COLUMBIA GOOD GOVERNMENT FUND
REPORT FILING INSTRUCTIONS

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 16 10 32 AM '99

February 2, 1999

TO: Ms. Debi Tucker
HCA Political Action Committee
P.O. Box 550
Nashville, TN 37202

FROM: Kraft Bros., Esstman, Patton & Harrell
Mike Ingram or Jeana Sorrells or Terry Anderson
615-242-7351

REPORT: Amended Year End Filing Report

PERIOD: 11/24/98 to 12/31/98

DUE DATE: ASAP

INSTRUCTIONS:

1.) Keep copy of report attached to this instruction sheet for your records.

2.) Form should be signed by Treasurer, Mr. Anderson, and mailed by certified mail or guaranteed service (UPS, Federal Express, etc.) to the following addresses:

Public Records Office
Federal Election Commission
999 E. Street, N.W.
Washington, DC 20463

Peggy Nance Williams Executive Director
Registry of Election Finance
404 James Robertson Parkway, Suite 1614
Nashville, Tennessee 37243

Connie A. Evans
Chief, Bureau of Elections Records
Department of State
Room 1802, The Capitol
Tallahassee, FL 32399-0250

Pamela Bissell Crowell
Deputy Secretary for Elections
Elections Division
Office of the Secretary of State
Capitol Complex
Carson City, NV 89710

State Election Commission
2221 Devine Street, Suite 105
Columbia, SC 29205

This report was amended due to the receiving duplicate receipt information.

THIS REPORT WAS PREPARED SOLELY FROM INFORMATION PROVIDED TO US BY YOUR COMPANY WITHOUT AUDIT OR REVIEW. WE ARE NOT RESPONSIBLE FOR ANY ERRORS OR OMISSIONS IN THIS REPORT AS A RESULT OF INCOMPLETE OR INACCURATE INFORMATION PROVIDED TO US.

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 MAIL ROOM

FEB 16 10 32 AM '99

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 11/24/98 through 12/31/98		
6. (a) Cash on Hand January 1, 19 98		$ 10,898.56
(b) Cash on Hand at Beginning of Reporting Period	$ 104,157.23	
(c) Total Receipts (from Line 19)	$ 2,462.41	$ 172,916.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 106,619.64	$ 183,814.57
7. Total Disbursements (from Line 30)	$ 3,050.73	$ 80,245.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 103,568.91	$ 103,568.91
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
2-11-99

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)

4-00173

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 11/24/96 TO: 12/31/96

	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)	2,259.09	93,269.09	11(a)(i)
ii. Unitemized	203.32	79,646.92	11(a)(ii)
iii. Total (add i and ii) ➤	2,462.41	172,916.01	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) ➤	2,462.41	172,916.01	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) ➤	2,462.41	172,916.01	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	2,462.41	172,916.01	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	2,000.00	50,250.00	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	1,050.73	29,995.86	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3,050.73	80,245.86	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3,050.73	80,245.86	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2,462.41	172,916.01	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,462.41	172,916.01	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

4-00173

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Stephen Purves 91 Cowdray Park Cola, SC 29223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 1,000.00	12/09/98	1,000.00
B. William R. Huston TX Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 417.50	Payroll Deduction	417.50 ($83.50 Biweekly)
C. William D. Potsat III TX Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 425.00	Payroll Deduction	425.00 ($85.00 Biweekly)
D. Allyn R Harris 1705 Windermere Plano, TX 75013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Admin Aggregate Year-to-Date $ 416.59	Payroll Deduction	416.59 ($83.34 Biweekly)
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 2,259.09

TOTAL This Period (last page this line number only) 2,259.09

6-00179

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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 House Senate Democratic Caucus P.O. Box 305172 Dept 46 Nashville, TN 37230-5172	Purpose of Disbursement House Senate Democratic Caucus Disbursement for: Primary General Other (specify) 1998	Date (month, day, year) 12/15/98	Amount of Each Disbursement This Period 1,300.00
B. Full Name, Mailing Address and ZIP Code House Senate Democratic Caucus P.O. Box 305172 Dept 46 Nashville, TN 37230-5172	Purpose of Disbursement Voided Check Disbursement for: Primary General Other (specify) 1998	Date (month, day, year) 12/22/98	Amount of Each Disbursement This Period -1,300.00
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) .....

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 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bill Thomas for Congress Committee 2208 Rayburn House Office Building Washington, DC 20515	Voided Check Primary [ ] General [X] Other (specify) 1998	11/24/98	-1,000.00
B. Connie Mack Senatorial Committee 517 Senate Hart Building Washington, DC 20510	Mack, U.S. SENATE FL Primary [X] General [ ] Other (specify) 2000	12/02/98	2,000.00
C. John Duncan for Congress Committee 12227 BRIGHTON COURT KNOXVILLE, TN 37922	John J."Jimmy" Duncan, U.S. HOUSE 2nd TN Primary [ ] General [X] Other (specify) 1998	12/02/98	500.00
D. Jim Gibbons for Congress Committee 4655 Air Center Circle Reno, NV 89502	Gibbons, REPRESENTATIVE 2nd NV Primary [ ] General [X] Other (specify) 1998	12/16/98	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each 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)	2,000.00
TOTAL This Period (last page this line number only)	2,000.00

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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/HCA 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 Suntrust Bank P.O. Box 305110 Nashville, TN 37230-5110	check order fee from bank Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/30/98	50.73
B. Full Name, Mailing Address and ZIP Code Hodges for Governor P.O. Box 2437 Lancaster, SC 29721	H. Hodges, GOVERNOR SC Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Gubanatorial Election	12/21/98	1,000.00
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)	1,050.73
TOTAL This Period (last page this line number only)	1,050.73

4-00173

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 5-16-99
☐	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	

PREPARER	5-16-99 DATE PREPARED

(4/98)