REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC -7 P 12:08

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
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. ☐ 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 General (Type of Election) election on 11/7/2000 in the State of Tennessee

☐ 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 10/01/00 through 10/18/00		
6. (a) Cash on Hand January 1, 2000		$ 260,525.82
(b) Cash on Hand at Beginning of Reporting Period	$ 188,983.53	
(c) Total Receipts (from Line 19)	$ 1,068.85	$ 22,000.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 200,052.38	$ 282,627.38
7. Total Disbursements (from Line 30)	$ 35,900.00	$ 118,575.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 164,152.38	$ 164,152.38
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 202-694-1100

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 12-06-00

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)

4-99173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/01)

NAME OF COMMITTEE: HCA Healthcare Good Government Fund

REPORT COVERING PERIOD FROM 10/01/00 TO 10/18/00

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)	900.00	12,401.71	11(a)(i)
ii. Unitemized	168.85	9,598.85	11(a)(ii)
iii. Total (add i and ii) ➤	1,068.85	22,000.56	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) ➤	1,068.85	22,000.56	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) ➤	1,068.85	22,000.56	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,068.85	22,000.56	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	33,400.00	88,025.00	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	2,500.00	30,650.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	35,900.00	118,675.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	35,900.00	118,675.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,068.85	22,000.56	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,068.85	22,000.56	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

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

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NAME OF COMMITTEE (In Full)
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. Catherine Duffy 276 Noah Drive Franklin, TN 37064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Centennial Medical Center Occupation: CNO Aggregate Year-to-Date > $ 300.00	10/17/00	300.00
B. SUSAN MERRILL 2300 PATTERSON STREET NASHVILLE, TN 37203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CENTENNIAL MEDICAL CENTER Occupation: HEALTH CARE Aggregate Year-to-Date > $ 300.00	10/17/00	300.00
C. Micki Slingerland 1121 Tyne Blvd Nashville, TN 37220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Centennial Medical Center Occupation: CFO Aggregate Year-to-Date > $ 300.00	10/17/00	300.00
D. 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
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)	900.00
TOTAL This Period (last page this line number only)	900.00

6/2/173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 5

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
XCS 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. CHIP PICKERING FOR CONGRESS 427 CANNON HOUSE OFFICE BUILDING WASHINGTON, DC 20515	PICKERING , U.S. HOUSE 3rd MS Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/02/00	500.00
B. TRENT LOTT FOR SENATE 487 SENATE RUSSELL OFFICE BUILDING WASHINGTON, DC 20510	LOTT , U.S. SENATE MS Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/02/00	1,000.00
C. Chris John for Congress Committee 1011 Lakeshore Drive Lake Charles, LA 70601	Chris John, U.S. HOUSE 7th LA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/02/00	500.00
D. John Cooksey for Congress 1310 North 19th St Monroe, LA 71201	Cooksey, CONGRESS 5th LA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/02/00	500.00
E. Jim McCrary 6425 Youree Drive Suite 350 Shreveport, LA 71105	McCrary, U. S REPRESENTATIVE 8th LA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/02/00	1,000.00
F. William J. Jefferson Campaign 501 Magazin St. Suite 1012 New Orleans, LA 70130-3394	J. Jefferson, U.S. HOUSE 2nd LA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/02/00	500.00
G. David Vitter Campaign 3838 N. Causeway Blvd Metairie, LA 70005	David Vitter, U.S. SENATE LA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/02/00	500.00
H. Gene Taylor for Congress Committee 2447 Rayburn House Office Building Washington, DC 20515	Taylor, REPRESENTATIVE 5th MS Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/02/00	500.00
I. JENNIFER CARROLL FOR CONGRESS PO BOX 30322 JACKSONVILLE, FL 32230	CARROLL , U.S. HOUSE 3rd FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/02/00	500.00

