REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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 07/01/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19 99		$ 103,588.91
(b) Cash on Hand at Beginning of Reporting Period	$ 71,735.95	
(c) Total Receipts (from Line 19)	$ 220,416.57	$ 231,134.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 292,154.52	$ 334,723.82
7. Total Disbursements (from Line 30)	$ 31,328.00	$ 73,877.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 260,826.52	$ 260,826.82
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 202-219-3420

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

Date

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

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 07/01/99 TO: 12/31/99

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)	93,426.20	102,087.24	11(a)(i)
ii. Unitemized	92,313.87	94,398.87	11(a)(ii)
iii. Total (add i and ii) ➤	185,740.07	196,486.11	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	178.34	178.34	11(c)
d. Total Contributions (add a iii, b and c) ➤	185,918.41	196,664.45	11(d)
12. Transfers From Affiliated/Other Party Committees	34,500.46	34,500.46	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) ➤	220,418.87	231,164.91	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	220,418.87	231,164.91	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	14,550.00	52,550.00	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	3,139.00	3,139.00	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) ➤	3,139.00	3,139.00	28(d)
29. Other Disbursements	13,638.00	18,188.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	31,328.00	73,877.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	31,328.00	73,877.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	185,918.41	196,664.45	32
33. Total Contribution Refunds (from line 28d)	3,139.00	3,139.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	182,779.41	193,486.45	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

4-00178

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11 c

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Columbia One Park Plaza P.O. Box 550 Nashville, TN 37202		10/13/99	178.34
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 178.34		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	178.34
TOTAL This Period (last page this line number only)	178.34

4-00179

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
Catherine Duffy 634 Brentwood Brentwood, TN 37027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00	07/08/99	300.00
Carol Kenley 3635 Legacy Drive Springfield, TN 37172 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00	07/08/99	500.00
Micki Slingerland 1121 Tyne Blvd Nashville, TN 37220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00	07/19/99	300.00
Phil Rowland 8435 Heron Circle TN 37363 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00	09/01/99	500.00
Terry Gunn 65 Travis Trail McMinnville, TN 37110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 750.00	09/23/99	750.00
Martha Gerganoff 416 Country Club Blvd Summerville, SC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Dir Clinical Services Aggregate Year-to-Date $ 300.00	10/23/99	300.00
Michael Joyce 3652 Colonel Vanderhorst Mt. Pleasant, SC 29466 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,000.00	10/23/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 3,650.00

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

4-00173

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. James P. Rardin 1258 Hogans Alley Mt. Pleasant, SC 29464 Receipt For: Primary General Other (specify):	Occupation Aggregate Year-to-Date $ 250.00	10/23/99	250.00
B. Les Beard 1414 Lynchburg Trace Grayson, GA 30221 Receipt For: Primary General Other (specify):	Name of Employer: Columbia Eastside Medical Center Occupation: CEO Aggregate Year-to-Date $ 500.00	10/26/99	500.00
C. Mrs Shannon Daucibot 3006 Oakbrook Circle Clearwater, FL 33759 Receipt For: Primary General Other (specify):	Name of Employer: Columbia Northside Hospital Occupation: Controller Aggregate Year-to-Date $ 300.00	10/26/99	300.00
D. Joann Ettien 14160 Mark Dr Largo, FL 33774 Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 300.00	10/26/99	300.00
E. Bradley Grover 9145 Cherry Trace Seminole, FL 33777 Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 500.00	10/26/99	500.00
F. Thomas L. Herron 2127 Muirfield Way Oldsmar, FL 34677 Receipt For: Primary General Other (specify):	Name of Employer: Columbia St. Petersburg Medical Center Occupation: President & CEO Aggregate Year-to-Date $ 1,000.00	10/26/99	1,000.00
G. Lawrence Kaufman 1607 Huntington Ln Safety Harbor, FL 34695 Receipt For: Primary General Other (specify):	Name of Employer: Largo Medical Center Occupation: COO Aggregate Year-to-Date $ 500.00	10/26/99	500.00

SUBTOTAL of Receipts This Page (optional) 3,350.00

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. Mike Terrell 1205 A Gulf Blvd Rib, FL 34636 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Largo Medical Center Occupation: CFO Aggregate Year-to-Date > $ 300.00	10/28/99	300.00
B. Rex Etheredge 9202 Beauclerc Cir. W. Jacksonville, FL 32257 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $ 1,000.00	10/27/99	1,000.00
C. Steven Fine 4606 SW 97th Terrace Gainesville, FL 32608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $ 500.00	10/27/99	500.00
D. Kim Leff 4208 SW 9th Drive Gainesville, FL 32608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $ 300.00	10/27/99	300.00
E. Scarlett Mueller 9211 SW 42nd Lane Gainesville, FL 32608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: North Florida Divisional Office Occupation: Aggregate Year-to-Date > $ 300.00	10/27/99	300.00
F. Brian Robinson 4225 SW 90th Dr Gainesville, FL 3608 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $ 1,000.00	10/27/99	1,000.00
G. Rodney Van Pelt 8179 Green Glade Road Jacksonville, FL 32256 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $ 300.00	10/27/99	300.00

SUBTOTAL of Receipts This Page (optional) 3,700.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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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 Bainter 5731 Arcturus Dr SW Roanoke, VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lewis-Gale Medical Center Occupation: CFO Aggregate Year-to-Date > $ 300.00	10/28/99	300.00
B. Doug Crabtree 2484 S. Foothill Road Id Falls, ID 83401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 750.00	10/28/99	750.00
C. William Downey 6619 Hidden Wood Dr Roanoke, VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lewis-Gale Medical Center Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	10/28/99	1,000.00
D. Steven Gross 5907 W Club Lane Richmond, VA 23225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Chippenham Occupation: Dir Bus Off Aggregate Year-to-Date > $ 300.00	10/28/99	300.00
E. Kenneth Mullenbach 2321 Crystal Spring Ave Roanoke, VA 24014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lewis-Gale Medical Center Occupation: VP Aggregate Year-to-Date > $ 300.00	10/28/99	300.00
F. Ernest C Padden 11501 Drysdale Dr Richmond, VA 23238 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Richmond Division Office Occupation: Vp & COO Aggregate Year-to-Date > $ 500.00	10/28/99	500.00
G. Mark Rader 6115 Scotford Court Roanoke, VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 250.00	10/28/99	250.00

