32082 Receipt For: Primary / General / Other (specify):	Chippenham/Johnston-Willis Medical Center Assoc. Adm. Aggregate Year-to-Date $ 400.00	12/12/00	400.00
F. Les Beard 1414 Lynchburg Trace Grayson, GA 30221 Receipt For: Primary / General / Other (specify):	Emory Eastside Medical Center CEO Aggregate Year-to-Date $ 500.00	12/12/00	500.00
G. Patsy Coghill 2430 Mt. Blanco Road Chester, VA 23836 Receipt For: Primary / General / Other (specify):	John Randolph Medical Center CNO Aggregate Year-to-Date $ 300.00	12/12/00	300.00

SUBTOTAL of Receipts This Page (optional)	2,200.00
TOTAL This Period (last page this line number only)	

4 00173

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
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. Annie L. Copeland 112 Muddy River Road Lawrenceville, GA 30043 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 300.00	12/12/00	300.00
B. David Darden 1108 Pinewood Drive Beckley, WV 25801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Raleigh General Hospital Occupation: Pres/CEO Aggregate Year-to-Date $ 1,000.00	12/12/00	1,000.00
C. Kathryn Gillette 5637 Marine Parkway New Port Richey, FL 34652-4316 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Community Hospital of New Port Richey Occupation: CFO Aggregate Year-to-Date $ 300.00	12/12/00	300.00
D. Steven Gross 5807 W Club Lane Richmond, VA 23228 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Chippenham/Johnston-Willis Medical Center Occupation: CEO Aggregate Year-to-Date $ 300.00	12/12/00	300.00
E. Henry Hernandez 6557 Majestic Ridge El Paso, TX 79912 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Las Palmas Medical Center Occupation: CEO Aggregate Year-to-Date $ 250.00	12/12/00	250.00
F. Glenn H. Jacobs 7334 Candlelight Dr New Port Richey, FL 33465-2 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Community Hospital of New Port Richey Occupation: Asst. Admin. Aggregate Year-to-Date $ 300.00	12/12/00	300.00
G. Linda Jubinsky 4489 Village Springs Run Dunwoody, GA 30338 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Emory Peachtree Regional Hospital Occupation: CEO Aggregate Year-to-Date $ 600.00	12/12/00	600.00

SUBTOTAL of Receipts This Page (optional) 2,950.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
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
Don Karl 854 Via Redonda Ct El Paso, TX 79912	Las Palmas Medical Center	12/12/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: COO 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
Margaret Lewis 11251 Buckhead Terrace Midlothian, VA 23113	Chippenham/Johnston-Willis Medical Center	12/12/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: COO-CMC Aggregate Year-to-Date > $ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Mair 217 Ridge Circle Dublin, GA 31021	Fairview Park Hospital	12/12/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: COO 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
Ernie Meier 8637 Marine Parkway New Port Richey, FL 34652-4316	Community Hospital of New Port Richey	12/12/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO 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
Darla Meyers 682 Jones Ln Dublin, GA 31021	Fairview Park Hospital	12/12/00	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
Clifton Mills 6005 Ojo De Aqua El Paso, TX 79912	Del Sol Medical Center	12/12/00	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: C.F.O. Aggregate Year-to-Date > $ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kerreen Mullenbach 2321 Crystal Spring Ave Roanoke, VA 24014	Lewis-Gale Medical Center	12/12/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CNO Aggregate Year-to-Date > $ 300.00		

