REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JUN -1 A 10:41

USE FEC MAILING LABEL OR TYPE OR PRINT

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. ☒ 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 _____ 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 01/01/00 through 03/31/00		
6. (a) Cash on Hand January 1, 2000		$ 260,826.82
(b) Cash on Hand at Beginning of Reporting Period	$ 260,826.82	
(c) Total Receipts (from Line 19)	$ 14,962.79	$ 14,962.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 275,789.61	$ 275,789.61
7. Total Disbursements (from Line 30)	$ 18120.00	$ 18120.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 257669.61	$ 257669.61
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 5/26/00

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 1/1/91)

NAME OF COMMITTEE: Columbia/HCA Healthcare Good Government Fund

REPORT COVERING PERIOD FROM: 01/01/00 TO: 03/31/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7,991.69	7,991.69	11(a)(i)
ii. Unitemized	6,971.10	6,971.10	11(a)(ii)
iii. Total (add i and ii) ➤	14,962.79	14,962.79	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) ➤	14,962.79	14,962.79	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) ➤	14,962.79	14,962.79	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	14,962.79	14,962.79	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	7,500.00	7,500.00	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	10,600.00	10,600.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	18,100.00	18,100.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	18,100.00	18,100.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	14,962.79	14,962.79	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	14,962.79	14,962.79	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

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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	Date (month, day, year)	Amount of Each Receipt this Period
A. Molly Jo Kirby 1906 Wynwood Deer Park, TX 77536	Women's Hospital of Texas	01/12/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director		
	Aggregate Year-to-Date > $ 250.00		
B. Patrick Mathews 2330 Reflection Ct. Missouri City, TX 77459	The Women's Hospital of Tx	01/12/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Healthcare		
	Aggregate Year-to-Date > $ 300.00		
C. Linda B Russell 13614 Capetown Dr Houston, TX 77059	Women's Hospital of Texas	01/12/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO		
	Aggregate Year-to-Date > $ 1,000.00		
D. Patricia Currie 107 Warrenton Houston, TX 77024	Clear Lake	01/25/00	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Health Care		
	Aggregate Year-to-Date > $ 400.00		
E. Dennis J Durham 9925 Warm Springs Rd Midland, GA 31820	Hughston Sports Medicine Hospital	01/25/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Asst VP Nursing		
	Aggregate Year-to-Date > $ 500.00		
F. David Hufstutler 4000 Spencer Highway Pasadena, TX 77504	Bayshore Medical Center	01/25/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Healthcare		
	Aggregate Year-to-Date > $ 300.00		
G. Gerald Osband MD 2523 Bridle Creek Trail Chanhassen, MN 55317	CCN Managed Care	01/25/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Doctor		
	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) > 3,000.00

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

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. Hugh C Tappan 1418 B Wildwood Columbus, GA 31906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hughston Sports Medicine Hospital Occupation: SAA Aggregate Year-to-Date $ 1,000.00	01/25/00	1,000.00
B. Stephana Mundy 811 81st St Vienna, WV 26105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Joseph's Hospital Occupation: Healthcare Aggregate Year-to-Date $ 500.00	02/06/00	500.00
C. David Steitz RT 13 Box 331-28 Lake City, FL 32055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lake City Medical Center Occupation: CEO Aggregate Year-to-Date $ 300.00	02/08/00	300.00
D. Phillip Clendenin 1601 Ashley Circle Bowling Green, KY 42104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Greenview Occupation: Healthcare Aggregate Year-to-Date $ 750.00	03/06/00	750.00
E. Robert H. Alford 2503 Hemingway Dr Nashville, TN 37215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Centennial Medical Center Occupation: Health Care Aggregate Year-to-Date $ 300.00	03/07/00	300.00
F. Michael Garfield P.O. Box 372 Winchester, TN 37398 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southern Tennessee Medical Center Occupation: Healthcare Aggregate Year-to-Date $ 300.00	03/07/00	300.00
G. John Workman 1114 W Madison Ave Athens, TN 37303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Athens Regional Medical Center Occupation: Health Care Aggregate Year-to-Date $ 750.00	03/07/00	750.00

