REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

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

2. FEC IDENTIFICATION NUMBER
C-00-67231

3. [X] This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

(a)
- [ ] April 15 Quarterly Report
- [X] 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 [X] NO

SUMMARY

5. Covering Period 04/01/98 through 06/30/98

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1998		$ 10,898.56
(b) Cash on Hand at Beginning of Reporting Period	$ 7,398.56	
(c) Total Receipts (from line 19)	$ 138,843.60	$ 138,843.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 146,242.16	$ 149,742.16
7. Total Disbursements (from Line 30)	$ 9,191.00	$ 12,691.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 137,051.16	$ 137,051.16
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:
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

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/HCA Healthcare Good Government Fund

REPORT COVERING PERIOD FROM: 04/01/98 TO: 06/30/98

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)	74,660.00	74,660.00
ii. Unitemized	64,183.60	64,183.60
iii. Total (add i and ii) >	138,843.60	138,843.60
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add iii,b and c) >	138,843.60	138,843.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	138,843.60	138,843.60
20. Total Federal Receipts (subtract line 18 from line 19) >	138,843.60	138,843.60
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	0.00	0.00
c. Total Operating Expenditures (Add ai,aii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,600.00	9,600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c) >	0.00	0.00
29. Other Disbursements	1,591.00	3,591.00
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	9,191.00	13,191.00
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	9,191.00	13,191.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	138,843.60	138,843.60
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	138,843.60	138,843.60
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 21
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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. Hugh Wilson, 7401 Rolling Bend Ct, Columbus, GA 31904 — Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Doctors Hospital / CEO — Aggregate Year-to-date > $ 1,000.00	05/11/98	1,000.00
B. Mike Boggs, 350 Hospital Dr, Macon, GA 31210 — Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Columbia Coliseum Medical Coliseum Psych / Admin — Aggregate Year-to-date > $ 500.00	05/11/98	500.00
C. Regina E Joiner, PO Box 5672, Macon, GA 31208 — Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Columbia Coliseum Medical Coliseum Psych / Registered Nurse — Aggregate Year-to-date > $ 300.00	05/11/98	300.00
D. Terry Frech, 2165 Lemon Ave, Englewood, FL 34223 — Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Englewood Community / COO — Aggregate Year-to-date > $ 350.00	05/14/98	350.00
E. Charles Schwaner, 1198 Bayshore Dr, Englewood, FL 34223 — Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer / Occupation — Aggregate Year-to-date > $ 300.00	05/14/98	300.00
F. Terry Moore, 1730 Padre Lane, Englewood, FL 34223 — Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Englewood Community / CEO — Aggregate Year-to-date > $ 1,000.00	05/14/98	1,000.00
G. Mark Howard, 7641 Belmondo Ln, Las Vegas, NV 89128 — Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Sunrise Mountain View Hosp. & Med. Cnt. / CEO — Aggregate Year-to-date > $ 1,000.00	05/14/98	1,000.00

SUB TOTAL of Receipts This Page (Optional) ..... > 4,450.00

TOTAL this Period (Last page this line number only) ..... >

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 21
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SCHEDULE A ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Peter Miller 204 E. Ave r-4 Palmdale, CA 93550	Las Encinas Hospital CFO	05/14/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
William Downey 6519 Hidden Wood Dr Roanoke, VA 24018	Lewis-Gale Medical Center CEO	05/14/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Kerreen Mullenbach 2321 Crystal Spring Ave Roanoke, VA 24014	Lewis-Gale Medical Center VP	05/14/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
James Shules 5319 McVitty Rd Roanoke, VA 24018	Lewis-Gale Medical Center COO	05/14/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
James Thweatt 621 Linwood Drive Richlands, VA 24641	Clinch Valley Medical Center CEO	05/14/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Betsy Bomar 8681 Longwood Dr Largo, FL 34647	Columbia St Petersburg Medical Center HEALTH CARE	05/14/98	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Thomas L. Herron 2127 Muirfield Way Oldsmar, FL 34677	Columbia St. Petersburg Medical Center President & CEO	05/14/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