SUBTOTAL of Disbursements This Page (optional) 5,500.00

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 2 OF 1 6

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code Shaw for Congress Committee 2267 Rayburn House Office Building Washington, DC 20515	Purpose of Disbursement Clay Shaw, REPRESENTATIVE 22nd FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 10/04/00	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Allen Boyd Campaign P O Box 15703 Tallahassee, FL 32317	Purpose of Disbursement Boyd, CONGRESS 2nd FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 10/04/00	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code SHERMAN FOR CONGRESS 21031 VENTURA BLVD, SUITE 308 WOODLAND HILLS, CA 91364	Purpose of Disbursement SHERMAN , U.S. HOUSE 24th CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 10/05/00	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code U.S. Congressman Todd Tiahrt 1329 Amity Goddard, KS 67052	Purpose of Disbursement Tiahrt, U.S. HOUSE 4th KS Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 10/09/00	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Ortiz for Congress 3849 Leopard Corpus Christi, TX 78405	Purpose of Disbursement Ortiz, U S CONGRESS REP 27th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 10/09/00	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Congressman Kenneth E. Bentsen, Jr 515 Rusk, Suite 12102 Houston, TX 77002-2657	Purpose of Disbursement E. Bentsen, Jr., U.S. HOUSE 25th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 10/09/00	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Nick V. Lampson for Congress P O Box 21576 Beaumont, TX 77720	Purpose of Disbursement V Lampson, US CONGRESS HOUSE RP 9th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 10/09/00	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Kevin Brady for Congress P.O. Box 8277 26403 I45N The Woodlands, TX 77387	Purpose of Disbursement Brady, U.S. HOUSE 8th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 10/09/00	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code GENE GREEN CAMPAIGN PO BOX 16128 HOUSTON, TX 77222	Purpose of Disbursement EUGENE "GENE" GREEN, U.S. HOUSE 29th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 10/09/00	Amount of Each Disbursement This Period 1,000.00

SUBTOTAL of Disbursements This Page (optional) 6,000.00

TOTAL This Period (last page this line number only) .....

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 5

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
NCA Healthcare Good Government Fund

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Mac Collins for Congress Committee 1130 Longworth House Office Building Washington, DC 20515	"Mac" Collins, REPRESENTATIVE 3rd GA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/09/00	1,000.00
B. Foley for Congress Committee 113 Cannon House Office Building Washington, DC 20515	Foley, REPRESENTATIVE 16th FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/10/00	1,000.00
C. BRIAN BAIRD FOR CONGRESS PO BOX 5016 VANCOUVER, WA 98668	BAIRD, U.S. HOUSE 3rd WA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/11/00	500.00
D. FRIENDS OF SLADE GORTON PO BOX 3345 BELLEVUE, WA 98009	GORTON, U.S. SENATE WA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/11/00	1,000.00
E. MATHESON FOR CONGRESS 677 S. 200 W. STE A SALT LAKE CITY, UT 84201	MATHESON, U.S. HOUSE 2nd UT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/12/00	500.00
F. SMITH FOR CONGRESS PO BOX 1536 SALT LAKE CITY, UT 84110-1536	SMITH, U.S. HOUSE 2nd UT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/12/00	500.00
G. BUTCH OTTER FOR CONGRESS PO BOX 1456 BOISE, ID 83701	OTTER, U.S. HOUSE 1st ID Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/12/00	500.00
H. Henry Brown for Congress 625 Blatt Building Columbia, SC 29211	Henry Brown, U.S. HOUSE 6th SC Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/12/00	500.00
I. BILL NELSON FOR U.S. SENATE CAMPAIGN PO BOX 10962 TALLAHASSEE, FL 32302	NELSON, U.S. SENATE FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/13/00	3,000.00

SUBTOTAL of Disbursements This Page (optional) 8,500.00

TOTAL This Period (last page this line number only) .....

