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/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

RECEIVED
FEDERAL ELECTION
COMMISSION
Oct 15 10 00 AM '98

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 07/01/98 through 09/30/98		
6. (a) Cash on Hand January 1, 19 98		$ 10,896.56
(b) Cash on Hand at Beginning of Reporting Period	$ 137,111.89	
(c) Total Receipts (from Line 19)	$ 22,915.00	$ 164,086.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 160,026.89	$ 174,987.16
7. Total Disbursements (from Line 30)	$ 37,830.85	$ 52,791.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 122,196.04	$ 122,196.04
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 202-219-3420

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 10/13/98

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)

6-001.XS

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 07/01/98 TO: 09/30/98

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)	11,700.00	87,860.00	11(a)(i)
ii. Unitemized	11,215.00	76,228.60	11(a)(ii)
iii. Total (add i and ii) ➤	22,915.00	164,088.60	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) ➤	22,915.00	164,088.60	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) ➤	22,915.00	164,088.60	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	22,915.00	164,088.60	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	27,750.00	39,000.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	10,080.85	13,791.12	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	37,830.85	52,791.12	30
31 Total Federal Disbursements (subtract line 21 a II from line 30) ➤	37,830.85	52,791.12	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	22,915.00	164,088.60	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	22,915.00	164,088.60	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

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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)
Columbia/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. Rick O'Connell 2258 Fountain Key Circle Windermire, FL Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 750.00	07/01/98	750.00
B. Michael P. Joyce 1256 S.W. Starlite Cove Port St. Lucie, FL 34986 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Medical Center of Port St Lucie Occupation: CEO Aggregate Year-to-Date $ 750.00	07/01/98	750.00
C. Niels Vernegaard 2741 Wilderness Court Wichita, KS 67225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,000.00	07/01/98	1,000.00
D. Jerald Mitchell 8424 Paseo Vista Dr LV, NV 89128 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Sunrise Mountain View Hosp. & Med. Cnt. Occupation: Pres CEO Aggregate Year-to-Date $ 1,000.00	07/01/98	1,000.00
E. John Peters 9116 Cotton Rose Way LV, NV 89134 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Sunrise Mountain View Hosp. & Med. Cnt. Occupation: Controller Aggregate Year-to-Date $ 400.00	07/01/98	400.00
F. Edward Cook 3778 Hunters Isle Dr Orlando, FL 32837 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date $ 500.00	07/09/98	500.00
G. Ward Stevens 112 Parkview Ave. Covington, VA 24426 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Alleghany Regional Hospital Occupation: HEALTH CARE Aggregate Year-to-Date $ 250.00	07/09/98	250.00

SUBTOTAL of Receipts This Page (optional) 4,650.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Columbia/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. Michael Spellman 32 Falconwood Ct Ft Myers, FL 33919 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 500.00	07/09/98	500.00
B. Brian Robinson 4225 SW 98th Dr Gainesville, FL 3608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 500.00	07/09/98	500.00
C. Barbara DS Heikmian 2801 New Mexico Ave #320 Washington, DC 20007 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Dominion Hospital Occupation: CEO Aggregate Year-to-Date $ 400.00	07/16/98	400.00
D. Jack Nunley 185 Northwood Pl Pulaski, VA 24301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pulaski Community Hospital Occupation: CFO Aggregate Year-to-Date $ 750.00	07/16/98	750.00
E. Darrell Moore 17612 E. 48th Terr Ct Indep, MO 64055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Independence Regional Health Center Occupation: COO Aggregate Year-to-Date $ 750.00	07/23/98	750.00
F. Terry R Chaffin 7750 Innis Ct N St Petersburg, FL 33709 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia New Port Richey Occupation: COO Aggregate Year-to-Date $ 300.00	07/23/98	300.00
G. James Cole 3951 Clifton Manor Pl Haymarket, VA 22069 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 500.00	07/23/98	500.00

SUBTOTAL of Receipts This Page (optional) 3,700.00

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)
Columbia/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. Carl Bahnlein 2438 Chelmsford Dr Crofton, MD 21114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 300.00	07/23/98	300.00
B. Doug Degraaf 1404 Nettleton Dr De Soto, TX 75115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Central Group Office Occupation: Health Care Aggregate Year-to-Date > $ 1,000.00	08/04/98	1,000.00
C. Bonnie Wittman 2284 Cattorlar FL Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 300.00	08/04/98	300.00
D. Karen Hurley-Watkins 140 Moorsborough Bowling Green, KY 42103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 200.00	08/04/98	200.00
E. Jerry Dooley 3100 Oak St Terre Haute, IN 47803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Terre Haute Regional Hospital Occupation: CEO Aggregate Year-to-Date > $ 500.00	08/20/98	500.00
F. Peggy Cain 1055 South Josephine St Denver, CO 80209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 250.00	08/20/98	250.00
G. Steve Otto IN Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 300.00	09/02/98	300.00