SUB TOTAL of Receipts This Page (Optional) >	3,300.00
TOTAL this Period (Last page this line number only) >	

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Lawrence Kaufman 1687 Huntington Ln Safety Harbor, FL 34695 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Largo Medical Center COO Aggregate Year-to-date > $ 510.00	05/14/98	510.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Don Mancuso 1286 Seagate Dr. #101 Palm Harbor, FL 34685 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00	05/14/98	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Martha Micallef 3874 McKay Creek Dr Largo, FL 33770 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00	05/14/98	300.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Mike Terrell 1206 A Gulf Blvd IRb, FL 34635 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Largo Medical Center CFO Aggregate Year-to-date > $ 300.00	05/14/98	300.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Rebecca Brewer 204 Hammond Dr Allendale, SC 29810 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Columbia Colleton Medical Center CEO Aggregate Year-to-date > $ 400.00	05/19/98	400.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
John Hanshaw 12514 Bear Cub Circle , UT 84060 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00	05/19/98	1,000.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Steve Squires 10281 S. Ashley Savoy, UT Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00	05/19/98	300.00

SUB TOTAL of Receipts This Page (Optional) ..... > 3,060.00

TOTAL this Period (Last page this line number only) ..... >

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 21
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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. Stephen Mahan 5815 W. 48 Lane Ocala, FL 34478 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation Aggregate Year-to-date > $ 1,000.00	05/19/98	1,000.00
B. Brenda Logan 105 Columbus Avenue Lehigh, FL 33936 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: EAST POINTE HOSPITAL Occupation: CNO Aggregate Year-to-date > $ 400.00	05/19/98	400.00
C. Valerie Jackson 112 Greenwood Ave Lehigh, FL 33936 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: EAST POINTE HOSPITAL Occupation: CEO Aggregate Year-to-date > $ 500.00	05/19/98	500.00
D. Margeret Leeder 10197 SW 1st Ct C Spring, FL 33071 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation Aggregate Year-to-date > $ 300.00	05/19/98	300.00
E. James Cruickshank 20810 Sonrisa Way BocaRaton, FL 33433 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation Aggregate Year-to-date > $ 1,000.00	05/19/98	1,000.00
F. Michael Jennesse 1063 Twin Branch Lane Ft. Laud., FL 33326 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation Aggregate Year-to-date > $ 300.00	05/19/98	300.00
G. Robert Brannigan 450 Barfield Dr Summerville, SC 29485 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation Aggregate Year-to-date > $ 250.00	05/19/98	250.00
SUB TOTAL of Receipts This Page (Optional) >			3,750.00
TOTAL this Period (Last page this line number only) >			

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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. Ward Boston 1235 Highland ,	Tampa Bay Division Office HEALTH CARE	05/19/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
B. Ceo Fencel 2729 St. Cloud Oaks Dr Valrico, FL 33594		05/19/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. David Culberson 5391 Catowba Lane Irvine, CA 92715	Columbia West Anaheim Medical Center CEO	05/19/98	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		
D. Harold Muetzel 3602 Sprawling Oaks Place Valrico, FL 33594	Dir Bus Dev	05/19/98	375.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		
E. David W McClung 1441 Turnberry Ct Geneva, IL 60134	Columbia Hoffman Estates Medical Center CFO	05/19/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
F. Edward M Goldberg 1130 Prairie Deerfield, IL 60015	Columbia Hoffman Estates Medical Center President/CEO	05/19/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
G. William Gresco 3320 N. Dal Paso Apt. 7C Hobbs, NM 88240		05/19/98	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 4,175.00