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**

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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
Bud (Ervin) Rasmussen 1841 May Way Dr. Powhatan, VA 23138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 250.00	10/28/99	250.00
James Sholes 5319 McVitty Rd Roanoke, VA 24018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lewis-Gale Medical Center Occupation: COO Aggregate Year-to-Date > $ 300.00	10/28/99	300.00
Ann Smith 2330 Mosby Rd Powhatan, VA 23234 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 225.00	10/28/99	225.00
Irby Williams 3800 Colley Court Richmond, VA 23233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 250.00	10/28/99	250.00
Mike Boggs 350 Hospital Dr Macon, GA 31210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Coliseum Medical Coliseum Psych Occupation: Admin Aggregate Year-to-Date > $ 500.00	11/01/99	500.00
Jim Burns 1433 Achilles St Pt Charlotte, FL 33980 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 300.00	11/01/99	300.00
Terry R Chaffin 7750 Innis Ct N St Petersburg, FL 33709 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia New Port Richey Occupation: COO Aggregate Year-to-Date > $ 500.00	11/01/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,325.00

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

4-00179

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. Anthony Degina 14940 SW 153 St Miami, FL 33187 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 300.00	11/01/99	300.00
B. Lisa L. Kelley 15146 Duggan Rd Dade City, FL 33525 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tampa Bay Division Office Occupation: HEALTH CARE Aggregate Year-to-Date $ 400.00	11/01/99	400.00
C. Robert C. Meade 37547 Church Ave. Dade City, FL 33525 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Dade City Hospital Occupation: CEO Aggregate Year-to-Date $ 750.00	11/01/99	750.00
D. Dean Alexander 606 Moline Street Bville, FL 34601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 500.00	11/02/99	500.00
E. Rebecca Brewer 204 Hammond Dr P.O. Box 704 Allendale, SC 29810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Colleton Medical Center Occupation: CEO Aggregate Year-to-Date $ 500.00	11/02/99	500.00
F. Sonia Gonzalez 13624 Cooper Road Spring Hill, FL 34609 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 300.00	11/02/99	300.00
G. James Hiott II 310 Silverhill Road Walterboro, SC 29488 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 250.00	11/02/99	250.00

SUBTOTAL of Receipts This Page (optional) 3,000.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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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. Bonne Johnson 106 Ashley Hill Rd Goose Creek, SC 29445 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Colleton Medical Center VP Pat. Care Aggregate Year-to-Date $ 250.00	11/02/99	250.00
B. Ginger Lusty 2227 Egret Walk Ct New Port Richey, FL 34655 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Regional Med. Cntr Bayonet Pnt. Dir Fiscal Aggregate Year-to-Date $ 300.00	11/02/99	300.00
C. Stan C Morton 1320 Stonecrest Dr Coppell, TX 75019 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Group Office Health Care Aggregate Year-to-Date $ 750.00	11/02/99	750.00
D. Sharon L. Roush 29 Meadows Park Lane Boynton Beach, FL 33462 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Hospital COO Aggregate Year-to-Date $ 500.00	11/02/99	500.00
E. Pat Sullivan 406 Crestviewpoint Drive Lewisville, TX 75067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 350.00	11/02/99	350.00
F. Jaime Wesolowski 9275 Butler Boulevard Spring Hill, FL 34613 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,000.00	11/02/99	1,000.00
G. Alice Adams 6601 Emmett F Lowry Expressway Texas City, TX 77591 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 300.00	11/03/99	300.00

SUBTOTAL of Receipts This Page (optional) 3,450.00

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

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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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. Jack Andonie 3817 Lake Drive Metairie, LA 70002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 250.00	11/03/99	250.00
B. Mary Berrigan 7923 Meadow Lake Longmont, CO 80503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 300.00	11/03/99	300.00
C. Connie Boudreaux 12705 Upper Manatee River Rd Bradenton, FL 34202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Blake Medical Center Occupation: Aggregate Year-to-Date > $ 300.00	11/03/99	300.00
D. Robert Conroy 1267 Greybrooke Pl Oldsmar, FL 34677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 250.00	11/03/99	250.00
E. Jerry Dooley 3100 Oak St Terre Haute, IN 47803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Terre Haute Regional Hospital Occupation: CEO Aggregate Year-to-Date > $ 750.00	11/03/99	750.00
F. Gerald A Fornoff 102 Claremont Cir Lafayette, LA 70508 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Medical Center of Southwest LA Occupation: Health Care Aggregate Year-to-Date > $ 750.00	11/03/99	750.00
G. Benjamin Giles 2357 Landing Circle Bradenton, FL 34209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Blake Medical Center Occupation: CFO Aggregate Year-to-Date > $ 300.00	11/03/99	300.00

SUBTOTAL of Receipts This Page (optional) 2,900.00

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

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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. Mervin Hess 7462 Castle Dr Sarasota, FL 34240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Blake Medical Center Occupation: COO Aggregate Year-to-Date > $ 500.00	11/03/99	500.00
B. Stephen Jones, Jr. 5514 Northside Road New Iberia, LA 70563 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Daughertye Hospital Occupation: Aggregate Year-to-Date > $ 350.00	11/03/99	350.00
C. Leonard Kalm 8456 Strawberry Lane Niwot, CO 80503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Continental Division Occupation: Aggregate Year-to-Date > $ 250.00	11/03/99	250.00
D. Robert Klein 76 Blue Ridge Tr Hendersonville, TN 37075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 500.00	11/03/99	500.00
E. Marion E. Kress 3121 Hillside Lane Safety Harbor, FL 34695 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia New Port Richey Occupation: C.N.O. Aggregate Year-to-Date > $ 300.00	11/03/99	300.00
F. J Randolf Morsel 7932 Plumwood Dr North Richland Hills, TX 76180 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: North Hills Hospital Occupation: CEO Aggregate Year-to-Date > $ 350.00	11/03/99	350.00
G. Andy Graves 14439 County Line Road Brooksville, FL 34609 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 1,000.00	11/03/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 3,250.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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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. Lindell Orr PO Box 382 Terr Cela, FL 34260 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Blake Medical Center Occupation: CEO Aggregate Year-to-Date: $ 1,000.00	11/03/99	1,000.00
B. Kyle Viator 712 Emmeline St New Iberia, LA 70560 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Rio Grande Occupation: Health Care Aggregate Year-to-Date: $ 750.00	11/03/99	750.00
C. Patrick Whitmore 136 Garfield Street Denver, CO 80206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $ 300.00	11/03/99	300.00
D. Sylvia Young 5401 S. Cottonwood Ct. Littleton, CO 80121 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: MED CTR AURORA Occupation: Health Care Aggregate Year-to-Date: $ 500.00	11/03/99	500.00
E. Greg Bailey 32102 Harborview Lane Westlake, CA 91361 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Los Robles Regional Medical Center Occupation: Aggregate Year-to-Date: $ 300.00	11/04/99	300.00
F. Joanne Biera 218 West Janss Road Thousand Oaks, CA 91360-1896 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Los Robles Regional Medical Center Occupation: Aggregate Year-to-Date: $ 300.00	11/04/99	300.00
G. Diane Brady 6361 Tidewater Island Circle Ft. Myers, FL 33908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Southwest Florida Regional Medical Center Occupation: Aggregate Year-to-Date: $ 300.00	11/04/99	300.00