SUBTOTAL of Receipts This Page (optional) 2,575.00

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

FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (in Full)
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. Anna O'Brien 5637 Marine Parkway New Port Richey, FL 34652-4318 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Community Hospital of New Port Richey Occupation: CNO Aggregate Year-to-Date: $ 300.00	12/12/00	300.00
B. Mark Rader 8115 Scotford Court Roanoke, VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lewis-Gale Medical Center Occupation: VP Aggregate Year-to-Date: $ 500.00	12/12/00	500.00
C. 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: $ 500.00	12/12/00	500.00
D. Ted Short 200 Ridge Circle Dublin, GA 31021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Fairview Park Occupation: CFO Aggregate Year-to-Date: $ 300.00	12/12/00	300.00
E. John Smith 13531 Starcross Rd Midlothian, VA 23113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Chippenham Hospital Occupation: ECO/Asst. Adm. Aggregate Year-to-Date: $ 300.00	12/12/00	300.00
F. Lynn Strader 11801 Southern Points Dr Chesterfield, VA 23838 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Chippenham Hospital Occupation: CFO Aggregate Year-to-Date: $ 300.00	12/12/00	300.00
G. Pat Sullivan 408 Crestviewpoint Drive Lewisville, TX 75067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Los Colinas Medical Center Occupation: CEO Aggregate Year-to-Date: $ 350.00	12/12/00	350.00

SUBTOTAL of Receipts This Page (optional) 2,550.00

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)
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. James Thweatt 521 Linwood Drive Richlands, VA 24641	Lewis-Gale Medical Center	12/12/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 1,000.00		
B. Tim Tobin 205 Plantation Drive Macon, GA 31210	Clinch Valley Medical Center	12/12/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President/CEO Aggregate Year-to-Date $ 500.00		
C. William Wagnon 8637 Marine Parkway New Port Richey, FL 34652-4316	Community Hospital of New Port Richey	12/12/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: COO Aggregate Year-to-Date $ 500.00		
D. Daniel Watta 3621 Cluster Way Williamsburg, VA 23188	John Randolph Medical Center	12/12/00	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 400.00		
E. James Wood 104 Cedar Creek Drive Dublin, GA 31021	Fairview Park Hospital	12/12/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 1,000.00		
F. MaryAnn Eullarte 23115 Regal Isle Ct Katy, TX 77494	Spring Branch Medical Center	12/18/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CNO Aggregate Year-to-Date $ 300.00		
G. Alice Adams 2105 Sandmist Circle League City, TX 77573	Mainland Medical Center	12/18/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CNO/COO Aggregate Year-to-Date $ 300.00		

SUBTOTAL of Receipts This Page (optional) 4,000.00

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)
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. John Armour 15623 Blackhawk Friendswood, TX 77546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Texas Orthopedic Hospital CFO Aggregate Year-to-Date $ 429.00	12/18/00	400.00
B. Keith Barber 234 Hazelcrest Drive The Woodlands, TX 77382 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Conroe Regional Medical Center CFO Aggregate Year-to-Date $ 300.00	12/18/00	300.00
C. Keith Barber 234 Hazelcrest Drive The Woodlands, TX 77382 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Conroe Regional Medical Center CFO Aggregate Year-to-Date $ 600.00	12/18/00	200.00
D. Scott C Bentley 476 Pompano Bayou Vista, TX 77663 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mainland Medical Center CFO Aggregate Year-to-Date $ 500.00	12/18/00	500.00
E. Britt Barrett 901 St. James Drive Fairview, TX 75069 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medical City Dallas Hospital CEO/President Aggregate Year-to-Date $ 1,000.00	12/18/00	1,000.00
F. Fay Bissell 114 E Shadowpoint The Woodlands, TX 77381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kingwood Medical Center CNO/COO Aggregate Year-to-Date $ 250.00	12/18/00	250.00
G. James Winston Borland 4305 Woodriver Corpus Christi, TX 78410 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northwest Regional Hospital CEO Aggregate Year-to-Date $ 750.00	12/18/00	750.00

SUBTOTAL of Receipts This Page (optional) 3,400.00

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)
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
William Burns 101 E. Ridge Road McAllen, TX 78503	Rio Grande Regional Hospital	12/18/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date > $ 1,000.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Connie Cowan 13111 East Freeway Houston, TX 77015	East Houston Regional Medical Center	12/18/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CNO/COO Aggregate Year-to-Date > $ 300.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Currie 107 Warrenton Houston, TX 77024	Spring Branch Medical Center	12/18/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date > $ 1,400.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Dover 15734 Steamboat Lane Houston, TX 77079	West Houston Medical Center	12/18/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: COO Aggregate Year-to-Date > $ 250.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheila Everly 6038 Anita Dallas, TX 75206	Medical City Dallas Hospital	12/18/00	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
Patsy Hardy P.O. Box 900 Hurricane, WV 25526	Putnam General Hospital	12/18/00	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date > $ 350.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Holland 39 Harbor View Sugar Land, TX 77479	West Houston Medical Center	12/18/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date > $ 1,000.00		