TOTAL this Period (Last page this line number only) ..... >

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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. James Elkington, 758 Courtenay Dr. Ne, Atlanta, GA 30306	Columbia Peachtree Regional / CFO	05/19/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
B. Neil A. Heatherly, 1713 Arbor Mill Circle #1424, Bedford, TX 76021	Northeast Community Hospital / Assoc. Adm.	05/19/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Peggy Hindsman, 5305 Twillingate Pl, Duluta, GA 30136	West Paces Medical Center / Occupation	05/19/98	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 400.00		
D. Bryan Dearing, 3-9 Shute Ct, , TN 37138	Name of Employer / Occupation	05/19/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
E. Ken Simpson, 812 Kathridge ourt, Brentwood, TN 37027	Name of Employer / Occupation	05/19/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
F. Jeff Whitehorn, 9442 Highwood Hill Rd, Brentwood, TN 37027	Name of Employer / Occupation	05/19/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
G. Suzanne Stone Griffith, 94444 Foothills Dr, Brentwood, TN 37027	Name of Employer / Occupation	05/19/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	3,300.00
TOTAL this Period (Last page this line number only) ..... >	

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Doug Jones 426 Sims Ln Franklin, TN 37069		05/19/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Allen Golson 5003 Van Cise Lane Albany, GA 31707		05/19/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Charles Keaton 261 Hardage Dr Marietta, GA 30064		05/19/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Courtney D Reece 6 Audodon Ct Columbus, GA 31909	Hughston Sports Medicine Hospital CFO	05/19/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Les Beard 1414 Lynchburg Trace Grayson, GA 30221	Columbia Eastside Medical Center CEO	05/20/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,050.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Mike Langley 160 Boxford Alpharetta, GA 30202	West Paces Medical Center	05/20/98	225.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 225.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Raymond Ford 8109 Seven Mile Drive Ponte Vedra Beach, FL 32082	Columbia Specialty Hospital Administrator	05/20/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 3,775.00

TOTAL this Period (Last page this line number only) ..... >

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NAME OF COMMITTEE (in full)
Columbia/HCA 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
Anne O'Brien 1772 Carillon Park Drive Oviedo, FL 32765	Columbia Park Medical Center Occupation: COO	05/20/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Anthony Degina 14940 SW 153 St Miami, FL 33187	Occupation	05/20/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
John Flanegan 4558 Lake in the Woods Dr Spring Hills, FL 34607	Occupation	05/20/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Ronald Metivier 336 S San Gabriel Blvd Pasadena, CA 91107	Las Encinas Hospital Occupation: Admin	05/20/98	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Patricia Lepe 2308 El Paseo Alhambra, CA 91803	Las Encinas Hospital Occupation: Dir Bus Dev	05/20/98	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 350.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Wayne Campbell 15730 Cedar Grove Lane Wellington, FL 33414	Columbia Palms West Occupation: CEO	05/20/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Frank Molinaro 145 Nicols Ln , FL	Occupation	05/20/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) >	3,150.00
TOTAL this Period (Last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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/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. Rhonda Dean, 9831 E Kleindale Rd, Tucson, AZ 85749	Columbia El Dorado Hospital / CEO	05/20/98	400.00
Receipt For: Primary / General / Other (Specify)	Aggregate Year-to-date > $ 400.00		
B. Linda Jubinsky, 4459 Village Springs Run, Dunwoody, GA 30338	Name of Employer / Occupation	05/20/98	500.00
Receipt For: Primary / General / Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Lindell Orr, PO Box 382, Terr Ceia, FL 34250	Columbia Blake Medical Center / CEO	05/20/98	1,000.00
Receipt For: Primary / General / Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
D. Mervin Hess, 7462 Castle Dr, Sarasota, FL 34240	Columbia Blake Medical Center / COO	05/20/98	500.00
Receipt For: Primary / General / Other (Specify)	Aggregate Year-to-date > $ 500.00		
E. Connie Boudreaux, 6381 18th St NE, St Petersburg, FL 33702	Columbia St Petersburg Medical Center / VP/CNO	05/20/98	300.00
Receipt For: Primary / General / Other (Specify)	Aggregate Year-to-date > $ 300.00		
F. Barry Papania, 629 Fairway St, Bluefield, VA 24605	St Luke's Hospital / CEO/President	05/21/98	500.00
Receipt For: Primary / General / Other (Specify)	Aggregate Year-to-date > $ 500.00		
G. David Nevill, 1113 Somerset Cir, Lawrence, KS 66049	Overland Park / HEALTH CARE	05/21/98	500.00
Receipt For: Primary / General / Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 3,700.00

