REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

May 23 11 00 AM '96

1. NAME OF COMMITEE (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	2. FEC IDENTIFICATION NUMBER C-00-67231
CITY, STATE and ZIP CODE Nashville, TN 37202	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 preceeding Primary _____ (Type of Election) election on 06/11/96 in the State of VA

☐ 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 04/01/96 through 05/22/96		
6. (a) Cash on Hand January 1, 1996		$ 16,963.63
(b) Cash on Hand at Begining of Reporting Period	$ 80,981.17	
(c) Total Receipts (from line 19)	$ 12,301.02	$ 93,170.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 93,282.19	$ 110,134.30
7. Total Disbursements (from Line 30)	$ 5,391.65	$ 22,243.76
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 87,890.54	$ 87,890.54
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, Treasurer 5/24/96

Signature of Treasurer
LINDY B. RICHARDSON
ASSISTANT TREASURER

Date 5/24/96

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)

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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: 04/01/96 TO: 05/22/96

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)	500.00	7,792.60
ii. Unitemized	11,801.02	84,378.07
iii. Total (add i and ii) >	12,301.02	92,170.67
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) >	12,301.02	92,170.67
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) >	12,301.02	93,170.67
20. Total Federal Receipts (subtract line 18 from line 19) >	12,301.02	93,170.67
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	1,600.00	13,300.00
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	3,791.65	5,421.91
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	5,391.65	22,243.76
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	5,391.65	22,243.76
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	12,301.02	92,170.67
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	12,301.02	92,170.67
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

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)
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
Thomas R. Pentz 101 Bent Tree Dr #50 Daytona Beach, FL 32114	Daytona Medical Center Occupation: CEO	04/01/96	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
Bharat Jailwala MD 7076 Stacy Dr. Terre Haute, IN 47802	Columbia Terre Haute Regional Hospital Occupation: Radiation	05/15/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

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 > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	500.00
TOTAL this Period (Last page this line number only) ..... >	500.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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 Bob Barr for Congress 999 Whitlock Avenue Marietta, GA 30164	Purpose of Disbursement Bob Barr, U.S. HOUSE 7th GA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 04/26/96	Amount of Each Disb. this Period 500.00
B. Full Name, Mailing Address and Zip Code W.G. "Bill" Hefner for Congress P.O. Box 3016 Concord, NC 28205	Purpose of Disbursement W.G. "Bill" Hefner, U.S. HOUSE 8th NC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 05/06/96	Amount of Each Disb. this Period 500.00
C. Full Name, Mailing Address and Zip Code Thurman for Congress 130 Cannon House Office Building Washington, DC 20515	Purpose of Disbursement Karen L. Thurman, U.S. HOUSE 5th FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 05/08/96	Amount of Each Disb. this Period 500.00
D. Full Name, Mailing Address and Zip Code Friends of John Warner '96 Committee 2111 Eisenhower Ave., Suite 402 Alexandria, VA 22314	Purpose of Disbursement John W. Warner, U.S. SENATE VA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day, Year) 05/16/96	Amount of Each Disb. this Period 100.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	1,600.00
TOTAL this Period (Last page this line number only) ..... >	1,600.00

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

SCHEDULE B ITEMIZED DISBURSEMENTS

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 Suntrust Bank P.O. Box 305110 Nashville, TN 37230-5110	Purpose of Disbursement Bank Charges Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year) 04/18/96	Amount of Each Disb. this Period 291.65
B. Full Name, Mailing Address and Zip Code Friends of Lee Daniels 50 East Oak Street, Suite 250 Addison, IL 60801	Purpose of Disbursement Lee A. Daniels, SPEAKER OF THE HOUSE 46th IL Disbursement For: [ ] Primary [ ] General [X] Other (Specify) STATE FUNDRAISER	Date (Month day, Year) 04/19/96	Amount of Each Disb. this Period 1,250.00
C. Full Name, Mailing Address and Zip Code Citizens For Jim Hunt P.O. Box 12798 Raleigh, NC 27605	Purpose of Disbursement Jim Hunt, GOVERNOR NC Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day, Year) 04/23/96	Amount of Each Disb. this Period 500.00
D. Full Name, Mailing Address and Zip Code Eckard For State Representative 11025 Timber Lane Carmel, IN 46032	Purpose of Disbursement Mary Ewing Eckark, STATE REPRESENTTIVE 39th IN Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 04/26/96	Amount of Each Disb. this Period 250.00
E. Full Name, Mailing Address and Zip Code Committee to Elect J.K. Sherron 4021 Barrett Drive Raleigh, NC 27609	Purpose of Disbursement J.K. Sherron, SENATOR 14th NC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 05/06/96	Amount of Each Disb. this Period 500.00
F. Full Name, Mailing Address and Zip Code Committee To Elect Zeno L. Edwards, Jr. 212 Riverside Drive Washington, NC 27889	Purpose of Disbursement Zeno L. Edwards, HOUSE REPRESENTATIVE 2nd NC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 05/07/96	Amount of Each Disb. this Period 500.00
G. Full Name, Mailing Address and Zip Code Rowe Campaign 203 W. Randolph Street Lewisburg, WV 24901	Purpose of Disbursement James J. Rowe, HOUSE OF DELEGATES WV Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 05/15/96	Amount of Each Disb. this Period 500.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	3,791.65
TOTAL this Period (Last page this line number only) ..... >	3,791.65

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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 5/24/96
☐	Registered/Certified Mail	POSTMARKED
☐	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

JMN
PREPARER

5/28/96
DATE PREPARED

FEC FORM 70-2 (12/92)

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