SUBTOTAL of Receipts This Page (optional) 3,450.00

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)
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. Linda Carbiener 6221 Iroquois Ct Odessa, FL 33556 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Regional Med. Cntr Bayonet Pnt. Occupation: AVP Fin Aggregate Year-to-Date > $ 300.00	11/04/99	300.00
B. Ben Everett 120 Mincrcrest Dickson, TN 37055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Horizon Medical Center Occupation: Aggregate Year-to-Date > $ 750.00	11/04/99	750.00
C. Harvey L Fishero 5108 Water Raven Lane Plano, TX 75093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Medical Center of Plano Occupation: Health Care Aggregate Year-to-Date > $ 250.00	11/04/99	250.00
D. Daniel Friedrich 7272 125th St. N. Seminole, FL 33772 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 1,000.00	11/04/99	1,000.00
E. Maureen B. Greenway 3049 Mario Boulevard Clearwater, FL 33759 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Petersburg General Hospital Occupation: VP Aggregate Year-to-Date > $ 350.00	11/04/99	350.00
F. Patsy Hardy P.O. Box 900 Hurricane, WV 25526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Putnam General Hospital Occupation: Aggregate Year-to-Date > $ 350.00	11/04/99	350.00
G. Susie Lambert 3824 Prairie Dunes Dr Sarasota, FL 34238 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 500.00	11/04/99	500.00

SUBTOTAL of Receipts This Page (optional) 3,500.00

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)
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. Rodney Relder 13122 Westport Moorpark, CA 93021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Los Robles Regional Medical Center Occupation Aggregate Year-to-Date $ 300.00	11/04/99	300.00
B. Tracy Rogers 224 Fairway Drive New Orleans, LA 70124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lakeland Medical Center Occupation Aggregate Year-to-Date $ 250.00	11/04/99	250.00
C. Stephen L. Royal 11150 Harbour Estates Circle Ft. Myers, FL 33908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southwest Florida Regional Medical Center Occupation VP Aggregate Year-to-Date $ 250.00	11/04/99	250.00
D. Robert Shaw 2188 Paseo Noche Camarillo, CA 93021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Los Robles Regional Medical Center Occupation Aggregate Year-to-Date $ 1,000.00	11/04/99	1,000.00
E. Michael Bell 13904 San Sebastian Way Poway, CA 92064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CCN Managed Care Occupation Aggregate Year-to-Date $ 500.00	11/08/99	500.00
F. Robert Billings 320 29th Street NW Bradenton, FL 34205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Doctors Hospital of Sarasota Occupation Aggregate Year-to-Date $ 300.00	11/08/99	300.00
G. Edward Cook 3778 Hunters Isle Dr Orlando, FL 32837 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 500.00	11/08/99	500.00

SUBTOTAL of Receipts This Page (optional) 3,100.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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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. Ronald B. Faulkner 1981 Trousdale Place Escondido, CA 92029 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CCN Managed Care Occupation: Aggregate Year-to-Date > $ 250.00	11/08/99	250.00
B. Todd Gallati Rt 13 Box 331-28 Lake City, FL 32055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lake City Medical Center Occupation: Aggregate Year-to-Date > $ 400.00	11/08/99	400.00
C. Gail Harrison 732 Siesta Drive Sarasota, FL 34242 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Doctors Hospital of Sarasota Occupation: Aggregate Year-to-Date > $ 500.00	11/08/99	500.00
D. Mark Heinemeyer 820 West G Street, No. 482 San Diego, CA 92101 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CCN Managed Care Occupation: Aggregate Year-to-Date > $ 250.00	11/08/99	250.00
E. Stuart A. Kimmath 73 Arden Drive Newport News, VA 23601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Peninsula Center Occupation: CFO Aggregate Year-to-Date > $ 750.00	11/08/99	750.00
F. Joseph Mantheim 11638 Spruce Run Drive San Diego, CA 92131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CCN Managed Care Occupation: Aggregate Year-to-Date > $ 250.00	11/08/99	250.00
G. Richard Mastaler 5251 Viewridge Court San Diego, CA 92123 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CCN Managed Care Occupation: Aggregate Year-to-Date > $ 500.00	11/08/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,900.00

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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. Craig Preston 856 Indian Springs Road Bountiful, UT 84020 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lakeview Hospital Occupation Aggregate Year-to-Date > $ 450.00	11/08/99	450.00
B. Keith Sandlin 52 Commanche Trail Cartersville, GA 30120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 250.00	11/08/99	250.00
C. William Stapleton 17645 Butterfield Trail Poway, CA 92064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: GCN Managed Care Occupation Aggregate Year-to-Date > $ 250.00	11/08/99	250.00
D. John Berry 735 Terry Dr Richlands, VA 24641 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Clinch Valley Medical Center Occupation: COO Aggregate Year-to-Date > $ 350.00	11/09/99	350.00
E. Wayne Campbell 1024 Lakeway Drive Niceville, FL 32578 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Ft. Walton Beach Medical Center Occupation Aggregate Year-to-Date > $ 600.00	11/09/99	500.00
F. Joe Davis 10 Longwood Drive Shalimar, FL 32579 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Fort Walton Beach Medical Center Occupation: CNO Aggregate Year-to-Date > $ 300.00	11/09/99	300.00
G. Jay Johnson 100 A Alton Gloor Blvd Brownsville, TX 78526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Valley Regional Medical Center Occupation Aggregate Year-to-Date > $ 300.00	11/09/99	300.00