SUBTOTAL of Receipts This Page (optional) 2,650.00

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)
ColumbiaHCA 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
Phil Rowland 8435 Heron Circle TN 37363		06/22/06	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

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

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

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

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	11,700.00

4-00175

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Columbia/HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code Diaz-Balart for Congress Committee 431 Cannon House Office Building Washington, DC 20515	Purpose of Disbursement Diaz-Balart, REPRESENTATIVE 21st FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	Date (month, day, year) 07/02/98	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Jim Gibbons for Congress Committee 4655 Air Center Circle Reno, NV 89502	Purpose of Disbursement Gibbons, REPRESENTATIVE 2nd NV Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 07/02/98	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Friends of Tennessee Hospitals 500 Interestate Blvd., S Nashville, TN	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1998	Date (month, day, year) 07/21/98	Amount of Each Disbursement This Period 5,000.00
D. Full Name, Mailing Address and ZIP Code BURR FOR CONGRESS COMMITTEE 2634 FOREST DRIVE WINSTON-SALEM, NC 27104	Purpose of Disbursement Richard M. Burr, U.S. HOUSE 5th NC Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 06/06/98	Amount of Each Disbursement This Period 500.00
E. 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) 1998	Date (month, day, year) 06/08/98	Amount of Each Disbursement This Period 1,000.00
F. 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) 1998	Date (month, day, year) 06/12/98	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code JIM DAVIS FOR CONGRESS 209 BLANCA AVENUE TAMPA, FL 33606	Purpose of Disbursement Jim Davis, U.S. HOUSE 11th FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	Date (month, day, year) 06/12/98	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Scotty Baesler for Congress Committee 113 Cannon House Office Building Washington, DC 20515	Purpose of Disbursement Baesler, REPRESENTATIVE 6th KY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 06/21/98	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Bishop for Congress Committee 1632 Longworth House Office Building Washington, DC 20515	Purpose of Disbursement Bishop, REPRESENTATIVE 2nd GA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 06/21/98	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional)	10,000.00
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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Shelley Berkley for Congress 1001 South Third Street Las Vegas, NV 89101	Shelley Berkley, CONGRESS NV Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	08/31/98	1,500.00
B. Bob Graham Campaign Account 44 West Flagler St Suite 1715 Miami, FL 33130	Graham, U S SENATE FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/09/98	250.00
C. Gordon for Congress Committee 2201 Rayburn House Office Building Washington, DC 20515	Gordon, REPRESENTATIVE 6th TN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/09/98	1,000.00
D. Faircloth for Senate 317 Senate Hart Office Bldg Washington, DC 20510	Lauch Faircloth, U.S. SENATE NC Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/10/98	1,000.00
E. Cooper for Congress P.O. Box 137 Smarrt Station, TN 37378	Jerry Cooper, U.S. HOUSE 4th TN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/21/98	1,000.00
F. Congressman Robert Matsui Cmte 2308 Rayburn HOB Washington, DC 20515	Matsui, U.S. HOUSE 5th CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/22/98	2,000.00
G. Ros-Lehtinen for Congress 2240 Rayburn Office Bldg Washington, DC 20515	Ileana Ros-Lehtinen, U.S. HOUSE 18th FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/22/98	1,000.00
H. Friends of Laura Hall P.O. Box 3274 Huntsville, AL 35810	Hall, STATE HOUSE REP. 19th AL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/23/98	250.00
I. Senator Robert Bennett Committee 431 Senate Dirksen Office Building Washington, DC 20510	Robert Bennett, U.S. SENATE UT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/23/98	2,000.00