TOTAL this Period (Last page this line number only) ..... >

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. Becky Kuhn, 2652 S Los Altos, Mesa, AZ 85202	Columbia Paradise Valley Hospital / CEO	05/21/98	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		
B. Arlene Gimbel, 16621 N 59th Pl, Scottsdale, AZ 85254	Columbia Paradise Valley Hospital / Dir Clinc. Res	05/21/98	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 350.00		
C. John Workman, 1114 W Madison Ave, Athens, TN 37303	Name of Employer / Occupation	05/21/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
D. Jim Edmonson, 1207 Jackson, Polski, TN 38478	Name of Employer / Occupation	05/21/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
E. Tom Pemberton, 1634 Eagles Watchway, Tallahassee, FL 32308	Name of Employer / Occupation	05/21/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
F. Benny McDonald, 131 River Ln SW, Rome, GA 30161	Name of Employer / Occupation CFO	05/21/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Elizabeth Perkins, 1332 Timberland Dr, Marietta, GA 30067	Name of Employer: Cartersville Medical Center / Occupation CNO	05/21/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 3,150.00

TOTAL this Period (Last page this line number only) ..... >

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a 1

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 Keith Sandlin 52 Commanche Trail Cartersville, GA 30120	Name of Employer Occupation	Date (Month day,Year) 05/21/98	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Full Name, Mailing Address and Zip Code Tim Thompson 109 Davis Dr. Cartersville, GA 30120	Name of Employer Occupation	Date (Month day,Year) 05/21/98	Amount of Each Receipt this Period 350.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 350.00		
C. Full Name, Mailing Address and Zip Code Rex Etheredge , FL	Name of Employer Occupation	Date (Month day,Year) 05/21/98	Amount of Each Receipt this Period 1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
D. Full Name, Mailing Address and Zip Code William Buck 13700 Sutton Park Dr. # 121 Jacksonville, FL 32224	Name of Employer Memorial Hospital Jacksonville Occupation COO	Date (Month day,Year) 05/21/98	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
E. Full Name, Mailing Address and Zip Code David Meltzer , FL	Name of Employer Occupation	Date (Month day,Year) 05/21/98	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
F. Full Name, Mailing Address and Zip Code Judy Martin , FL	Name of Employer Occupation	Date (Month day,Year) 05/21/98	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
G. Full Name, Mailing Address and Zip Code Randell Jones 1215 Surrey Glen Rd Middleburg, FL 32068	Name of Employer Memorial Hospital Jacksonville Occupation Pt. Care VP	Date (Month day,Year) 05/21/98	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 3,200.00

TOTAL this Period (Last page this line number only) ..... >

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 OF 21
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SCHEDULE A ITEMIZED RECEIPTS

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	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Rob Bashore , FL	Occupation	05/21/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Jean Calhoun 2590 Loring Rd NW Kennesan, GA 30152	West Paces Medical Center Occupation Health Care	05/26/98	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Gary Cantrell 11123 Lands End Chase Port St Lucie, FL 34986	Lawnwood Regional Medical Center Occupation CEO	05/26/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Jennie Anderton 1487 S. College St Winchester, TN 37398	Occupation	05/26/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Michael Garfield P.O. Box 372 Winchester, TN 37398	Occupation	05/26/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Susan Stephens 7652 Courtyard Run W Boca Raton, FL 33433	Daytona Medical Center Occupation CNO	05/26/98	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 350.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Mitch Mongell 7 Nottingham r Ormond Beach, FL 32174	Occupation	05/26/98	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 350.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	2,950.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 13 OF 21
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SCHEDULE A ITEMIZED RECEIPTS