SUBTOTAL of Receipts This Page (optional) 2,400.00

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NAME OF COMMITTEE (In Full)
ColumbiaHCA 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
Edward McGlynn 100 A Alton Gloor Blvd Brownsville, TX 78526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Valley Regional Medical Center Occupation Aggregate Year-to-Date > $ 750.00	11/08/99	750.00
Frank Molinaro 145 Nicole Ln Crestview, FL 32536 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fort Walton Beach Medical Center Occupation Aggregate Year-to-Date > $ 350.00	11/09/99	350.00
Galen Russell 18614 Capetown Houston, TX 77058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clear Lake Regional Medical Center Occupation COO Aggregate Year-to-Date > $ 400.00	11/09/99	400.00
Charles Sexton 100 A Alton Gloor Blvd. Brownsville, TX 78526 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Valley Regional Medical Center Occupation Aggregate Year-to-Date > $ 1,000.00	11/08/99	1,000.00
Melinda W. Stephenson 307 Orchard Houston, TN 77062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clear Lake Regional Medical Center Occupation RN Aggregate Year-to-Date > $ 400.00	11/09/99	400.00
James Thweatt 621 Linwood Drive Richlands, VA 24641 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Clinch Valley Medical Center Occupation CEO Aggregate Year-to-Date > $ 750.00	11/09/99	750.00
Jeff Whitehorn 9442 Highwood Hill Rd Brentwood, TN 37027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 800.00	11/09/99	800.00

SUBTOTAL of Receipts This Page (optional) 4,450.00

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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 Wilson 7401 Rolling Bend Ct Columbus, GA 31904 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Doctors Hospital Occupation: CEO Aggregate Year-to-Date > $ 500.00	11/09/99	500.00
B. William Adams 10350 Carol Street Great Falls, VA 22066 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Reston Hospital Center Occupation: Aggregate Year-to-Date > $ 1,000.00	11/10/99	1,000.00
C. Kaye Amick 3140 Bent Creek Dr Valrico, FL 33594 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Brandon Regional Medical Center Occupation: CNO Aggregate Year-to-Date > $ 300.00	11/10/99	300.00
D. John Anderson 1066 Banner Square Powder Springs, GA 30127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Emory Parkway Medical Center Occupation: CEO Aggregate Year-to-Date > $ 400.00	11/10/99	400.00
E. Durie Andrews 7705 Royal Harbour Circle TN Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 300.00	11/10/99	300.00
F. Steven Bateman 1767 N. 300 W. Centerville, UT 84014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Ogden Regional Medical Center Occupation: Aggregate Year-to-Date > $ 250.00	11/10/99	250.00
G. Ward Boston 745 18th Avenue N.E. St. Petersburg, FL 33704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Brandon Regional Hospital Occupation: HEALTH CARE Aggregate Year-to-Date > $ 500.00	11/10/99	500.00

SUBTOTAL of Receipts This Page (optional) 3,250.00

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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 Buck 26326 Oaks Blvd. Land O' Lakes, FL 34639 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pasco Community Hospital Occupation Aggregate Year-to-Date > $ 750.00	11/10/99	750.00
B. James Burton 515 Rob Roy St Lakeland, FL 33813 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Brandon Regional Medical Center Occupation CFO Aggregate Year-to-Date > $ 250.00	11/10/99	250.00
C. Mark Canada 2404 Wilde Lake Place Richmond, VA 23233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chippenham Occupation COO Aggregate Year-to-Date > $ 300.00	11/10/99	300.00
D. Mari Jo Craft 6009 Brentmoor Drive Glen Allen, VA 23060 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chippenham Hospital Occupation Aggregate Year-to-Date > $ 300.00	11/10/99	300.00
E. James Cruickshank 20810 Sonrisa Way BocaRaton, FL 33433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 1,000.00	11/10/99	1,000.00
F. Cheryl E. Deamer-Boykin 3400 NE 45th Street Ocala, FL 34479 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Ocala Regional Medical Center Occupation COO Aggregate Year-to-Date > $ 500.00	11/10/99	500.00
G. Robert Dunwoody 2840 Riverview Court Vero Beach, FL 32963 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lawnwood Regional Medical Center Occupation Aggregate Year-to-Date > $ 300.00	11/10/99	300.00

SUBTOTAL of Receipts This Page (optional) 3,400.00

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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. Marsha Easley 11758 Wordsworth Ct Jacksonville, FL 32223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Orange Park Medical Center Occupation: Adm Asst Aggregate Year-to-Date > $ 250.00	11/10/99	250.00
B. Michael Fencel 8822 Stillwaters Landing Riverview, FL 33569 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Brandon Regional Hospital Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	11/10/99	1,000.00
C. John Hanshaw 12514 Bear Cub Circle UT 84060 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 300.00	11/10/99	300.00
D. Debbie Herwaldt 17815 SW 141Th Ave Tualatin, OR 97062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	McMinnville Community Hospital Occupation: CFO Aggregate Year-to-Date > $ 300.00	11/10/99	300.00
E. Robert Krieger 11838 Marron Meadows Jacksonville, FL 32223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Orange Park Medical Center Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	11/10/99	1,000.00
F. Roberta McCuffrey 8049 O'Bannon Dr Las Vegas, NV 89117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sunrise Mountain View Hosp. & Med. Cnt. Occupation: VP Aggregate Year-to-Date > $ 300.00	11/10/99	300.00
G. Randy McVay 4819 SE 12 Place Ocala, FL 34471 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ocala Regional Medical Center Occupation: Aggregate Year-to-Date > $ 300.00	11/10/99	300.00

SUBTOTAL of Receipts This Page (optional) 3,450.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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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. Stephen Mahan 6815 W. 48 Lane Ocala, FL 34478		11/10/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 1,000.00		
B. Ronald Metivier 338 S San Gabriel Blvd Pasadena, CA 91107	Name of Employer Las Encinas Hospital	11/10/99	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin Aggregate Year-to-Date > $ 750.00		
C. Mitch Mongell 3101 S. Indian River Drive Ft. Pierce, FL 34982	Name of Employer Lawnwood Regional Medical Center	11/10/99	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 400.00		
D. Harold Mustzel 3002 Sprawling Oaks Place Valrico, FL 33594	Name of Employer	11/10/99	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Dir Bus Dev Aggregate Year-to-Date > $ 750.00		
E. Thomas R. Pantz 101 Bent Tree Dr 860 Daytona Beach, FL 32114	Name of Employer Daytona Medical Center	11/10/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CEO Aggregate Year-to-Date > $ 1,000.00		
F. Lorene Perona 2626 S. Indian River Drive Ft. Pierce, FL 34982	Name of Employer Lawnwood Regional Medical Center	11/10/99	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 300.00		
G. Jane Raymond 20365 Marguritte Square Sterling, VA 20165	Name of Employer Columbia/HCA Reston Hospital Center	11/10/99	360.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation unknown Aggregate Year-to-Date > $ 360.00		

