



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

April 22, 1999

David G. Anderson, Treasurer
Columbia/HCA Healthcare Corporation
Good Government Fund
P.O. Box 550
Nashville, TN 37203

Identification Number: C00067231

Reference: Amended Year End Report (11/24/98-12/31/98), dated 2/11/99

Dear Mr. Anderson:

This letter is to inform you that as of April 21, 1999, the Commission has not received your response to our request for additional information, dated March 31, 1999. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Kenneth A. Davis Jr. on our toll-free number (800) 424-9530 or our local number (202) 694-1130.

Sincerely,

A handwritten signature in black ink that reads "John D. Gibson".

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

FQ-2

David G. Anderson, Treasurer
Columbia/HCA Healthcare Corporation Good
Government Fund
P.O. Box 550
Nashville, TN 37203

MAR 31 1999

Identification Number: C00067231

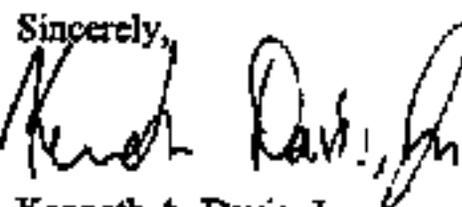
Reference: Amended Year End Report (11/24/98-12/31/98), dated 2/11/99

Dear Mr. Anderson:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B supporting Line 23 of your report discloses a contribution(s) to a candidate(s) for the 1998 general election; however, the funds were disbursed after the election date(s) (pertinent portion(s) attached). Please note that contributions may not be designated for an election which has already occurred unless the funds are to be used to reduce a candidate committee's debts incurred during that election campaign. Please clarify the contribution(s) and disclose any redesignations or refunds as necessary on the appropriate schedules.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130

Sincerely,

Kenneth A. Davis, Jr.
Reports Analyst
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules 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 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/NOA 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
Bill Thomas for Congress Committee 2206 Rayburn House Office Building Washington, DC 20515	Voiced Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	11/24/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Connie Mack Senatorial Committee 517 Senate Hart Building Washington, DC 20510	Purpose of Disbursement Mack, U.S. SENATE FL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 12/02/98	Amount of Each Disbursement This Period 2,000.00
C. Full Name, Mailing Address and ZIP Code John Duncan for Congress Committee 12227 BRIGHTON COURT KNOXVILLE, TN 37922 <i>general election date: 11/3/98</i>	Purpose of Disbursement John J. "Jimmy" Duncan, U.S. HOUSE 2nd TN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 12/02/98	Amount of Each Disbursement This Period 500.00
<i>KDF</i> D. Full Name, Mailing Address and ZIP Code Jim Gibbons for Congress Committee 4855 Air Center Circle Reno, NV 89502	Purpose of Disbursement Gibbons, REPRESENTATIVE 2nd NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 12/15/98	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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