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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Billings P.O. Box 2280 New Smyrna Beach, FL 32170	Occupation	05/26/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Thomas R. Pentz 101 Bent Tree Dr #50 Daytona Beach, FL 32114	Daytona Medical Center Occupation CEO	05/26/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Steve Dobbs 1462 Wassell Lane , FL 38983	Occupation	05/26/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Dew Rinehart 2506 Firetree Lane Venice, FL 34298	Occupation	05/26/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Jim Burns 1433 Achilles St Pt Charlotte, FL 33980	Occupation	05/26/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Thomas Mathews 6028 Sourwood Way Bartow, FL 33830	Occupation	05/26/98	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Sharon L. Roush 29 Meadows Park Lane Boynton Beach, FL 33462	Occupation COO	05/26/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

SUB TOTAL of Receipts This Page (Optional) >	4,850.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 14 OF 21
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SCHEDULE A ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code Eric Goldman 5202 Glenmoor Dr W. Palm, FL 33409	Name of Employer Occupation	Date (Month day, Year) 05/26/98	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
B. Full Name, Mailing Address and Zip Code Phillip Clendenin 1801 Ashley Circle Bowling Green, KY 42104	Name of Employer Occupation	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
C. Full Name, Mailing Address and Zip Code Michael Mitchell 1801 Ashley Circle Bowling Green, KY 42104	Name of Employer Occupation	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
D. Full Name, Mailing Address and Zip Code Paul Crowder 12613 West 130 St Overland Pk, KS 66213	Name of Employer Mid-West Division Occupation CFO	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
E. Full Name, Mailing Address and Zip Code Kevin Hicks 10500 Quivira Rd Overaland Parkd, KS 66215	Name of Employer Overland Park Occupation HEALTH CARE	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 600.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 600.00		
F. Full Name, Mailing Address and Zip Code David E. Schoenborn 571 Stonemont Dr Ft Lauderdale, FL 33326	Name of Employer Columbia Cedars Medical Center Occupation CFO	Date (Month day, Year) 06/01/98	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
G. Full Name, Mailing Address and Zip Code Steven D Sonenreich 5775 SW 131 Terrace Miami, FL 33156	Name of Employer Occupation	Date (Month day, Year) 06/01/98	Amount of Each Receipt this Period 1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

SUB TOTAL of Receipts This Page (Optional) >	4,000.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 15 OF 21
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SCHEDULE A ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Paul Herzog 17804 Cliff Dr Independence, MO 64055	Independence Regional Health Center CEO	06/01/98	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Carol B. Freeman 7751 Seabreez Dr Huntington Beach, CA 92648	Columbia Huntington Beach Hospital HEALTH CARE	06/01/98	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Krieger 11939 Marron Meadows Jacksonville, FL 32223	Orange Park Medical Center CFO	06/01/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Marsha Easley 11758 Wordsworth Ct Jacksonville, FL 32223	Orange Park Medical Center Adm Asst	06/01/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Randall Smith 971 Old Oak Ct Wellington, FL 33414	Columbia Palms West CFO	06/01/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Craig Preston , LA		06/03/98	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Daniel Friedrich 7272 125th St. N. Seminole, FL 33772		06/03/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

SUB TOTAL of Receipts This Page (Optional) ---------->	4,850.00
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 16 OF 21
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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. Maureen B. Greenway 12790 Vista Pines Circle Mt Myers, FL 33913 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Columbia Gulf Coast VP Aggregate Year-to-date > $ 500.00	06/03/98	500.00
B. Jeffrey Seraphine 3401 Mission Bay Blvd. #298 Orlando, FL 32817 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Columbia Winter Park Memorial Hospital V.P./COO Aggregate Year-to-date > $ 250.00	06/03/98	250.00
C. Courney Curtis , KY Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation Aggregate Year-to-date > $ 750.00	06/03/98	750.00
D. Cheryl Guforth 775 Edgecliff Dr Maysville, KY Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation Aggregate Year-to-date > $ 300.00	06/03/98	300.00
E. Brian Baumgardner 752 Cross Boco Ln Sanford, FL 32773 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation Aggregate Year-to-date > $ 300.00	06/03/98	300.00
F. Steven Tarkington 10585 Gayton Rd Rich, VA 23233 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Columbia Henrico Doctor's Hospital CNE Aggregate Year-to-date > $ 300.00	06/03/98	300.00
G. Timothy Skeldon 4578 Helena Drive Titusville, FL 32780 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Columbia Park Medical Center Controller Aggregate Year-to-date > $ 300.00	06/03/98	300.00
SUB TOTAL of Receipts This Page (Optional) >			2,700.00
TOTAL this Period (Last page this line number only) >			