SUBTOTAL of Receipts This Page (optional) 4,660.00

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

4-00173

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

A. Full Name, Mailing Address and ZIP Code Toni Rice 5903 Moss Creek Midlothian, VA 23112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Chippenham Occupation Assoc Admin Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 11/10/99	Amount of Each Receipt this Period 300.00
B. Full Name, Mailing Address and ZIP Code John Smith 13531 Staroross Rd Midlothian, VA 23113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Chippenham Occupation Dir Rural Health Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 11/10/99	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code Edward Stojakovich 638 Nalls Farm Way Great Falls, VA 22066 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Reston Hospital Center Occupation CFO Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 11/10/99	Amount of Each Receipt this Period 300.00
D. Full Name, Mailing Address and ZIP Code Lynn Strader 11801 Southern Points Dr Chesterfield, VA 23836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Chippenham Occupation Controller Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 11/10/99	Amount of Each Receipt this Period 300.00
E. Full Name, Mailing Address and ZIP Code Marilyn Tavenner 9705 Spring Run Rd Chesterfield, VA 23832 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Chippenham Occupation CEO Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 11/10/99	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Sandra Troester 2079 Wildwood Lane Jacksonville, FL 32259 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 11/10/99	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code Terence Van Arkel 928 S. Lotus Lane Jacksonville, FL 32259 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Orange Park Medical Center Occupation Aggregate Year-to-Date > $ 300.00	Date (month, day, year) 11/10/99	Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 2,800.00

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

4-00173

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)
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. Doug White 5711 Pickens Ave Myrtle Beach, SC 29577 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Grand Strand Regional Med. Cntr Occupation: CEO Aggregate Year-to-Date > $ 250.00	11/10/99	250.00
B. Patricia Currie 107 Warrenton Houston, TX 77024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Clear Lake Occupation: Health Care Aggregate Year-to-Date > $ 300.00	11/11/99	300.00
C. Kevin Gross 5340 S. Fulton Ct Englewood, CO 80111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 1,000.00	11/11/99	1,000.00
D. Jerry Harrison 9090 Hoyt St Westminstr., CO 80021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 250.00	11/11/99	250.00
E. Millie Stanley 1160 Huntsman Path Pensacola, FL 32514 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: West Florida Regional Medical Center Occupation: Health Care Aggregate Year-to-Date > $ 350.00	11/11/99	350.00
F. Barbara Thames 4664 Carlyn Drive Pace, FL 32571 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: West Florida Regional Medical Center Occupation: Aggregate Year-to-Date > $ 500.00	11/11/99	500.00
G. William Burns 101 E. Ridge Road McAllen, TX 78503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Rio Grande Regional Hospital Occupation: Aggregate Year-to-Date > $ 1,000.00	11/15/99	1,000.00

SUBTOTAL of Receipts This Page (optional) $3,650.00

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. Patsy Coghill 2430 Mt. Blanco Road Chester, VA 23836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: John Randolph Medical Center Occupation: Aggregate Year-to-Date > $ 300.00	11/15/99	300.00
B. Patricia Fradkin 1701 George Bell Circle Anchorage, AK 99516 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Alaska Regional Hospital Occupation: Aggregate Year-to-Date > $ 300.00	11/15/99	300.00
C. Dan Houghton 18753 May Court Circle Eagle River, AK 99577 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Alaska Regional Hospital Occupation: Aggregate Year-to-Date > $ 300.00	11/15/99	300.00
D. Edward Lamb 16121 Bridgewood Circle Anchorage, AK 99516 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Alaska Regional Hospital Occupation: Aggregate Year-to-Date > $ 600.00	11/15/99	600.00
E. William Peaks 1520 Broad Ave Gulfport, MS 39501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Garden Park Occupation: HEALTH CARE Aggregate Year-to-Date > $ 750.00	11/15/99	750.00
F. Charles D-Chuck Schuetz 41 Doe Run The Woodlands, TX 77380 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Kingwood Medical Center Occupation: CEO Aggregate Year-to-Date > $ 400.00	11/15/99	400.00
G. Ward Stevens 112 Parkview Ave. Covington, VA 24426 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Alleghany Regional Hospital Occupation: HEALTH CARE Aggregate Year-to-Date > $ 250.00	11/15/99	250.00

SUBTOTAL of Receipts This Page (optional) 2,800.00

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

4-00173

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. Daniel Watts 3621 Cluster Way Williamsburg, VA 23188 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	John Randolph Occupation: CEO Aggregate Year-to-Date > $ 400.00	11/15/99	400.00
B. Bob Brannigan 9407 Gadwell Terrace Chesterfield, VA 23838 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Henrico Doctors' Hospital Occupation: CNO Aggregate Year-to-Date > $ 300.00	11/15/99	300.00
C. William Caldwell 10806 Gravel Neck Dr Chester, VA 23831 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	John Randolph Occupation: COO Aggregate Year-to-Date > $ 500.00	11/16/99	500.00
D. Karen Core 1804 Pine Forest Cr Dublin, GA 31021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fairview Park Occupation: CNE Aggregate Year-to-Date > $ 300.00	11/16/99	300.00
E. Michael Kerner 3722Walton Way Ext #224 Augusta, GA 30907 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Augusta Regional Medical Center Occupation: Pres/CEO Aggregate Year-to-Date > $ 1,000.00	11/16/99	1,000.00
F. Scott Mair 217 Ridge Circle Dublin, GA 31021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fairview Park Hospital Occupation: Aggregate Year-to-Date > $ 300.00	11/16/99	300.00
G. Kelly Penton 3676 Inverness Way Martinez, GA 30907 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 300.00	11/16/99	300.00