SUBTOTAL of Receipts This Page (optional) 3,900.00

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

PAGE 3 OF 3

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. William D. Poland III 6565 N. McArthur Blvd, Ste 350 Irving, TX 75039 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia/HCA Corporate Office Occupation: Healthcare Worker Aggregate Year-to-Date > $ 425.00	Payroll Deduction	425.00 ($85.00 Biweekly)
B. Rodney Smith P.O. Box 550 Nashville, TN Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia/HCA Corporate office Occupation: Healthcare Worker Aggregate Year-to-Date > $ 249.99	Payroll Deduction	249.99 ($83.33 Biweekly)
C. Allyn R Harris 1706 Windermere Plano, TX 75013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia HCA Corporate Office Occupation: Admin Aggregate Year-to-Date > $ 416.70	Payroll Deduction	416.70 ($83.34 Biweekly)
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) 1,091.69

TOTAL This Period (last page this line number only) 7,991.69

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Columbia/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. Eddie Bernice Johnson 2515 McKinney Ave. Suite1666 Dallas, TX 75201	Bernice Johnson, U.S. HOUSE 30th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	01/06/00	1,000.00
B. Doggett for Congress 125 Cauron Office Bldg Austin, TX 78701	Lloyd Doggett, U.S. HOUSE 10th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	04/13/00	500.00
C. RON LEWIS FOR CONGRESS (1994) PO BOX 307 ELIZABETHTOWN, KY 42702	Ron Lewis, U.S. HOUSE 2nd KY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	02/21/00	500.00
D. LOFGREN FOR CONGRESS 111 W. St. John Suite 400 San Jose, CA 95113	Lofgren , U.S. HOUSE 16th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/24/00	250.00
E. John Culberson 15117 Memorial Suite 216 Houston, TX 77079	Culberson, REPRESENTATIVE 130th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/24/00	500.00
F. HINOJOSA FOR CONGRESS 612 Nolana Sts. 410 B McAllen, TX 78504	Hinojosa , U.S. HOUSE 40th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	03/14/00	1,000.00
G. DEMOCRATIC NATIONAL COMMITTEE 430 South Capital Street, SE Washington, DC 20003	multi-candidate committee Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	03/14/00	1,500.00
H. Shelley Berkley for Congress 1001 South Third Street Las Vegas, NV 89101	Shelley Berkley, CONGRESS NV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/15/00	500.00
I. Martha Walker for Congress PO Box 643 Charleston, WV 25302	Walker , U.S. HOUSE 2nd WV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/15/00	500.00

SUBTOTAL of Disbursements This Page (optional) 6,250.00

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

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NAME OF COMMITTEE (In Full)

Columbia/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. McCollum for Congress Committee 2266 Rayburn House Office Building Washington, DC 20515	McCollum, REPRESENTATIVE 6th FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	03/15/00	250.00
B. Thurman for Congress 5700 SW 34th Street Gainesville, FL 32608	Karen L. Thurman, U.S. HOUSE 5th FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	03/15/00	1,000.00
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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)	1,250.00
TOTAL This Period (last page this line number only)	7,600.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Columbia/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. HOUSE DEMOCRATIC CAUCUS P.O. BOX 305172 DEPT. 46 NASHVILLE, TN 37230-5172	Disbursement for: Primary General Other (specify) 2000	01/04/00	1,000.00
B. FRIENDS OF THA 800 INTERSTATE BLVD SOUTH NASHVILLE, TN 37210 (Tennessee Hospital Association)	Purpose of Disbursement: donation to multi-purpose committee Disbursement for: Primary General Other (specify) 2000	03/02/00	5,000.00
C. Earl Ray Tomblin for Senate P.O. Box 118 Chapmanville, WV 25508	Purpose of Disbursement: Earl Ray Tomblin, STATE SENATE WV Disbursement for: Primary General Other (specify) 2000	03/29/00	300.00
D. Friends of John Mark Windle P.O. Box 707 Livingston, TN 38570	Purpose of Disbursement: John Mark Windle, 41st TN State Rep. Disbursement for: Primary General Other (specify)	1/4/00	200.00
E. Jeff Kessler for Senate 1007 Wheeling Avenue Glen Dale, WV 26038	Purpose of Disbursement: Jeffrey V. Kessler, State Senate WV Disbursement for: Primary General Other (specify)	3/29/00	150.00
F. Mike Ross for Senate Box 219 Coalton, WV 26257	Purpose of Disbursement: Mike Ross, State Senate WV Disbursement for: Primary General Other (specify)	3/29/00	150.00
G. Vic Sprouse for Senate 105 Cobb Street So. Charleston, WV 25309	Purpose of Disbursement: Vic Sprouse, State Senate WV Disbursement for: Primary General Other (specify)	3/29/00	150.00
H. Bob Plymale for Senate P.O. Box 543 Ceredo, WV 25507	Purpose of Disbursement: Robert H. Plymale State Senate WV Disbursement for: Primary General Other (specify)	3/29/00	150.00
I. Roman Prezioso for Senate 1806 Dogwood Drive Fairmont, WV 26554	Purpose of Disbursement: Roman Prezioso, Jr. State Senate WV Disbursement for: Primary General Other (specify)	3/29/00	150.00

