# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL [X] (Check if name is changed)
Columbia/HCA Healthcare Good Government Fund

2. DATE
March 1, 1996

(b) Number and Street Address [ ] (Check if address is changed)
P.O. Box 550 One Park Plaza

3. FEC IDENTIFICATION NUMBER
C-00-67231

(c) City, State and ZIP Code
Nashville, TN 37203

4. IS THIS STATEMENT AN AMENDMENT? [X] YES [ ] NO

5. TYPE OF COMMITTEE (Check one)

[ ] (a) This committee is a principal campaign committee. (Complete the candidate information below.)

[ ] (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|---|---|---|---|
| | | | |

[ ] (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

[ ] (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

[ ] (e) This committee is a separate segregated fund.

[X] (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|---|
| Columbia/HCA Healthcare Corporation | P.O. Box 550 One Park Plaza Nashville, TN 37203 | Connected Organization |
| Columbia/HCA Texas Good Government Fund | 13155 Noel Road, 20th Floor Dallas, TX 75240 | Affiliated Committee |

Type of Connected Organization
[X] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization [ ] Membership Organization [ ] Trade Association [ ] Cooperative

7. Custodian of Records: Identify by name, address (phone number — optional) and position of the person in possession of committee books and records.

| Full Name | Mailing Address | Title or Position |
|---|---|---|
| Debi Tucker | P.O. Box 550, One Park Plaza Nashville, TN 37203 | Coordinator - State Government Affairs |

8. Treasurer: List the name and address (phone number — optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name | Mailing Address | Title or Position |
|---|---|---|
| David G. Anderson | P.O. Box 550, One Park Plaza Nashville, TN 37203 | V.P Finance |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

| Name of Bank, Depository, etc. | Mailing Address and ZIP Code |
|---|---|
| National City Bank | P.O. Box 36000 Louisville, KY 40233-6000 |
| Sunbrust Bank | P.O. Box 305110 Nashville, TN 37230-5110 |

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

| TYPE OR PRINT NAME OF TREASURER | SIGNATURE OF TREASURER | DATE |
|---|---|---|
| David G. Anderson | [signature] | 3-5-96 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGES IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

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Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

| | | |
|---|---|---|
| ☑ | Hand Delivered | DATE OF RECEIPT 3-6-96 |
| ☐ | 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<br>and/or DATE OF RECEIPT |

PREPARER: [illegible]

DATE PREPARED: 3-6-96

FEC FORM 70-2 (12/92)

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