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 _____ (Type of Election) election on _____ in the State of _____

☒ Thirtieth day report following the General Election on 11/7/2000 in the State of Tennessee

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/19/00 through 11/27/00		
6. (a) Cash on Hand January 1, 2000		$ 260,828.82
(b) Cash on Hand at Beginning of Reporting Period	$ 164,152.38	
(c) Total Receipts (from Line 19)	$ 43,555.52	$ 65,556.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 207,707.90	$ 326,382.90
7. Total Disbursements (from Line 30)	$ 15,500.00	$ 134,175.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 192,207.90	$ 192,207.90
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 9/99)

149173

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

(revised 1/1/91)

NAME OF COMMITTEE HCA Healthcare Good Government Fund

REPORT COVERING PERIOD FROM 10/19/00 TO: 11/27/00

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)	24,601.87	37,003.38	11(a)(i)
ii. Unitemized	18,953.85	28,552.70	11(a)(ii)
iii. Total (add i and ii) ➤	43,555.52	65,556.08	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) ➤	43,555.52	65,556.08	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) ➤	43,555.52	65,556.08	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	43,555.52	65,556.08	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	14,700.00	102,725.00	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	800.00	31,450.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	15,500.00	134,175.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	15,500.00	134,175.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	43,555.52	65,556.08	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	43,555.52	65,556.08	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 7

FOR LINE NUMBER 11 a [

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)
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. Ben Everett 120 Minorcrest Dickson, TN 37055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Horizon Medical Center CEO Aggregate Year-to-Date $ 750.00	10/19/00	750.00
B. Sonny Sansom 111 Highway 70 East Dickson, TN 37055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Horizon Medical Center Health Care Worker Aggregate Year-to-Date $ 350.00	10/19/00	350.00
C. Valerie Jackson 112 Greenwood Ave Lehigh, FL 33936 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	EAST POINTE HOSPITAL CEO Aggregate Year-to-Date $ 850.00	10/31/00	850.00
D. Robert C. Meade 37847 Church Ave. Dade City, FL 33525 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Englewood Community Hospital CEO Aggregate Year-to-Date $ 750.00	10/31/00	750.00
E. Brenda Waltz 7815 Dunwoody Dr Chattanooga, TN 37421 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	East Ridge Hospital Health Care Aggregate Year-to-Date $ 750.00	10/31/00	750.00
F. Cheryl Clark 8709 Cobblestone Drive Tampa, FL 33615 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Largo Medical Center Health Care Worker Aggregate Year-to-Date $ 250.00	11/02/00	250.00
G. Robert Conroy 14000 Fivay Road Hudson, FL 34677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Regional Medical Center Bayonet Point COO Aggregate Year-to-Date $ 250.00	11/02/00	250.00

SUBTOTAL of Receipts This Page (optional)	3,950.00
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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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. William Downey 14000 Fivay Road Hudson, FL 34667 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Regional Medical Center Bayonet Point Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	11/02/00	1,000.00
B. Joann Ettlen 14180 Mark Dr Largo, FL 33774 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Largo Medical Center Occupation: Director Aggregate Year-to-Date > $ 300.00	11/02/00	300.00
C. Thomas L. Herron 2127 Muirfield Way Oldsmar, FL 34677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Largo Medical Ctr Occupation: President & GEO Aggregate Year-to-Date > $ 1,000.00	11/02/00	1,000.00
D. Lawrence Kaufman 1607 Huntington Ln Safety Harbor, FL 34695 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Largo Medical Center Occupation: COO Aggregate Year-to-Date > $ 500.00	11/02/00	500.00
E. Pat Long 6201 Rivers Lane New Port Richie, FL 34695 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Regional Medical Center - Bayonet Pointe Occupation: CFO Aggregate Year-to-Date > $ 300.00	11/02/00	300.00
F. Mike Terrell 1205 A Gulf Blvd IRb, FL 34635 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Largo Medical Center Occupation: CFO Aggregate Year-to-Date > $ 300.00	11/02/00	300.00
G. Diane Brady 5361 Tidewater Island Circle Ft. Myers, FL 33908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southwest Florida Regional Medical Center Occupation: Healthcare Worker Aggregate Year-to-Date > $ 300.00	11/03/00	300.00

SUBTOTAL of Receipts This Page (optional)	3,700.00
TOTAL This Period (last page this line number only)	