SUBTOTAL of Disbursements This Page (optional) 7,250.00

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 4

FOR LINE NUMBER 29

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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 Disbursement This Period
Bobbie Warner for House P.O. Box 1384 Bridgeport WV 26330	Barbara Warner, State House - WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Larry Faircloth for House P.O. Box 477 Inwood, WV 25428	Larry V. Faircloth, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Doyle for House Box 1607 Shepherdstown, WV 25443	John Doyle, State House WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Campbell for House 201 Stile Lane Lewisburg, WV 24901	Thomas W. Campbell, State House WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ron Thompson for House 201 Hartley Avenue Beckley, WV 25801	Ron Thompson, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Hall for House 12 Stonegate Hurricane, WV 25526	Mike Hall, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charles S. Trump, IV for House 306 S. Washington Street Berkeley Springs, WV 25411	Charles S. Trump, IV, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary Pearl Compton for House P.O. Box 23 Union, WV 24983	Mary Pearl Compton, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Margarette Leach for House P.O. Box 7362 Huntington, WV 25705	Margarette R. Leach, State House, WV Disbursement for [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00

SUBTOTAL of Disbursements this Page (optional) 1,350.00

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 3 OF 4

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Columbia / 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
Scott Varner for House 1214 Second Street Moundsville, WV 26041	Scott Varner, State House WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
Otis Leggett for House 1002 Stadium Drive St. Mary's, WV 26170	Otis A. Leggett, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
Bill Anderson for House 1011 Highland Avenue Williamstown, WV 26187	E.W. Anderson, Jr. State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
Larry Border for House Rt. 1 Box 200A Davisville, WV 26142	Larry Border, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
Rick Modesitt for House P.O. Box 2206 Parkersburg, WV 26104	Rick Modesitt, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
Tom Azinger for House P.O. Box 5400 Vienna, WV 26105	Tom Azinger, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
J.D. Beane for House P.O. Box 4295 Parkersburg, WV 26104	J.D. Beane, State House WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
Donna Boley for Senate Rt. 4 Box 72 St. Mary's, WV 26170	Donna J. Boley, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
Harold Michael for House P.O. Box 300 Moorefield, WV 26836	Harold Michael, State House WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	200.00

SUBTOTAL of Disbursements This Page (optional) 1400.00

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Columbia / 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. Rick Staton for House P.O. Box 357 Mullens, WV 25882	Rick Staton, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	200.00
B. Vicki Douglas for House 1003 Chestnut Drive Martinsburg, WV 25401	Vicki Douglas, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	200.00
C. Joe Martin for House P.O. Box 884 Elkins, WV 26241	Joe Martin, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	200.00
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 600.00

TOTAL This Period (last page this line number only) 10,600.00

4-00175

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 6-1-00
☐	First Class Mail	POSTMARKED
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☐	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	
	PREPARER	DATE PREPARED 6-1-00

(4/98)