COLUMBIA HEALTHCARE GOOD GOVERNMENT FUND

P.O. Box 740033 - Louisville, Kentucky 40201-7433 - 502/572-2890

October 19, 1994

Oct 23 9 01 AM '94

Federal Election Commission
999 "E" Street, NW
Washington, D.C. 20463

Re: Columbia Healthcare Good Government Fund
C-000-67231 Pre-General Report for 10/1/94 - 10/19/94

Gentlemen:

Enclosed please find Columbia Healthcare Good Government Fund FED Form 3X, for the Pre-General report (10/1/94 - 10/19/94) with appropriate schedules attached.

Sincerely,

David G. Anderson
Treasurer

MWW/eas

Enclosure

cc: Kentucky Registry of Election Finance
140 Walnut Street
Frankfort, Kentucky 40601

Office of the Secretary of State
Building 1, Room 157-K
1900 Kanawha Blvd. East
Charleston, W. Virginia 25305

Registry of Election Finance
404 James Robertson Parkway
Suite 1614
Nashville, Tennessee 37243

Secretary of State
Elections Division
State Capitol, Room 105-5
600 Dexter Avenue
Montgomery, Alabama 36103

Florida Division of Elections
Secretary of State
Capitol Building, Room 1801
Tallahassee, Florida 32399

State Board of Elections
1020 S. Spring Street
Springfield, Illinois 62704

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cc: Secretary of State
Election Division
Room 110, State Capitol
Atlanta, Georgia 30334

Office of the Secretary of State
Capitol Complex
Carson City, Nevada 89710

Texas Ethics Commission
1101 Camino La Costa
Austin, Texas 78752

Elections Division
Office of the Secretary of State
State Capitol Building, 19th Floor
P.O. Box 44125, Capitol Station
Baton Rouge, Louisiana 70804

Political Reform Division
Office of the Secretary of State
1230 "J" Street,Room 219
Sacramento, California 95814

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
201 West Main Street

CITY, STATE and ZIP CODE
Louisville, Kentucky 40202

OCT 23 9 01 AM '94

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

Pre-General 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 10/1/94 through 10/19/94		
6. (a) Cash on Hand January 1, 19 94		$ 39,448.03
(b) Cash on Hand at Beginning of Reporting Period	$ 97,525.01	
(c) Total Receipts (from Line 19)	$ 0	$ 99,667.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 97,525.01	$ 139,115.79
7. Total Disbursements (from Line 30)	$ 28,899.59	$ 70,490.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	$ 68,625.42	$ 68,625.42
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

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

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

Type or Print Name of Treasurer
David G. Anderson

Signature of Treasurer

Date 10/19/94

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)

FE4ANI01

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

(revised 1/1/91)

NAME OF COMMITTEE: Columbia Healthcare Good Government Fund

REPORT COVERING PERIOD FROM 10/1/94 TO 10/19/94

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)	0	47,370.00	11(a)(i)
ii. Unitemized	0	52,297.76	11(a)(ii)
iii. Total (add i and ii) ➤	0	99,667.76	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	0	99,667.76	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	0	99,667.76	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	0	99,667.76	20
II. Disbursements		0	
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	2,099.59	9,050.37	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	2,099.59	9,050.37	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	19,100.00	29,000.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	1,000.00	1,740.00	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	16,700.00	30,700.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	28,899.59	70,490.37	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	28,899.59	70,490.37	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	0	99,667.76	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	0	99,667.76	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	2,099.59	9,050.37	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	2,099.59	9,050.37	37

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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 21 b

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 Healthcare Good Government Fund

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code The Word Processory 1355 S. Third Street Louisville, Kentucky 40208	Secretarial Services Disbursement for: [ ] Primary [ ] General [XX] Other (specify) See above	10/1/94	87.50
B. Full Name, Mailing Address and ZIP Code Kentucky State Treasurer 140 Walnut Street Frankfort, KY 40601	Administrative Fee Disbursement for: [ ] Primary [ ] General [XX] Other (specify) See above	10/1/94	1,158.44
C. Full Name, Mailing Address and ZIP Code Adia Personnel Services P.O. Box 360161M Pittsburgh, PA 15250	Temporary Personnel Disbursement for: [ ] Primary [ ] General [XX] Other (specify) See above	10/1/94	330.75
D. Full Name, Mailing Address and ZIP Code Adia Personnel Services P.O. Box 360161M Pittsburgh, PA 15250	Temporary personnel Disbursement for: [ ] Primary [ ] General [XX] Other (specify) See above.	10/1/94	522.90
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$2,099.59
TOTAL This Period (last page this line number only)	$2,099.59

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sisisky for Congress 4016 Raintree Lane Chesapeake, VA 23321	U.S. Congress Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/1/94	1,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
North for U.S. Senate 8109 Staples Mill Road Richmond, VA 23238	U.S. Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/1/94	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Barr-Congress 94 P.O. Box 4323 Marietta, GA 30061	U.S. Congress Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/1/94	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jimmy Hayes for Congress 3433 Ryan Street Lake Charles, LA 70601	U.S. Congress Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/1/94	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sisisky for Congress 4016 Raintree Lane Chesapeake, VA 23321	U.S. Congress Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/1/94	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bliley for Congress 4914 Fitzhugh Avenue Richmond, VA 23230	U.S. Congress Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/1/94	600.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kay B. Hutchison for Senate Com 2000 Bering Drive Houston, TX 77057	U.S. Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kerry for U.S. Senate 245 2nd Street, NE Washington DC 20002	U. S. Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Moorhead for Congress Committee 420 N. Brand Boulevard Glendale, CA 91203	U.S. Congress Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	1,000.00