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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)
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. Jim Burns 1438 Achilles St Pt Charlotte, FL 33980 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fawcett Memorial Hospital Occupation: CFO Aggregate Year-to-Date > $ 300.00	11/03/00	300.00
B. Lisa L. Kelley 3741 Runway Street Fort Myers, FL 33917 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fawcet Memorial Hospital Occupation: COO Aggregate Year-to-Date > $ 500.00	11/03/00	500.00
C. Susie Lambert 3624 Prairie Dunes Dr Sarasota, FL 34238 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southwest Regional Medical Center Occupation: COO Aggregate Year-to-Date > $ 500.00	11/03/00	500.00
D. Thomas Rice 13130 Placida Point Ct. Placida, FL 33949 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fawcet Memorial Hospital Occupation: CEO Aggregate Year-to-Date > $ 750.00	11/03/00	750.00
E. Kim E. Walker 1114 Casaloma Dr. Riverview, FL 33569 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Doctor's Hospital of Sarasota Occupation: COO Aggregate Year-to-Date > $ 300.00	11/03/00	300.00
F. Alisa Bart 11520 NW 35th Street Sunrise, FL 33323 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University Hospital and Medical Center Occupation: Health Care Worker Aggregate Year-to-Date > $ 300.00	11/08/00	300.00
G. Connie Boudreaux 12705 Upper Manatee River Rd Bradenton, FL 34202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blake Medical Center Occupation: Healthcare Worker Aggregate Year-to-Date > $ 300.00	11/08/00	300.00

SUBTOTAL of Receipts This Page (optional) 2,950.00

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

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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)
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. Philip Cook 3539 Valley Trail Chattanooga, TN Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parkridge Medical Center Occupation: CEO Aggregate Year-to-Date > $ 750.00	11/08/00	750.00
B. James Cruickshank 20510 Sonrise Way BocaRaton, FL 33433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University Hospital & Medical Center Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	11/08/00	1,000.00
C. Mervin Hess 7462 Castle Dr Sarasota, FL 34240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blake Medical Center Occupation: COO Aggregate Year-to-Date > $ 500.00	11/08/00	500.00
D. Robert Klein 78 Blue Ridge Tr Hendersonville, TN 37075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hendersonville Hospital Occupation: CEO Aggregate Year-to-Date > $ 500.00	11/08/00	500.00
E. Margaret Leeder 10197 SW 1st Ct C Spring, FL 33071 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University Hospital Occupation: Healthcare Worker Aggregate Year-to-Date > $ 300.00	11/08/00	300.00
F. Lindell Orr PO Box 362 Terr Cela, FL 34250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blake Medical Center Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	11/08/00	1,000.00
G. Priscilla Parrish 1858 Dolphin Blvd S. St. Petersburg, FL 33707 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blake Medical Center Occupation: CFO Aggregate Year-to-Date > $ 300.00	11/08/00	300.00

SUBTOTAL of Receipts This Page (optional) 4,350.00

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)
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. Charles Scott 6925 Cohasset Circle Riverview, FL 33569 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Doctors Hospital of Sarasota Occupation: Hosp. Admin. Aggregate Year-to-Date > 5 500.00	11/08/00	500.00
B. Dean Alexander 608 Molina Street Bville, FL 34601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oak Hill Hospital Occupation: COO Aggregate Year-to-Date > 5 500.00	11/14/00	500.00
C. Robert Billings 320 29th Street NW Bradenton, FL 34205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Doctors Hospital of Sarasota Occupation: CFO Aggregate Year-to-Date > 5 300.00	11/14/00	300.00
D. Betsy Bestar 8681 Longwood Dr Largo, FL 34647 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Petersburg General Hospital Occupation: HEALTH CARE Aggregate Year-to-Date > 5 500.00	11/14/00	500.00
E. Sonia Gonzalez 13624 Cooper Road Spring Hill, FL 34608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oak Hill Hospital Occupation: CNO Aggregate Year-to-Date > 5 300.00	11/14/00	300.00
F. Robert L. Grace 11375 Cortez Blvd. Spring Hill, FL 34606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oak Hill Hospital Occupation: CFO Aggregate Year-to-Date > 5 300.00	11/14/00	300.00
G. Bradley Grover 9145 Cherry Trace Seminole, FL 33777 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northside Hospital & Heart Institute Occupation: CEO Aggregate Year-to-Date > 5 1,000.00	11/14/00	1,000.00