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 17 OF 21
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SCHEDULE A ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Doug Sills 398 Eagle Creek Cir. Lake Mary, FL 32746		06/03/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Larry Pieretti 12818 Yacht Club Circle Ft. Myers, FL 33907		06/03/98	1,100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,100.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Susie Lambert 3824 Parairie Dunes Dr Sarasota, FL 34238		06/03/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Bradley Grover 9145 Cherry Trace Seminole, FL 33777		06/03/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
David Parks 9312 Knightsbridge Ct. Tampa, FL 33647	Columbia Dade City Hospital HEALTH CARE	06/03/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Carrel 12722 Kingsway Rd Wellington, FL 33414	Columbia Hospital CFO	06/03/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Kevin Gross 5340 S. Fulton Ct Englewood, CO 80111		06/08/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	4,300.00
TOTAL this Period (Last page this line number only) ..... >	

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SCHEDULE A **ITEMIZED RECEIPTS**

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. Russell Harms, 9071 E. Mississippi, 31-B, Denver, CO 80231 — Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00	06/08/98	300.00
B. Kathy Zeleski, 1674 S. Vaughn Court, Aurora, CO 80012 — Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00	06/08/98	300.00
C. Katherine Montgomery, 435 Fillmore St, Denver, CO 80206 — Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00	06/08/98	300.00
D. Jon Bartlett, 781 Calgary Way, Golden, CO 80401 — Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00	06/08/98	300.00
E. Allan Stipe, 138 Wentworth Dr, Henderson, NV 89014 — Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Sunrise Mountain View Hosp. & Med. Cnt. / Occupation: Pres SW Div / Aggregate Year-to-date > $ 1,000.00	06/08/98	1,000.00
F. Robert Klein, 76 Blue Ridge Tr, Hendersonville, TN 37075 — Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00	06/08/98	500.00
G. William Lieverse, 5731 Bee Ridge Rd, Sarasota, FL 34233 — Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00	06/10/98	1,000.00

SUB TOTAL of Receipts This Page (Optional) ..... >	3,700.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 19 OF 21
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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. Victor Maya, 2555 Collins Ave # 800, Miami Beach, FL 33140	Columbia Kendall Medical Center / CEO	06/10/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
B. Alexander Mendez, 10380 SW 124th St, Miami, FL 33176	Columbia Kendall Medical Center / Healthcare	06/10/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
C. John Smith, 13531 Starcross Rd, Midlothian, VA 23113	Chippenham / Dir Rural Health	06/11/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
D. Toni Rice, 5903 Moss Creek, Midlothian, VA 23112	Chippenham / Assoc Admin	06/11/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
E. Mark Canada, 736 Lavalier Sq, Mt Pleasant, SC 29464	Columbia Trident Medical Center / COO	06/11/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
F. Margaret Lewis, 11251 Buckhead Terrace, Midlothian, VA 23113	Chippenham / CNE	06/11/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
G. Marilyn Tavenner, 9705 Spring Run Rd, Chesterfield, VA 23832	Chippenham / CEO	06/11/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	3,350.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 20 OF 21
	FOR LINE NUMBER 11 a i