SUBTOTAL of Receipts This Page (optional) 3,100.00

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. Ted Short 200 Ridge Circle Dublin, GA 31021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 300.00	11/16/99	300.00
B. Jeffrey Simless 4623 Rocky Branch Ct Evans, GA 30809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Augusta Regional Medical Center Occupation: Asst. VP Finance Aggregate Year-to-Date $ 250.00	11/16/99	250.00
C. Donald Stewart 1810 Sandgate Falls Court Houston, TX 77062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bayshore Medical Center Occupation: CEO Aggregate Year-to-Date $ 500.00	11/16/99	500.00
D. Roy Ward 12313 Pleasant Lake Terr Rich, VA 23223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Henrico Doctor's Hospital Occupation: CFO Aggregate Year-to-Date $ 300.00	11/16/99	300.00
E. James Wood 104 Cedar Creek Drive Dublin, GA 31021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Fairview Park Hospital Occupation: CEO Aggregate Year-to-Date $ 1,000.00	11/16/99	1,000.00
F. Jeffrey Holland 39 Harbor View Sugar Land, TX 77479 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: West Houston Occupation Aggregate Year-to-Date $ 750.00	11/17/99	750.00
G. Douglas Meiney 2024 Gus Moran El Paso, TX 79936 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: HEALTH CARE Aggregate Year-to-Date $ 500.00	11/17/99	500.00

SUBTOTAL of Receipts This Page (optional) 3,600.00

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 †1 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. Beryl O Ramsey 4618 Devon Houston, TX 77027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Woman's Hospital of Texas Occupation: Health Care Aggregate Year-to-Date > $ 300.00	11/17/99	300.00
B. C Dewayne Benefield 8850 Long Point Houston, TX 77055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Spring Branch Medical Center Occupation: CFO Aggregate Year-to-Date > $ 250.00	11/22/99	250.00
C. Robert Carrel 12722 Kingsway Rd Wellington, FL 33414 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Hospital Occupation: CFO Aggregate Year-to-Date > $ 300.00	11/22/99	300.00
D. Lee Chaykin 2942 Myrtle Oak Circle Davie, FL 33328 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Westside Regional Medical Center Occupation: Aggregate Year-to-Date > $ 500.00	11/22/99	500.00
E. Michael Joseph 8129 SW 66 Terrace Miami, FL 33143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 1,000.00	11/22/99	1,000.00
F. Kimberley Jubras 6170 Chardonnay Dr Coral Springs, FL 33067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Pompano Beach Medical Center Occupation: Chief operating officer Aggregate Year-to-Date > $ 300.00	11/22/99	300.00
G. Richard Klusmann 9814 Silver Mountain Dr Austin, TX 78737 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: St David's Medical Center Occupation: Aggregate Year-to-Date > $ 500.00	11/22/99	500.00

SUBTOTAL of Receipts This Page (optional) 3,150.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maura Walsh 3129 Amherst Houston, TX 77005	Bayshore Medical Center	11/22/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Assoc. Adm.		
	Aggregate Year-to-Date > $ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William D. Poteet III P.O. Box 550 Nashville, TN 37202		11/30/99	85.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 585.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Duane Brookhart 3567 Wiley Road Montgomery, AL 36106	West Paces	11/30/99	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Feller 11303 East Ida Avenue Englewood, CO 80111	Rose Medical Center	11/30/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allyn R Harris 1705 Windermere Plano, TX 75013		11/30/99	83.34
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Admin		
	Aggregate Year-to-Date > $ 583.38		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Jubinsky 4459 Village Springs Run Dunwoody, GA 30338		11/30/99	750.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 750.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Nevill 1113 Somerset Cir Lawrence, KS 66049	Overland Park	11/30/99	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: HEALTH CARE		
	Aggregate Year-to-Date > $ 500.00		

SUBTOTAL of Receipts This Page (optional) 2,666.34

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)
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
Doug Sills 398 Eagle Creek Cir. Lake Mary, FL 32746 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 300.00	11/30/99	300.00
Steven Tarkington 10506 Gayton Rd Rich, VA 23233 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Henrico Doctor's Hospital Occupation: CNE Aggregate Year-to-Date $ 300.00	11/30/99	300.00
Kathleen Willis 155 S. Pershing Wichita, KS 67218 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 250.00	11/30/99	250.00
Neil A. Heatherly 1713 Arbor Mill Circle #1424 Bedford, TX 76021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Northeast Community Hospital Occupation: Assoc. Adm. Aggregate Year-to-Date $ 500.00	12/01/99	500.00
Susie Lambert 3824 Prairie Dunes Dr Sarasota, FL 34238 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 526.00	12/01/99	26.00
Karen W Moyer 7400 SW 57 Terrace Miami, FL 33143 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Cedars Medical Center Occupation: VP - Nursing Aggregate Year-to-Date $ 300.00	12/01/99	300.00
Tom Rine 1807 NE 29th St Lawton, OK 73507 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Oklahoma Divison Office Occupation: CEO Aggregate Year-to-Date $ 500.00	12/01/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,176.00

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

4-00179

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)
ColumbiaHCA 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. David E. Schoenborn 671 Stonemont Dr Ft Lauderdale, FL 33326 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia Cedars Medical Center Occupation: CFO Aggregate Year-to-Date > $ 300.00	12/01/99	300.00
B. Steven D Sonenreich 5775 SW 131 Terrace Miami, FL 33186 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 1,000.00	12/01/99	1,000.00
C. Michael R Burroughs 125 Olde Overlook Ct Atlanta, GA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 250.00	12/14/99	250.00
D. Melissa Griffin 724 Napoleon Avenue New Orleans, LA 70115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tulane University Hospital Occupation: Aggregate Year-to-Date > $ 300.00	12/14/99	300.00
E. David Holdal 3010 Walden Place Mandeville, LA 70448 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Central Group Office Occupation: Health Care Aggregate Year-to-Date > $ 500.00	12/14/99	500.00
F. Richard B King 1910 Luckburn Drive Spring, TX 77386 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Conroe Regional Medical Center Occupation: Health Care Aggregate Year-to-Date > $ 300.00	12/14/99	300.00
G. Russell Meyers 14503 Hillside Hickory Houston, TX 77062 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bayshore Medical Center Occupation: CEO Aggregate Year-to-Date > $ 1,000.00	12/14/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 3,650.00

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 1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shirley Stewart 5624 Sutton Place New Orleans, LA 70131	Tulane University Hospital	12/14/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 1,000.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bud Wethington 16863 Fox Den Fort Myers, FL 33908	Southwest Florida Regional Medical Center	12/22/99	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation CFO Aggregate Year-to-Date $ 300.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William R. Huston P.O. Box 550 Nashville, TN 37202		Payroll Deduction	83.50 ($0.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 584.50		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William D. Poteet III P.O. Box 550 Nashville, TN 37202		Payroll Deduction	340.00 ($0.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 935.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allyn R Harris 1705 Windermere Plano, TX 75013		Payroll Deduction	333.36 ($0.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Admin Aggregate Year-to-Date $ 915.74		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	2,056.66
TOTAL This Period (last page this line number only)	83,426.20