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)
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 A Holt 4239 Dewberry Lane Katy, TX 77494 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: West Houston Medical Center Occupation: CFO Aggregate Year-to-Date > $ 500.00	12/18/00	500.00
B. David Huffstutler 3630 Drummond Houston, TX 77025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Spring Branch Medical Center Occupation: COO Aggregate Year-to-Date > $ 600.00	12/18/00	600.00
C. Jay Johnson 100 A Alton Gloor Blvd Brownsville, TX 78526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Valley Regional Medical Center Occupation: CFO Aggregate Year-to-Date > $ 600.00	12/18/00	600.00
D. Melonie Kelley 7229 Manelons Corpus Christi, TX 78414 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Corpus Christi Medical Center Occupation: CNO Aggregate Year-to-Date > $ 500.00	12/18/00	500.00
E. Molly Jo Kirby 1906 Wynwood Deer Park, TX 77536 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Women's Hospital of Texas Occupation: CNO Aggregate Year-to-Date > $ 650.00	12/18/00	400.00
F. Christopher Knight 2439 Ponderosa Drive Mission, TX 78572 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Rio Grande Regional Hospital Occupation: CFO Aggregate Year-to-Date > $ 500.00	12/18/00	500.00
G. Odette Mark 5405 Windham Spring Court Houston, TX 77041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Conroe Regional Medical Center Occupation: COO Aggregate Year-to-Date > $ 300.00	12/18/00	300.00

SUBTOTAL of Receipts This Page (optional) 3,200.00

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)
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. Patrick Mathews 2330 Reflection Ct. Missouri City, TX 77459 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Women's Hospital of Tx Occupation: CFO Aggregate Year-to-Date > $ 800.00	12/18/00	500.00
B. Eamon McGlynn PO Box 4385 Brownsville, TX 78523 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Valley Regional Medical Center Occupation: MAO Aggregate Year-to-Date > $ 750.00	12/18/00	750.00
C. Russell Meyers 288 Waterford Way Montgomery, TX 77356 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Conroe Regional Medical Center Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	12/18/00	1,000.00
D. Charles Morgan 8646 Bent Trail Corpus Christi, TX 78413 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Northwest Regional Hospital Occupation: CFO Aggregate Year-to-Date > $ 400.00	12/18/00	400.00
E. Jerry Nash 7026 N. 1st Street McAllen, TX 78504 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: East Houston Regional Medical Center Occupation: CEO Aggregate Year-to-Date > $ 500.00	12/18/00	500.00
F. Jerry Nash 7026 N. 1st Street McAllen, TX 78504 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: East Houston Regional Medical Center Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	12/18/00	500.00
G. Chris Nicosia 3316 S. Alameda Corpus Christi, TX 78411 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Corpus Christi Medical Center Occupation: C.F.O. Aggregate Year-to-Date > $ 500.00	12/18/00	500.00

SUBTOTAL of Receipts This Page (optional) 4,150.00

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)
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. Stanley K Nord 104 Pamplita Houston, TX 77063 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: East Houston Medical Center Occupation: CFO Aggregate Year-to-Date > $ 500.00	12/18/00	500.00
B. Sherilyn J Oliver 4000 Spencer Highway Pasadena, TX 77504 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bayshore Medical Center Occupation: VP, Nursing Aggregate Year-to-Date > $ 400.00	12/18/00	400.00
C. Elaine M. Renola 4530 Tharp Seabrook, TX 77586 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bayshore Medical Center Occupation: COO Aggregate Year-to-Date > $ 500.00	12/18/00	500.00
D. Linda B Russell 18514 Capeborn Dr Houston, TX 77058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Woman's Hospital of Texas Occupation: CEO Aggregate Year-to-Date > $ 2,000.00	12/18/00	1,000.00
E. Robert Russell 303 Harborside Circle Kemah, TX 77565 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Clear Lake Regional Medical Center Occupation: CFO Aggregate Year-to-Date > $ 500.00	12/18/00	500.00
F. Anthony Sala 713 Rio Grande Court Mission, TX 78572 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Rio Grande Regional Hospital Occupation: COO Aggregate Year-to-Date > $ 500.00	12/18/00	500.00
G. Charles Sexton 100 A Alton Gloor Blvd. Brownsville, TX 78520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Valley Regional Medical Center Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	12/18/00	1,000.00

