REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATION

JUL 21 10 15 AM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Columbia Healthcare Good Government Fund

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 550, One Park Place

CITY, STATE and ZIP CODE
Nashville TN 32702

2. FEC IDENTIFICATION NUMBER
C-00-107231

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 6/1/95 through 6/30/95		
6. (a) Cash on Hand January 1, 1995		$ 41,638.48
(b) Cash on Hand at Beginning of Reporting Period	$ 33,511.95	
(c) Total Receipts (from Line 19)	$ 735.33	$ 5,753.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 34,247.28	$ 47,392.40
7. Total Disbursements (from Line 30)	$ 4,916.67	$ 18,061.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 29,330.61	$ 29,330.61
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
X [signature]

Date
7/20/95

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)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: Columbia Healthcare Good Government Fund

REPORT COVERING PERIOD FROM 6/1/95 TO: 6/30/95

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	—	1,000.00	11(a)(i)
ii. Unitemized	735.33	4,703.92	11(a)(ii)
iii. Total (add i and ii) ➤	735.33	5,703.92	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	735.33	5,703.92	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	735.33	5,703.92	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	735.33	5,703.92	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	62.50	2,222.42	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	62.50	2,222.42	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	3,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	4.17	1,189.17	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤	4.17	1,189.17	28(d)
29. Other Disbursements	2850.00	11,650.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4916.67	18,061.79	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4916.67	18,061.79	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	735.33	5,703.92	32
33. Total Contribution Refunds (from line 28d)	0	1,189.17	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	735.33	4,514.75	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	62.50	2,222.42	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	62.50	2,222.42	37

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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)

Columbia Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code The Ward Processory 1347 S. Third St. Louisville KY 40208	Purpose of Disbursement Secretarial Services Disbursement for: ☐ Primary ☐ General ☒ Other (specify) See Above	Date (month, day, year) 6/20/95	Amount of Each Disbursement This Period 62.50
B. 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
C. 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
D. 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
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)	62.50
TOTAL This Period (last page this line number only)	62.50

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Columbia Healthcare Good Government Fund

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Anne Northup for Congress P.O. Box 7313 Louisville, KY 40257	U.S. House of Rep. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/21/95	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Senator Rockefeller 245 Second St. N.E. Suite 300 Washington, D.C. 20002	U.S. Senator Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/26/95	1,000.00
C. 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
D. 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
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)	2,000.00
TOTAL This Period (last page this line number only)	2,000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 28a

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NAME OF COMMITTEE (in Full)

Columbia 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
John Johnston 10114 Ledbury Way Louisville, KY 40223	Contribution Returned Disbursement for: ☐ Primary ☐ General ☒ Other (specify) See Above	1/31/95	4.17
B. 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
C. 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
D. 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
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)	4.17
TOTAL This Period (last page this line number only)	4.17

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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)

Columbia Healthcare Good Government Fund

Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Kansans for Sandy Praeger 3601 Quail Creek Ct. Lawrence, Kansas 66047	Political Party Disbursement for: [ ] Primary [ ] General [X] Other (specify) Fundraiser	6/20/95	100.00
B. Full Name, Mailing Address and ZIP Code Republican House Campaign Committee c/o Kansas Republican Office 2348 South Topeka Blvd. Topeka, Kansas 66611	Political Party Disbursement for: [ ] Primary [ ] General [X] Other (specify) Luncheon	6/20/95	150.00
C. Full Name, Mailing Address and ZIP Code Sunflower Repub. Senate PAC c/o Kansas Republican Office 2348 South Topeka Blvd. Topeka, Kansas 66611	Political Party Disbursement for: [ ] Primary [ ] General [X] Other (specify) Fundraiser	6/20/95	1,000.00
D. Full Name, Mailing Address and ZIP Code Randy Rinks Campaign 1008 Spring Street Savannah, TN 38372	State Representative Disbursement for: [ ] Primary [ ] General [X] Other (specify) Fundraiser	6/26/95	500.00
E. Full Name, Mailing Address and ZIP Code Butch Lewis Campaign Committee 244 Lewis Lane Manchester, TN 37355	State Representative Disbursement for: [ ] Primary [ ] General [X] Other (specify) Fundraiser	6/26/95	250.00
F. Full Name, Mailing Address and ZIP Code Pete Phillips Campaign Committee 322 Riverbend Road Shelbyville, TN 37160	State Representative Disbursement for: [ ] Primary [ ] General [X] Other (specify) Fundraiser	6/26/95	250.00
G. Full Name, Mailing Address and ZIP Code Mike McDonald for State Representative 1695 A.B. Wade Road Portland, TN 37148	State Representative Disbursement for: [ ] Primary [ ] General [X] Other (specify) Fundraiser	6/26/95	100.00
H. Full Name, Mailing Address and ZIP Code Billy Rigsby Campaign Committee 2566 Hawkins Cove Road Cowan, TN 37318	State Representative Disbursement for: [ ] Primary [ ] General [X] Other (specify) Fundraiser	6/26/95	250.00
I. Full Name, Mailing Address and ZIP Code Bob Short Campaign Committee 2301 West Birch Drive Gulfport MS 39503	State Representative Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/28/95	250.00

SUBTOTAL of Disbursements This Page (optional)	2,850.00
TOTAL This Period (last page this line number only)	2,850.00

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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 7/21/95
☐	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

J.A.Q.
PREPARER

7/21/95
DATE PREPARED

FEC FORM 70-2 (12/92)

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