4-60173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 5

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
HCA Healthcare Good Government Fund

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. TOLTZ 2000 1271 WEST LITTLETON BLVD LITTLETON, CO 80120	TOLTZ , U.S. HOUSE 6th CO Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/13/00	400.00
B. EWING FOR CONGRESS PO BOX 1864 MUSKOGEE, OK 74402	EWING , U.S. HOUSE 2nd OK Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/16/00	1,000.00
C. JOAN JOHNSON FOR CONGRESS PO BOX 5190 BAYSHORE, NY 11706	JOHNSON , U.S. HOUSE 2nd NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/18/00	1,000.00
D. TODD AKIN FOR CONGRESS PO BOX 31222 ST. LOUIS, MO 63131	AKIN , U.S. HOUSE 2nd MO Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/18/00	1,000.00
E. MELISSA HART FOR CONGRESS PO BOX 455 WEXFORD, PA 15090	HART , U.S. HOUSE 4th PA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/16/00	1,000.00
F. GRAVES FOR CONGRESS PO BOX 34744 KANSAS CITY, MO 64116	GRAVES , U.S. HOUSE 6th MO Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/18/00	1,000.00
G. SHELLY MOORE CAPITO FOR CONGRESS COMMITTEE PO BOX 11519 CHARLESTON, WV 25339	MOORE CAPITO, U.S. HOUSE 2nd WV Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/16/00	1,000.00
H. ZIMMER 2000, INC. PO BOX 5588 LAWRENCEVILLE, NJ 08648	ZIMMER , U.S. HOUSE 12th NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/18/00	1,000.00
I. KLINE FOR CONGRESS PO BOX 3009 SHAWNEE MISSION, KS 66203	KLINE , U.S. HOUSE 3rd KS Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/18/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) 6,400.00

TOTAL This Period (last page this line number only) .....

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
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. FRIENDS OF DON SHERWOOD 81 WARREN STREET TUNKHANNOCK, PA 18657	SHERWOOD, U.S. HOUSE 10th PA Disbursement for: Primary [X] General [ ] Other (specify) 2000	10/18/00	1,000.00
B. Anne Northup For Congress P.O. Box 7313 Louisville, KY 40257	Anne Northup, U.S. HOUSE 3rd KY Disbursement for: Primary [X] General [ ] Other (specify) 2000	10/18/00	1,000.00
C. Fletcher for Congress PO Box 4703 Lexington, KY 40544	Ernie Fletcher, CONGRESS 6th KY Disbursement for: Primary [X] General [ ] Other (specify) 2000	10/18/00	1,000.00
D. STEVEN KUYKENDELL CONGRESSIONAL COMMITTEE 23311 HAWTHORNED BLVD, STE 107 TORRANCE, CA 90503	KUYKENDELL, U.S. HOUSE 36th CA Disbursement for: Primary [X] General [ ] Other (specify) 2000	10/18/00	1,000.00
E. NETHERCUTT FOR CONGRESS 1505 W. 3RD STREET SPOKANE, WA 99204	NETHERCUTT, U.S. HOUSE 5th WA Disbursement for: Primary [X] General [ ] Other (specify) 2000	10/18/00	1,000.00
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) 5,000.00

TOTAL This Period (last page this line number only) 33,400.00

6.00373

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)
MGA Healthcare Good Government Fund

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of Randy Rinks 18 Legislative Plaza Nashville, TN 37243-0171	Randy Rinks, REPRESENTATIVE 71st TN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/02/00	250.00
B. Friends of Lois DeBerry 15 Legislative Plaza Nashville, TN 37243-0191	Lois DeBerry, REPRESENTATIVE 91st TN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/02/00	1,000.00
C. Crutchfield for Senate 707 Georgia Avenue Flatiron Building Chattanooga, TN 37402	Ward Crutchfield, STATE SENATE TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/11/00	1,000.00
D. Mike Williams 17 Legislature Plaza Nashville, TN 37243-0153	Mike Williams, REPRESENTATIVE 63rd TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/11/00	250.00
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)	2,500.00
TOTAL This Period (last page this line number only)	2,500.00

400173

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 12/7/00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	

J.A.Q. — PREPARER

12/7/00 — DATE PREPARED

(6/2000)