SUBTOTAL of Receipts This Page (optional) > 4,400.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)
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. Donald Shaffett 1806 Tower River Ct Houston, TX 77062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clear Lake Regional Medical Center Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	12/18/00	1,000.00
B. Susan Shreeve 4136 Pine Blossom Trail Houston, TX 77059 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baystore Medical Center Occupation: CFO Aggregate Year-to-Date > $ 500.00	12/18/00	500.00
C. Melinda W. Stephenson 807 Orchard Houston, TN 77062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clear Lake Regional Medical Center Occupation: COO Aggregate Year-to-Date > $ 500.00	12/18/00	500.00
D. Donald Stewart 1910 Sandgate Falls Court Houston, TX 77062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baystone Medical Center Occupation: CEO Aggregate Year-to-Date > $ 500.00	12/18/00	500.00
E. John E Ulbricht PO Box 6937 Corpus Christi, TX 78466-9011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Corpus Christi Medical Center Occupation: COO Aggregate Year-to-Date > $ 250.00	12/18/00	250.00
F. Troy Villarreal 6021 Ashby Court Plano, TX 75025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Medical City Dallas Hospital Occupation: VP/COO Aggregate Year-to-Date > $ 500.00	12/18/00	500.00
G. Maura Walsh 6130 Annapolis Houston, TX 77005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mainland Medical Center Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	12/18/00	1,000.00

SUBTOTAL of Receipts This Page (optional)	4,250.00
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)
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. Patty Williams 7 Cape Jasmine Place The Woodlands, TX 77381 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kingwood Medical Center CFO Aggregate Year-to-Date $ 500.00	12/18/00	500.00
B. Steve Woerner 202 Shore Drive Portland, TX 78374 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Corpus Christi Medical Center CEO Aggregate Year-to-Date $ 1,000.00	12/18/00	1,000.00
C. William Adams 10350 Carol Street Great Falls, VA 22066 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Reston Hospital Center CEO/President Aggregate Year-to-Date $ 1,000.00	12/26/00	1,000.00
D. Paul Baldwin 2621 Grove Avenue Richmond, VA 23220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retreat Hospital CEO Aggregate Year-to-Date $ 400.00	12/26/00	400.00
E. Stephen Dixon 2220 Astral Place L.A., CA 90045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chino Valley Medical Center CEO Aggregate Year-to-Date $ 750.00	12/26/00	750.00
F. Dwayne Ray 2129 Teton Drive Carrollton, TX 75006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Central Medical Center CFO Aggregate Year-to-Date $ 300.00	12/26/00	300.00
G. Cindy Glover 10419 Bridlebridge Lane Fairfax, VA 22030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Reston Hospital Center VP-CNO Aggregate Year-to-Date $ 300.00	12/26/00	300.00