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. Lynn Strader 11801 Southern Points Dr Chesterfield, VA 23838 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Chippenham Controller Aggregate Year-to-date > $ 300.00	06/11/98	300.00
B. Patrick Farrell 2631 Chancer DR Rich, VA 23233 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Columbia Henrico Doctor's Hospital COO Aggregate Year-to-date > $ 1,000.00	06/11/98	1,000.00
C. William Caldwell 10606 Gravel Neck Dr Chester, VA 23831 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	John Randolph COO Aggregate Year-to-date > $ 500.00	06/11/98	500.00
D. Roy Ward 12313 Pleasant Lake Terr Rich, VA 23223 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Columbia Henrico Doctor's Hospital CFO Aggregate Year-to-date > $ 500.00	06/11/98	500.00
E. Lorna Gaulke 2212 Mill Rd Powhatan, VA 23139 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Columbia Henrico Doctor's Hospital Surg. Serv Aggregate Year-to-date > $ 300.00	06/11/98	300.00
F. David Williams 3006 Stradford Lane Blacksburg, VA 24060 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	MRH Occupation Aggregate Year-to-date > $ 250.00	06/16/98	250.00
G. Jerry Futrell 158 Hospital dr. Carthage, TN 37030 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Smith County Memorial Hospital Occupation Healthcare Aggregate Year-to-date > $ 300.00	06/16/98	300.00

SUB TOTAL of Receipts This Page (Optional) >	3,150.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 21 OF 21
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Colorado/HCA 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
Louis Garcia 4 Arabian Place Littleton, CO 80123	Med Ctr Aurora Occupation: Health Care	06/16/98	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Sylvia Young 5401 S. Cottonwood Ct. Littleton, CO 80121	MED CTR AURORA Occupation: Health Care	06/16/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Gina Melby 2564 Eagle Run Lane Weston, FL 33332	Occupation	06/16/98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

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

SUB TOTAL of Receipts This Page (Optional) >	1,800.00
TOTAL this Period (Last page this line number only) >	74,660.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
COVERDELL GOOD GOVT COMMITTEE 8300 Douglas Suite 800 Dallas, GA 75225	Paul Coverdell, U.S. SENATE GA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	04/14/98	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Houghton 1110 Longworth House Office Building Washington, DC 20515	Houghton, U.S. HOUSE 31st NY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	06/12/98	500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Ed Bryant for Congress 408 Cannon House Office Building Washington, DC 20515	Ed Bryant, U.S. HOUSE 7th TN Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	06/12/98	500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
U.S. Congressman Todd Tiahrt 1329 Amity Goddard, KS 67052	Tiahrt, U.S. HOUSE 4th KS Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	06/12/98	1,000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Jerry Kleczka 2301 Rayburn House Office Building Washington, DC 20515	Kleczka, U.S. HOUSE 4th WI Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	06/12/98	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Missourians for Kit Bond ,	Christopher S. Bond, U.S. SENATE MO Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	06/12/98	1,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Sam Brownback 1530 S. Oliver Wichita, KS 67218	Brownback, U.S. SENATE KS Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	06/12/98	1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Richard DeBolt Committee 102 Pine Drive Chehalis, WA 98532	C. DeBolt, STATE REPRESENTATIVE 20th WA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	06/19/98	100.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Congressman Robert Matsui Cmte 2308 Rayburn HOB Washington, DC 20515	Matsui, U.S. HOUSE 5th CA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	06/24/98	2,000.00

SUB TOTAL of Disbursements this page (Optional) ..... >	7,600.00
TOTAL this Period (Last page this line number only) ..... >	7,600.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 29

SCHEDULE B ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Citizens for OMalley 1900 Hassell Road Hoffman Estates, IL 60195	J OMalley, LOCAL IL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	04/14/98	500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Laura Hall P.O. Box 3274 Huntsville, AL 35810	Hall, STATE HOUSE REP. 19th AL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	06/05/98	341.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Charles Curtiss Committee 34 Legislative Plaza Nashville, TN 37219	Charles Curtiss, REPRESENTATIVE 43rd TN Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	06/05/98	250.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Committee to Re-Elect Langster 2423 Underwood St. Nashville, TN 37208	Langster, REPRESENTATIVE 54th TN Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	06/15/98	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		

SUB TOTAL of Disbursements this page (Optional) ..... >	1,591.00
TOTAL this Period (Last page this line number only) ..... >	1,591.00

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 2/16/98
☐	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	

SKP
PREPARER

2/16/98
DATE PREPARED

(4/98)