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 12

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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
Central Group 13455 Noel Rd., 20th Floor Dallas, TX 75240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 32,000.46	07/19/99	32,000.46
Trial Good Government Fund 13455 Noel Road, Suite 2000 Dallas, TX 75240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 2,500.00	10/13/99	2,500.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 34,500.46

TOTAL This Period (last page this line number only) 34,500.46

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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)

ColumbiaHCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code Martin Frost 400 S Zang Blvd Dallas, TX 75208	Purpose of Disbursement Frost, CONGRESS 24th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1999	Date (month, day, year) 07/01/99	Amount of Each Disbursement This Period 2,000.00
B. Full Name, Mailing Address and ZIP Code Henry Brown for Congress 525 Blatt Building Columbia, SC 29211	Purpose of Disbursement Voided Check Issued 4/19/1999 Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1999	Date (month, day, year) 07/09/99	Amount of Each Disbursement This Period -2,500.00
C. Full Name, Mailing Address and ZIP Code Gordon for Congress Committee 2201 Rayburn House Office Building Washington, DC 20515	Purpose of Disbursement Gordon, REPRESENTATIVE 6th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/19/99	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code COOPER FOR CONGRESS P.O. Box 137 Smartt Station, TN 37378	Purpose of Disbursement Jerry Cooper, U.S. HOUSE 4th TN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 07/19/99	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code BOB KERRY FOR SENATE 141 Hart Senate Office Building Washington, DC 20510	Purpose of Disbursement BOB KERRY, U.S. SENATE NE Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/19/99	Amount of Each Disbursement This Period 1,500.00
F. Full Name, Mailing Address and ZIP Code Senator Mitch McConnell Campaign Committee 363 Dirksen Senate Office Building Washington, DC 20510	Purpose of Disbursement Mitch McConnell, U.S. SENATE KY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2002	Date (month, day, year) 08/11/99	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Wes Watkins 2312 Rayburn House Office Building Washington, DC	Purpose of Disbursement Watkins, U.S. HOUSE OK Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/17/99	Amount of Each Disbursement This Period 1,000.00
H. Full Name, Mailing Address and ZIP Code Bishop for Congress Committee 1632 Longworth House Office Building Washington, DC 20515	Purpose of Disbursement Bishop, REPRESENTATIVE 2nd GA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/18/99	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Colorado Democratic Party PAC Fund 770 Grant Street Suite 200 Denver, CO 80203	Purpose of Disbursement Colorado Democratic Party PAC Fund Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1998	Date (month, day, year) 08/20/99	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional) 6,300.00

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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code Tennessee Republican Caucus P.O. Box 190639 Nashville, TN 37219	Purpose of Disbursement Tennessee Republican Caucus Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	Date (month, day, year) 08/20/99	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Bob Barr for Congress 999 Whitlock Avenue Marietta, GA 30184	Purpose of Disbursement Bob Barr, U.S. HOUSE 7th GA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 09/28/99	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code John Ensign for Senate 3310 S. Jones #E Las Vegas, NV 89102	Purpose of Disbursement John Ensign, U.S. SENATE NV Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 10/18/99	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Thurman for Congress 5700 SW 34th Street Gainesville, FL 32608	Purpose of Disbursement Karen L. Thurman, U.S. HOUSE 5th FL Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1999	Date (month, day, year) 10/21/99	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Ed Bryant for Congress 406 Cannon House Office Building Washington, DC 20515	Purpose of Disbursement Ed Bryant, U.S. HOUSE 7th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 10/25/99	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Wilson Federal Exploratory Committee P.O. Box 50711 Denton, TX 76205	Purpose of Disbursement Kirk Wilson, U.S. HOUSE TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 11/01/99	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Zach Wamp for Congress Committee 423 Cannon House Office Building Washington, DC 20515	Purpose of Disbursement Wamp, REPRESENTATIVE 3rd TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 11/01/99	Amount of Each Disbursement This Period 250.00
H. Full Name, Mailing Address and ZIP Code Zach Wamp for Congress Committee 423 Cannon House Office Building Washington, DC 20515	Purpose of Disbursement Voided Check Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 11/01/99	Amount of Each Disbursement This Period -250.00
I. Full Name, Mailing Address and ZIP Code Fletcher for Congress PO Box 4703 Lexington, KY 40544	Purpose of Disbursement Ernie Fletcher, CONGRESS 6th KY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 11/08/99	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional)	5,500.00
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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Columbia/HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code Billey for Congress 2241 Rayburn Office Bldg Washington, DC 20515	Purpose of Disbursement J. Billey, Jr., REPRESENTATIVE 7th VA Disbursement for: [ ] Primary [x] General [ ] Other (specify) 2000	Date (month, day, year) 12/08/99	Amount of Each Disbursement This Period 750.00
B. Full Name, Mailing Address and ZIP Code Todd Tiahrt 428 Cannon Office Bldg US House of Representatives Washington, DC 20515	Purpose of Disbursement Todd Tiahrt, US CONGRESS 4th KS Disbursement for: [x] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 12/15/99	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Tennessee Republican Caucus P.O. Box 190539 Nashville, TN 37219	Purpose of Disbursement Disbursement for: [x] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 12/22/99	Amount of Each Disbursement This Period 1,000.00
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)	2,750.00
TOTAL This Period (last page this line number only)	14,550.00

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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/HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code Pat Ball 13455 Noel Road, 20th Floor Dallas, TX 75240	Purpose of Disbursement Refund for: Pat Ball Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/28/99	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code James D. Shelton 13455 Noel Road, 20th Floor Dallas, TX 75240	Purpose of Disbursement Refund for James D. Shelton Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/29/99	Amount of Each Disbursement This Period 2,000.00
C. Full Name, Mailing Address and ZIP Code Robert Krieger 2001 Kingsley Avenue Orange Park, FL 32073-5111	Purpose of Disbursement Reimbursement to contributor, requested refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/16/99	Amount of Each Disbursement This Period 500.00
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) 3,000.00