SUBTOTAL of Receipts This Page (optional) 3,400.00

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

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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)
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. Larry Melby, 14940 WS 193 St, Miami, FL 33187	University Hospital and Medical Center / COO	11/14/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
B. Shalin Shah, 5953 Birchwood Dr, Tampa, FL 33625	Northside Hospital / CFO	11/14/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
C. Patti A. Smolansky, 1482 Country Oaks Ln, Clearwater, FL 34624	Name of Employer / Dir. Resource Mgmt.	11/14/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
D. Jaime Wesolowski, 9276 Butler Boulevard, Spring Hill, FL 34613	Name of Employer: Oak Hill Hospital / CEO	11/14/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
E. Steve Archer, 203 Mandalay Blvd., Indian Rocks, FL 33785	Name of Employer: St. Petersburg General Hospital / Dir Plant Ops	11/20/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
F. Linda Carbiener, 3622 46th Avenue South, St. Petersburg, FL 33711	Name of Employer: St. Petersburg General Hospital / CFO	11/20/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		
G. Bryan Dearing, 3-9 Shute Ct, Old Hickory, TN 37138	Name of Employer: Summit Medical Center / Occupation: Health Care	11/20/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		

SUBTOTAL of Receipts This Page (optional) 3,400.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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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. Daniel Friedrich 7272 125th St. N. Seminole, FL 33772 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: St. Petersburg General Hospital Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	11/20/00	1,000.00
B. Maureen B. Greenway 3049 Marie Boulevard Clearwater, FL 33758 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: St. Petersburg General Hospital Occupation: VP Aggregate Year-to-Date > $ 350.00	11/20/00	350.00
C. Neil A. Heatherly 5655 Frist Boulevard Hermitage, TN 37076 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer: Summit Medical Center Occupation: COO Aggregate Year-to-Date > $ 500.00	11/20/00	500.00
D. Alan Levine 1313 Versant Drive #103 Brandon, FL 33511 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: South Bay Hospital Occupation: CEO Aggregate Year-to-Date > $ 750.00	11/20/00	750.00
E. William D. Poteet III 8568 N. McArthur Blvd, Ste 350 Irving, TX 75039 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HCA Corporate Office Occupation: Pres./N. Tx Division Aggregate Year-to-Date > $ 1,020.00	Payroll Deduction	85.00 ($85.00 Biweekly)
F. Rodney Smith 1401 W. Seminole Boulevard Sanford, FL 32771 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Central Florida Regional Hospital Occupation: CEO Aggregate Year-to-Date > $ 833.30	Payroll Deduction	83.33 ($83.33 Biweekly)
G. Allyn R Harris 512 West Due West Avenue Madison, TN 37115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Skyline Medical Center Occupation: Admin Aggregate Year-to-Date > $ 1,000.08	Payroll Deduction	83.34 ($83.34 Biweekly)

SUBTOTAL of Receipts This Page (optional)	2,851.67
TOTAL This Period (last page this line number only)	24,601.67

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

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. CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN 727 E. DURANGO BLVD., NO. B-124 SAN ANTONIO, TX 78206	GONZALEZ, U.S. HOUSE 20th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/23/00	500.00
B. TEXANS FOR LAMAR SMITH 1100 N.E. LOOP 410, STE 640 SAN ANTONIO, TX 78209	SMITH, U.S. HOUSE 21st TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/23/00	500.00
C. COMMITTEE TO ELECT TOM TANCREDO 5601 S. BROADWAY, #370 LITTLETON, CO 80121-6079	TANCREDO, U.S. HOUSE 6th CO Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/23/00	500.00
D. COMMITTEE TO ELECT JOEL HEFLEY 8053 S. QUEBEC ST #103 ENGLEWOOD, CO 80111	HEFLEY, U.S. HOUSE 6th CO Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/23/00	500.00
E. COMMITTEE TO ELECT ROBERT SCHAFFER 123 N. COLLEGE AVE #2008 FT. COLLINS, CO 80524	SCHAFFER, U.S. HOUSE 4th CO Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/23/00	500.00
F. KEN CALVERT FOR CONGRESS 3400 CENTRAL AVE, STE 200 RIVERSIDE, CA 92506	CALVERT, U.S. HOUSE 43rd CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/23/00	500.00
G. W. J. "Billy" Tauzin Ascension Parish Courthouse East 828 Worth Irma Blvd. Gonzales, LA 70737	"Billy" Tauzin, U.S REPRESENTAIVE 3rd LA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/25/00	200.00
H. GARY MILLER FOR CONGRESS 721 S. BREA CANYON RD, STE 7 DIAMOND BAR, CA 91765	MILLER, U.S. HOUSE 41st CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/26/00	500.00
I. Shaw for Congress Committee 2267 Rayburn House Office Building Washington, DC 20515	Clay Shaw, REPRESENTATIVE 22nd FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/26/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) 4,200.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3

