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

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 40101

JAN 4 1:12 AM '95

2. FEC IDENTIFICATION NUMBER
C00-67231

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 11/29/94 through 12/31/94		
6. (a) Cash on Hand January 1, 19 94		$ 39,448.03
(b) Cash on Hand at Beginning of Reporting Period	$ 48,977.98	
(c) Total Receipts (from Line 18)	$ 1,440.00	$ 110,882.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 50,417.98	$ 150,330.79
7. Total Disbursements (from Line 30)	$ 8,729.50	$ 108,642.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 41,688.48	$ 41,688.48
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
1/2/95

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 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: Columbia Healthcare Good Government Fund

REPORT COVERING PERIOD FROM 11/29/94 TO: 12/31/94

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)	1,000.00	55,420.00	11(a)(i)
ii Unitemized	440.00	55,462.76	11(a)(ii)
iii Total (add i and ii) ➤	1,440.00	110,882.76	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) ➤	1,440.00	110,882.76	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) ➤	1,440.00	110,882.76	19
20 Total Federal Receipts (subtract line 18 from line 19) ➤	1,440.00	110,882.76	20
II. Disbursements			
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	529.50	10,452.31	21(b)
c Total Operating Expenditures (add a i, a ii, and b) ➤	529.50	10,452.31	21(c)
22 Transfers to Affiliated/Other Party Committees	0	0	22
23 Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	43,500.00	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	0	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	1,740.00	28(d)
29. Other Disbursements	3,200.00	52,950.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	8,729.50	108,642.31	30
31 Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	8,729.50	108,642.31	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,440.00	110,882.76	32
33 Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,440.00	110,882.76	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	529.50	10,452.31	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	529.50	10,452.31	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11ai

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	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Holt 300 Northwestern Avenue Beckley, WV 25801 Receipt For: [ ] Primary [ ] General [x] Other (specify): Contribution	Columbia/HCA 201 W. Main Street Louisville, KY 40202 Occupation: President/CEO Aggregate Year-to-Date $ 500.00	12/1/94	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lyne Wickliffe 9100 Arboretum Parkway Richmond, VA 23236 Receipt For: [ ] Primary [ ] General [x] Other (specify): Contribution	Columbia/HCA 201 W. Main Street Louisville, KY 40202 Occupation Aggregate Year-to-Date $ 500.00	12/13/94	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts 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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. The Wood Processory 1355 S. Third Street Louisville, KY 40208	Secretarial Services Disbursement for: [ ] Primary [ ] General [X] Other (specify) See above	12/2/94	50.00
B. Michael W. Wooden 1385 S. Third Street Louisville, Kentucky 40208	Bookkeeping Services Disbursement for: [ ] Primary [ ] General [X] Other (specify) See above	12/31/94	417.00
C. Kentucky State Treasurer 140 Walnut Street Frankfort, Kentucky 40601	Administrative Fee Disbursement for: [ ] Primary [ ] General [X] Other (specify) See above	12/31/94	62.50
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	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)	529.50
TOTAL This Period (last page this line number only)	529.50

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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 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
FEDPAC 1111 19th Street, N.W. Washington DC 20036	Political Contribution Disbursement for: [ ] Primary [ ] General [x] Other (specify) PAC	12/15/94	5,000.00
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)	5,000.00
TOTAL This Period (last page this line number only)	5,000.00

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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)
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
Republican Senatorial Campaign Cmte. 2348 S. Topeka Boulevard Topeka, Kansas 66611	Political Contri. Disbursement for [ ] Primary [ ] General [x] Other (specify) Party Caucus	12/1/94	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dr. James D. Crase Campaign 116 Trude Park Drive Somerset, Kentucky 42501	State Senate Disbursement for: [ ] Primary [ ] General [x] Other (specify) Spec. Elec.	12/1/94	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
Paulette Irons Campaign Fund 3308 Tulane Avenue New Orleans, LA 70119	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	12/1/94	200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Barnham Campaign Fund P.O. Box 10 Oakridge, LA 71264	State Representative Disbursement for [ ] Primary [x] General [ ] Other (specify)	12/1/94	250.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Louis Lambert Campaign Fund 10771 Perkins Road Baton Rouge, LA 70810	State Representative Disbursement for [ ] Primary [x] General [ ] Other (specify)	12/1/94	250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. Tom Haywood Campaign P.O. Box 8552 Wichita Falls, TX 76307	State Senator Disbursement for: [ ] Primary [x] General [ ] Other (specify)	12/8/94	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. Michael Galloway 21 Yewleaf Road The Woodlands, TX 77381	State Senate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	12/8/94	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. Drew Nixon Campaign P.O. Box 366 Carthage, TX 75633	State Senate Disbursement for [ ] Primary [x] General [ ] Other (specify)	12/8/94	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rep. Dianne Delisi Campaign 3500 S.W. Dodgen Loop Temple, TX 76502	State Representative Disbursement for: [ ] Primary [x] General [ ] Other (specify)	12/8/94	250.00

SUBTOTAL of Disbursements This Page (optional) 3,200.00

TOTAL This Period (last page this line number only) 3,200.00

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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 1-4-95
☐	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

JMN
PREPARER

1-4-95
DATE PREPARED

FEC FORM 70-2 (12/92)

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