SUBTOTAL of Disbursements This Page (optional) $8,100.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Columbia Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Susan Stokes for Congress 4121 Shelbyville Road Louisville, KY 40207	U.S. Congress Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	1,000.00
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)	$1,000.00
TOTAL This Period (last page this line number only)	$9,100.00

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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 28 a

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NAME OF COMMITTEE (In Full)

Columbia Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lee Ashbury 301 S. Ripley Street Montgomery, AL 36104 (Executive Director)	Contribution returned Disbursement for: [ ] Primary [ ] General [X] Other (specify) See above	10/3/94	1,000.00
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)	1,000.00
TOTAL This Period (last page this line number only)	$1,000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Columbia Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kentucky Democratic Party P.O. Box 694 Frankfort, KY 40602	Political Party Disbursement for: [ ] Primary [x] General [x] Other (specify) See above.	10/1/94	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Trudi Loh for Supervisor 215 West Jans Road Thousand Oaks, CA 91360	City Supervisor Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/1/94	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campaign of Curtis Soileau P.O. Box 157 Silsbee, TX 77656	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/1/94	300.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Senate Republican Campaign Comm. P.O. Box 3422 Springfield, IL 62708	Political Contribution Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/1/94	2,500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kansas Republican Senatorial Comm. 2348 S. Topeka Topeka, KS 66611	Political Contribution Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/1/94	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pierre Howard for Lt. Governor P.O. Box 1430 Decater, GA 30031	Lt. Governor Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/1/94	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Miller for Governor 4406 Peachtree Road Atlanta, GA 30319	Governor Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/3/94	1,500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dawn Clark Netsch Campaign 57 W. Grand Avenue Chicago, Illinois 60610	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/3/94	600.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Love for Senate Committee P.O. Box 1173 Oak Hill, WV 25901	State Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/3/94	100.00

SUBTOTAL of Disbursements This Page (optional) 7,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 5

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Columbia Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campaign to Elect Julie Rose 5600 Doe Spring Court Louisville, KY 40241	State Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Moncrief for Senate P.O. Box 17598 Ft. Worth, TX 76102	State Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Butler Campaign 136 Harrtington Drive Madison, AL 35758	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Hale Campaign 509 2nd Avenue, S.W. Cullman, AL 35055	State Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sprayberry for Senate 2512 Overhill Road Sylacauga, AL 35150	State Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/95	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Wilson Campaign P.O. Box 2088 Jasper, AL 35501	State Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DeWayne Freeman Campaign P.O. Box 3069 Huntsville, AL 35810	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pat Lindsey Campaign Fund 126 Mulberry Avenue Butler, AL 36904	State Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nelson Starkey Campaign 158 Cedarcrest Drive Florence, AL 35630	State Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	250.00

SUBTOTAL of Disbursements This Page (optional)	$4,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Columbia Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James Campbell Campaign P.O. Box 2003 Anniston, AL 36202	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Randy Hinshaw Campaign 218 Constitution Drive Meridianville, AL 35759	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pat Shaddix Campaign 106 Gray Street Oxford, AL 35759	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Siegelman for Lt. Governor P.O. Box 5049 Montgomery, AL 36103	Lt. Governor Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/11/94	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lawrence Campaign Fund 902 Miami Burlington, KS 66839	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/12/94	150.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cox Campaign Fund 824 W. 131st Street Bonner Springs, KS 66012	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/12/94	150.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wilk Campaign Fund 701 S. DeSoto Road Lansing, KS 56043	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/12/94	150.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Packer Campaign Fund 7200 Wattling Court Topeka, KS 66614	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/12/94	150.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bradley Campaign Fund 5908 Clarion Lane Topeka, KS 66610	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/12/94	100.00

SUBTOTAL of Disbursements This Page (optional) 2,200.00

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

FE4AN101

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 5

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)
Columbia Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Toelkes Campaign Fund 3336 S.E. Meadowview Drive Topeka, KS 66605	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/12/94	150.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mays Campaign Fund 1920 S.W. Damron Court Topeka, KS 66611	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/12/94	150.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Grant Campaign Fund 1600 S.W. High Topeka, KS 66604	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/12/94	150.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Schimmel Campaign Fund 1212 N.E. Arter Topeka, KS 66616	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/12/94	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lowther Campaign Fund 1549 Berkeley Road Emporia, KS 66801	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/12/94	100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pugh Campaign Fund 16705 Military Trail Rd. Wamego, KS 66547	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/12/94	100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stovall Campaign Fund 3601 S.W. Buntoon Topeka, KS 66604	Attorney General Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/12/94	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ballou Campaign Fund 19180 S. Waverly Gardner, KS 66030	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/12/94	150.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hutchins Campaign Fund 700 Wyoming Hulton, KS 66436	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/12/94	150.00

SUBTOTAL of Disbursements This Page (optional) 1,550.00

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

FE4MM01

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
Columbia 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. Glasscock Campaign Fund 1921 Cresent Manhattan, KS 66502	State Representative Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/12/94	100.00
B. Reardon Campaign Fund 2206 Everett Kansas City, KS 66102	State Representative Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/12/94	100.00
C. Carriker Campaign Fund P.O. Box 517 Roby, TX 79543	State Senate Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/12/94	500.00
D. Dan Kelly for Senate 324 West Main Springfield, KY 40069	State Senate Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/12/94	250.00
E. Vote for Buford Campaign 105 Crosswoods Place Nicholasville, KY 40356	State Senate Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/12/94	250.00
F. Barry Metcalf for Senate Committee 141 Alycia Drive Richmond, KY 40475	State Senate Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/12/94	250.00
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) $1,450.00

TOTAL This Period (last page this line number only) $16,700.00

FE4/M/01

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 10-23-94
☐	First Class Mail	POSTMARKED
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☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
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MMR
PREPARER

10-23-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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