SUBTOTAL of Receipts This Page (optional) 4,250.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
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. Nancy S. Hilton 1550 S.E. Clearmont St. Port St. Lucie, FL 34983 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Lucie Medical Center Occupation: CNO Aggregate Year-to-Date $ 300.00	12/26/00	300.00
B. George Miller 7101 Virginia Parkway #1031 McKinney, TX 75070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Central Medical Center Occupation: CEO Aggregate Year-to-Date $ 750.00	12/26/00	750.00
C. J Randolf Moresi 7332 Plumwood Dr North Richland Hills, TX 76180 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Hills Hospital Occupation: CEO Aggregate Year-to-Date $ 1,000.00	12/26/00	1,000.00
D. Jack Nunley 185 Northwood Pl Pulaski, VA 24301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pulaski Community Hospital Occupation: CEO Aggregate Year-to-Date $ 400.00	12/26/00	400.00
E. Ronald Powell 3633 Derby Ridge Way Midlothian, VA 23113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retreat Hospital Occupation: CFO Aggregate Year-to-Date $ 250.00	12/26/00	100.00
F. Jane Raymond 20356 Margurite Square Sterling, VA 20165 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Reston Hospital Center Occupation: VP-COO Aggregate Year-to-Date $ 500.00	12/26/00	500.00
G. Ward Stevens 112 Parkview Ave. Covington, VA 24426 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HCA Alleghany Regional Hospital Occupation: HEALTH CARE/CEO Aggregate Year-to-Date $ 500.00	12/26/00	500.00

SUBTOTAL of Receipts This Page (optional)	3,550.00
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)
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. Edward Stojakovich 638 Nalls Farm Way Great Falls, VA 22066	Reston Hospital Center Occupation: CFO\VP	12/26/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
B. Glenn Wallace 4401 Booth Calloway North Richland Hills, TX 76180	North Hills Hospital Occupation: CFO	12/26/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
C. David Williams 3008 Stradford Lane Blacksburg, VA 24060	Montgomery Regional Hospital Occupation: CEO	12/28/00	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400.00		
D. Georgina Diaz 88 Corydon Dr Miami Spring, FL 33166	Kendall Medical Center Occupation: COO	12/28/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
E. Teresa Fernandez 2030 S. Ocean Drive #208 Miami, FL 33160	Kendall Medical Center Occupation: CNO	12/26/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
F. Michael Joyce 3652 Colonel Vanderhorst Mt. Pleasant, SC 29466	Trident Medical Center Occupation: CEO	12/28/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
G. Victor Maya 2555 Collins Ave # 800 Miami Beach, FL 33140	Kendall Medical Center Occupation: CEO	12/28/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

SUBTOTAL of Receipts This Page (optional) ..... > 3,050.00

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

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FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
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
Mauricio Sirvent 14701 Kirsten Court Davie, FL 33326	Kendall Medical Center	12/28/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CFO Aggregate Year-to-Date > $ 300.00		

B. 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 > $		

C. 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 > $		

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 > $		

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	65,900.00

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code Ensign for Congress Committee 414 Cannon House Office Building Washington, DC 20515	Purpose of Disbursement Ensign, REPRESENTATIVE 1th NV Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 12/01/00	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Foley for Congress Committee 113 Cannon House Office Building Washington, DC 20515	Purpose of Disbursement Foley, REPRESENTATIVE 16th FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2002	Date (month, day, year) 12/05/00	Amount of Each Disbursement This Period 2,500.00
C. Full Name, Mailing Address and ZIP Code Senator John Warner Committee Post Office Box 3636 Merrifield, VA 22116	Purpose of Disbursement John W. Warner, U.S. SENATE VA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2002	Date (month, day, year) 12/05/00	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code AMERICANS FOR RESPONSIBLE LEADERSHIP B40-2 SENATE DIRKSEN OFFICE BUILDING WASHINGTON, DC 20510	Purpose of Disbursement SAYH , U.S. SENATE IN —FUNDRAISER Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 12/06/00	Amount of Each Disbursement This Period 1,000.00
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)	5,500.00
TOTAL This Period (last page this line number only)	5,500.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and ZIP Code Columbia Good Government One Park Plaza P.O. Box 550 Nashville, TN 37202	Purpose of Disbursement return check fees Disbursement for: Primary General Other (specify) 2000	Date (month, day, year) 12/31/00	Amount of Each Disbursement This Period 234.98
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)	234.98
TOTAL This Period (last page this line number only)	234.98

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 1-30-01
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked and/or Date of Receipt
☐	Electronic Filing	

JMU
PREPARER

1-30-01
DATE PREPARED

(6/2000)