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 Ed Whitfield for COngress Committee 1541 Longworth House Office Building Washington, DC 20515	Purpose of Disbursement Whitfield, REPRESENTATIVE 1th KY Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	Date (month, day, year) 10/26/00	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code William M. Thornberry Campaign P.O. Box 9392 Amarillo, TX 79105	Purpose of Disbursement M. Thornberry, U.S. REPRESENATIVE 13th TX Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	Date (month, day, year) 10/26/00	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Dick Arney for Congress Committee 301 Cannon House Office Building Washington, DC 20515	Purpose of Disbursement Dick Arney, U.S. HOUSE TX Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	Date (month, day, year) 10/27/00	Amount of Each Disbursement This Period 1,500.00
D. Full Name, Mailing Address and ZIP Code Sam Johnson Campaign Fund 1030 Longworth House Office Building Washington, DC 20515-4303	Purpose of Disbursement Sam Johnson, U.S. HOUSE 3rd TX Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	Date (month, day, year) 10/27/00	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Kay Granger Campaign Fund PO Box 24006 Fort Worth, TX	Purpose of Disbursement Granger, CONGRESS 12th TX Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	Date (month, day, year) 10/27/00	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Reyes Congressional Campaign 310 W Mesa, Suite 400 303 Texas Ave El Paso, TX 79901	Purpose of Disbursement Silvestre Reyes, U.S. HOUSE 16th TX Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	Date (month, day, year) 10/27/00	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Kay Bailey Hutchison for Senate Committee 283 Russell Senate Office Bldg Washington, DC 20510	Purpose of Disbursement Bailey Hutchison, SENATOR TX Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	Date (month, day, year) 10/27/00	Amount of Each Disbursement This Period 2,000.00
H. Full Name, Mailing Address and ZIP Code Chambliss for Congress Committee 1708 Longworth House Office Building Washington, DC 20515	Purpose of Disbursement Chambliss, REPRESENTATIVE 8th GA Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	Date (month, day, year) 10/27/00	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code ROB ADERHOLT FOR CONGRESS 1007 LONGWORTH HOUSE OFFICE BUILDING WASHINGTON, DC 20515	Purpose of Disbursement ADERHOLT, U.S. HOUSE 4th AL Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	Date (month, day, year) 10/27/00	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional)	7,500.00
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

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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. JIM RAMSTAD FOR CONGRESS 103 CANNON HOUSE OFFICE BLDG WASHINGTON, DC 20515	RAMSTAD, U.S. HOUSE 3rd MN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/27/00	500.00
B. PHIL CRANE FOR CONGRESS 233 CANNON HOUSE OFFICE BLDG WASHINGTON, DC 20515	CRANE, U.S. HOUSE 8th IL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/27/00	500.00
C. PHIL ENGLISH FOR CONGRESS 1410 LONGWORTH HOUSE OFFICE BLDG WASHINGTON, DC 20515	ENGLISH, U.S. HOUSE 21st PA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/27/00	500.00
D. McCollum for Congress Committee 2268 Rayburn House Office Building Washington, DC 20515	McCollum, U.S. SENATE FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	10/31/00	1,000.00
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	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)	14,700.00

4-03173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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

A. Full Name, Mailing Address and ZIP Code Larry Faircloth for House P.O. Box 477 Inwood, WV 25428	Purpose of Disbursement Larry Faircloth, STATE HOUSE 63rd WV Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 10/23/00	Amount of Each Disbursement This Period 100.00
B. Full Name, Mailing Address and ZIP Code Mike Ross for Senate Box 219 Coalton, WV 26257	Purpose of Disbursement Mike Ross, STATE SENATE WV Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 10/23/00	Amount of Each Disbursement This Period 150.00
C. Full Name, Mailing Address and ZIP Code Jeff Kessler for Senate 607 Wheeling Avenue Glen Dale, WV 26038	Purpose of Disbursement Jeff Kessler, STATE SENATE WV Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 10/23/00	Amount of Each Disbursement This Period 150.00
D. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT CHARLES SARGENT PO BOX 180794 NASHVILLE, TN 37215	Purpose of Disbursement SARGENT, REPRESENTATIVE 81st TN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 10/26/00	Amount of Each Disbursement This Period 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)	650.00
TOTAL This Period (last page this line number only)	650.00

4-90/79

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
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☐	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.C.
PREPARER

12/7/00
DATE PREPARED

(6/2000)