COLUMBIA HEALTHCARE GOOD GOVERNMENT FUND

FEB 3 11 07 AM '94

P.O. Box 740033 • Louisville, Kentucky 40201-7433 • 502/572-2000

February 1, 1994

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

Re: Columbia Healthcare Good Government Fund
C-000-67231-Monthly Report for 1/1/94 - 1/31/94

Gentlemen:

Enclosed please find GalenPac FED Form 3X, for the monthly report (1/1/94 -1/31/94) with appropriate schedules attached.

Sincerely,

David G. Anderson
Treasurer

MWW/eas

Enclosure

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

Elections Division
Secretary of State
The State Capitol
Charleston, W. Virginia 25305

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

Secretary of State
Elections Division
State Capitol
Montgomery,Alabama 36130

Florida Division of Elections
Department of State
Capitol Building, Room 1801
Tallahassee, Florida 32304

State Board of Elections
1020 S. Spring Street
P.O. Box 4187
Springfield, Illinois 62708

Federal Election Commission
99 "E" Street, N.W.
Washington, DC 20463

February 1, 1994

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

Disclosure Filing Division
Office of the Secretary of State
State Capitol, Room 127
Austin, Texas 78711

Office of the Secretary of State
State Capitol Building, 14th 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 W. Main Street

CITY, STATE and ZIP CODE
Louisville, Kentucky 40202

FEB 3 11 07 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

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 1/1/94 through 1/31/94		
6 (a) Cash on Hand January 1, 19 94		$ 39,448.03
(b) Cash on Hand at Beginning of Reporting Period	$ 39,448.03	
(c) Total Receipts (from Line 19)	$ 0	$ 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 39,448.03	$ 39,448.03
7 Total Disbursements (from Line 30)	$ 4,686.70	$ 4,686.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 34,761.33	$ 34,761.33
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
2/1/94

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)

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 1/1/94 TO: 1/31/94

		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)	0	0
	ii. Unitemized	0	0
	iii. Total (add i and ii) ➤	0	0
	b. Political Party Committees	0	0
	c Other Political Committees (such as PACs)	0	0
	d Total Contributions (add a iii, b and c) ➤	0	0
12	Transfers From Affiliated/Other Party Committees	0	0
13	All Loans Received	0	0
14	Loan Repayments Received	0	0
15	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17	Other Federal Receipts (Dividends, Interest, etc.)	0	0
18	Transfers from Nonfederal Account for Joint Activity	0	0
19	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	0	0
20	Total Federal Receipts (subtract line 18 from line 19) ➤	0	0
	II. Disbursements		
21	Operating Expenditures		
	a. Shared Federal/Non-Federal Activity (from Schedule H4)		
	i. Federal Share	0	0
	ii. Non Federal Share	0	0
	b Other Federal Operating Expenditures	686.70	686.70
	c Total Operating Expenditures (add a i, a ii, and b) ➤	686.70	686.70
22	Transfers to Affiliated/Other Party Committees	0	0
23	Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	3,000.00
24	Independent Expenditures (use Schedule E)	0	0
25	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26	Loan Repayments Made	0	0
27	Loans Made	0	0
28	Refunds of Contributions To:		
	a Individuals/Persons Other Than Political Committees	0	0
	b. Political Party Committees	0	0
	c Other Political Committees (such as PACs)	0	0
	d Total Contribution Refunds (add a, b and c) ➤	0	0
29	Other Disbursements	1,000.00	1,000.00
30	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,686.70	4,686.70
31	Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4,686.70	4,686.70
	III. Net Contributions/Operating Expenditures		
32	Total Contributions (other than loans)(from line 11d)	0	0
33	Total Contribution Refunds (from line 28d)	0	0
34	Net Contributions (other than loans)(subtract line 33 from 32)	0	0
35	Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	686.70	686.70
36	Offsets to Operating Expenditures (from line 15)	0	0
37	Net Operating Expenditures (subtract line 36 from 35) ➤	686.70	686.70

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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
Kentucky State Treasurer 140 Walnut Street Frankfort, Kentucky 40601	Admin. Fee Disbursement for: [ ] Primary [ ] General [x] Other (specify) See above	1/3/94	132.20
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
The Word Processory 1355 South Third Street Louisville, Kentucky40208	Temporary Services Disbursement for: [ ] Primary [ ] General [x] Other (specify) See Above	1/1/94	137.50
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Michael W. Wooden 1385 South Third Street Louisville, Kentucky 40208	Bookkeeping Services Disbursement for: [ ] Primary [ ] General [x] Other (specify) See above.	1/31/94	417.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	686.70
TOTAL This Period (last page this line number only)	686.70

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
Fields for Congress 2607 Old Humble Road Humble, Texas 77347	U.S. Congress Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	1/1/94	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Brown for Congress 230 Third Street Elyria, Ohio 44035	U.S. Congress Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	1/4/94	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends for Bryan 6100 Elton, Suite 1000 Las Vegas, Nevada 89107	U.S. ~~Congress~~ Senate Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1994	1/9/94	2,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	3,000.00

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
Re-Elect Sen. Gerry Hinton 2549 Carey Street Slidell, Louisiana 70458	State Senate Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1994	1/11/94	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)	1,000.00

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 2-3-94
[ ]	First Class Mail	POSTMARKED
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[ ]	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

AKB. — PREPARER

2-3-94 — DATE PREPARED

FEC FORM 70-21 (12/92)