TOTAL This Period (last page this line number only) 3,000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 3
	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 FRIENDS OF THA 500 INTERSTATE BLVD SOUTH NASHVILLE, TN 37210 was reimbursed on previous report Excess Distribution that was returned back to PAC	Purpose of Disbursement Excess distribution, refunded back to pac Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	Date (month, day, year) 07/02/99	Amount of Each Disbursement This Period 139.00
B. Full Name, Mailing Address and ZIP Code Friends of Sherry Jones 37 Legislative Plaza Nashville, TN 37243-0159	Purpose of Disbursement Sherry Jones, REPRESENTATIVE 59th TN Disbursement for: [x] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/19/99	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Hagood for State House 1020 West Nokomis Circle Knoxville, TN 37919	Purpose of Disbursement Jamis Hagood, STATE HOUSE REP. 17th TN Disbursement for: [x] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/10/99	Amount of Each Disbursement This Period 250.00
D. Full Name, Mailing Address and ZIP Code Compaign for Re-Electric Steve Godsey 417 Mountain View Court Bluntville, TN 37617	Purpose of Disbursement Steve Godsey, REPRESENTATIVE 1th TN Disbursement for: [x] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/10/99	Amount of Each Disbursement This Period 250.00
E. Full Name, Mailing Address and ZIP Code Langster for Legislative 2423 Underwood Street Nashville, TN 37208	Purpose of Disbursement Edith Langster, REPRESENTATIVE 54th TN Disbursement for: [x] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/10/99	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Pete Springer 2 Legislative Plaza Nashville, TN 37243-0025	Purpose of Disbursement Pete Springer, STATE SENATE TN Disbursement for: [ ] Primary [x] General [ ] Other (specify) 1998 Debt Retirement	Date (month, day, year) 08/10/99	Amount of Each Disbursement This Period 250.00
G. Full Name, Mailing Address and ZIP Code Friends of Shelby Rhinehart 34 Legislative Plaza Nashville, TN 37243-0137	Purpose of Disbursement Shelby Rhinehart, REPRESENTATIVE 37th TN Disbursement for: [x] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/20/99	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Crutchfield for Senate 707 Georgia Avenue Flatton Building Chattanooga, TN 37402	Purpose of Disbursement Ward Crutchfield, STATE SENATE TN Disbursement for: [x] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/20/99	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Friends of Roscoe Dixon 3592 Huckle Berry Memphis, TN 38116	Purpose of Disbursement Roscoe Dixon, STATE SENATE TN Disbursement for: [x] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/20/99	Amount of Each Disbursement This Period 250.00

SUBTOTAL of Disbursements This Page (optional)	3,139.00
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 29

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NAME OF COMMITTEE (In Full)

Columbia/HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code Friends of John White 191 Waldon Road Lawrenceberg, TN 38464	Purpose of Disbursement John White, REPRESENTATIVE 70th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/20/99	Amount of Each Disbursement This Period 250.00
B. Full Name, Mailing Address and ZIP Code Friends of Jimmy Naifeh P.O. Box 97 Covington, TN 38019	Purpose of Disbursement Jimmy Naifeh, REPRESENTATIVE 81st TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/20/99	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Womach for Senate Committee 1636 W. Northfield #6 Murfreesboro, TN 37129	Purpose of Disbursement Andy Womach, STATE SENATE TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/20/99	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Friends of Matt Kisber 33 Legislative Plaza Nashville, TN 37243-0173	Purpose of Disbursement Matt Kisber, REPRESENTATIVE 73rd TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/20/99	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Rosalind Kurita 6 Legislative Plaza Nashville, TN 37243-0022	Purpose of Disbursement Rosalind Kurita, STATE SENATE TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/24/99	Amount of Each Disbursement This Period 250.00
F. Full Name, Mailing Address and ZIP Code Jason Mumpower State Representative P.O. Box 2221 Nashville, TN 37621	Purpose of Disbursement Jason Mumpower, REPRESENTATIVE 3rd TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/26/99	Amount of Each Disbursement This Period 250.00
G. Full Name, Mailing Address and ZIP Code Boyer for Legislator 4501 Idumea Road Corryton, TN 37721	Purpose of Disbursement Jim Boyer, REPRESENTATIVE 19th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/26/99	Amount of Each Disbursement This Period 250.00
H. Full Name, Mailing Address and ZIP Code Committee to Elect Steve McDaniel 97 Battleground Drive Parkers Crossroads, TN 38388	Purpose of Disbursement Steve McDaniel, TN STATE REPRESENTAE 72nd TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 10/18/99	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code Friends of Jerry Cooper P.O. Box 137 Smartt Station, TN 37378	Purpose of Disbursement Jerry Cooper, TN STATE SENATE TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	Date (month, day, year) 10/18/99	Amount of Each Disbursement This Period 1,000.00

SUBTOTAL of Disbursements This Page (optional) 6,500.00

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

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 Kevin Brady for Congress P.O. Box 8277 26403 I45N The Woodlands, TX 77387	Purpose of Disbursement Brady, U.S. HOUSE 8th TX DEBT RETIREMENT Disbursement for: ☐ Primary ☒ General ☐ Other (specify) 1996 Debt Retirement	Date (month, day, year) 10/18/99	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Joe Haynes P.O. Box 627 Goodlettsville, TN 37070	Purpose of Disbursement Joe Haynes, STATE SENATE TN Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 10/26/99	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Joe Armstrong P.O. Box 6597 Knoxville, TN 37914	Purpose of Disbursement Joe Armstrong, REPRESENTATIVE 15th TN Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 11/08/99	Amount of Each Disbursement This Period 250.00
D. Full Name, Mailing Address and ZIP Code Senate Democratic Caucus 5 Legislative Plaza Nashville, TN 37243	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify) 1999	Date (month, day, year) 11/05/99	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Committee to Elect JoAnn Graves 197 Woodlake Drive Gallatin, TN 37066	Purpose of Disbursement JoAnn Graves, STATE SENATE TN Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 11/06/99	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Wilder for State Senate 4020 Highway 59 Mason, TN 38049	Purpose of Disbursement John Wilder, STATE SENATE TN Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 11/29/99	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Paul Phelan P.O. Box 409 Trenton, TN 38382	Purpose of Disbursement Paul Phelan, REPRESENTATIVE 79th TN Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 12/06/99	Amount of Each Disbursement This Period 250.00
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)	13,639.00

4-00173

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 1/31/00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

RB
PREPARER

1/31/00
DATE PREPARED

(4/98)