SUBTOTAL of Disbursements This Page (optional) 10,000.00

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

4-00179

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Cook for Congress Committee PO Box 11336 Salt Lake City, UT 84147-3336	Cook, CONGRESS 2nd UT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/23/98	1,000.00
B. Bob Goodlatte for Congress Committee 123 Cannon House Office Bldg Washington, DC 20515	Goodlatte, REPRESENTATIVE 6th VA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/28/98	500.00
C. Scott for Congress Committee 501 Cannon House Office Building Washington, DC 20515	Scott, REPRESENTATIVE 3rd VA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/28/98	500.00
D. Rick Boucher Campaign US House of Representation 2245 Raybuen House Office Bldg Washington, DC 20515	C "Rick" Boucher, HOUSE OF REPRESENTAT 9th VA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/28/98	500.00
E. Phelps for Congress Committee 209 North Vine Harrisburg, IL 62946	David Phelps, CONGRESS 19th IL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/28/98	250.00
F. Cannon for Congress 1123 West Center St Provo, UT 84601	B. Cannon, CONGRESS 3rd UT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/29/98	500.00
G. Ed Whitfield for COngress Committee 1641 Longworth House Office Building Washington, DC 20515	Whitfield, REPRESENTATIVE 1th KY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/29/98	500.00
H. Allen Boyd Campaign P O Box 15703 Tallahassee, FL 32317	Boyd, CONGRESS 2nd FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/29/98	500.00
I. Stearns for Congress Committee 2352 Rayburn House Office Building Washington, DC 20515	Stearns, REPRESENTATIVE 6th FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/29/98	500.00

SUBTOTAL of Disbursements This Page (optional) 4,750.00

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Suntrust Bank P.O. Box 305110 Nashville, TN 37230-5110	previous years acct fees, not coded Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	07/12/98	150.85
B. Bob Rochelle 109 Castle Heights Ave. North Lebanon, TN 37087	Bob Rochelle, SENATOR 17th TN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	08/06/98	1,000.00
C. Suntrust Bank P.O. Box 305110 Nashville, TN 37230-5110	return of deposited checks ISF - various Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	08/10/98	1,400.00
D. Friends of Tim Tipps 340 Dry Creek lane Winchester, TN 37398	Timothy Tipps, STATE HOUSE REP. 38th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	08/12/98	500.00
E. Sundquist Committee 3022 Vanderbilt Place Nashville, TN 37212	Don Sundquist, GOVERNOR 7th TN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	08/09/98	3,000.00
F. Bill Kenney Committee 2410 SW Hook Road Lee's Summit, MO 64082	, SENATOR 8th MO Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	08/11/98	500.00
G. Sundquist Committee 3022 Vanderbilt Place Nashville, TN 37212	Don Sundquist, GOVERNOR 7th TN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	08/23/98	500.00
H. Kraft Bros., Eastman Patton & Harrell 404 James Robertson Pkwy Nashville, TN	accounting services Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	08/23/98	3,280.00
I. Friends of Laura Hall P.O. Box 3274 Huntsville, AL 35810	Voided Check Lost Check Stop Payment Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	09/30/98	-250.00

SUBTOTAL of Disbursements This Page (optional) 10,080.85

TOTAL This Period (last page this line number only) 10,080.85

4-90173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Shaw for Congress Committee 2267 Rayburn House Office Building Washington, DC 20515	Clay Shaw, REPRESENTATIVE 22nd FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/29/98	500.00
B. Barbara Cubin for Congress Committee 1114 Longworth House Office Building Washington, DC 20515	Barbara Cubin, U.S. HOUSE WY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/29/98	500.00
C. Jim Bunning for Senate Committee 2437 Rayburn House Office Building Washington, DC 20515	Jim Bunning, U.S. SENATE KY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/29/98	1,000.00
D. SNOWBARGER FOR CONGRESS 1451 ORLEANS OLATHE, KS 66061	Vince Snowbarger, U.S. HOUSE 3rd KS Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/29/98	500.00
E. Brian Bilbray for Congress Committee 1530 Longworth House Office Building Washington, DC 20515	Brian Bilbray, U.S. HOUSE CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/29/98	500.00
F. Bill Thomas for Congress Committee 2208 Rayburn House Office Building Washington, DC 20515	Bill Thomas, U.S. HOUSE CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/29/98	1,000.00
G. Ben Nighthouse Campbell for Senate Committee 360 Senate Russell Office Building Washington, DC 20510	Ben Nighthorse Campbell, U.S. SENATE CO Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/29/98	1,000.00
H. Congressman Robert Matsui Cmte 2308 Rayburn HOB Washington, DC 20515	Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	09/30/98	-2,000.00
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) 3,000.00

TOTAL This Period (last page this line number only) 27,750.00

4-06173

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 10-15-98
☐	First Class Mail	POSTMARKED
☐	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
☐	Electronic Filing	

KM
PREPARER

10-15-98
DATE PREPARED

(4/98)