GalenPac

P.O. Box 740033 • Louisville, Kentucky 40201-7433 • 502/572-2000

September 22, 1993

Sep 3 11 02 AM '93

Federal Election Commission
999 "E" Street, NW
Washington, D.C. 20463

Re: GalenPAC
C-000-67231-Monthly Report for 8/1/93 - 8/31/93

Gentlemen:

Enclosed please find GalenPAC FEC Form 3X, for the monthly report (8/1/93 - 8/31/93) with appropriate schedules attached.

Sincerely,

Michael W. Wooden

Michael W. Wooden
Treasurer
MWW/eas

Enclosure

cc: Kentucky Registry of Election Finance
140 Walnut Street
Frankfort, Kentucky 40601

Registry of Election Finance
404 James Robertson Parkway
Suite 1614
Nashville, Tennessee 37243

Florida Division of Elections
Department of State
Capitol Building, Room 1801
Tallahassee, Florida 32304

Federal Election Commission
Election Division
Room 110
Atlanta, Georgia 30334

Elections Division
Secretary of State
The State Capitol
Charleston, W. Virginia 25305

Secretary of State
Elections Division
State Capitol
Montgomery,Alabama 36130

State Board of Elections
1020 S. Spring Street
P.O. Box 4187
Springfield, Illinois 62708

Office of the Secretary of State
State Capitol Building, 14th Floor
P.O. Box 44125, Capitol Station
Baton Rouge, Louisiana 70804

23U385939553

GalenPac

P.O. Box 740033 • Louisville, Kentucky 40201-7433 • 502/572-2000

Federal Election Commission
99 "E" Street, N.W.
Washington, DC 20463

September 2, 1993

cc:

Office of the Secretary of State
Capitol Complex
Carson City, Nevada 89710

Political Reform Division
Office of the Secretary of State
1230 "J" Street,Room 219
Sacramento, California 95814

Disclosure Filing Division
Office of the Secretary of State
State Capitol, Room 127
Austin, Texas 78711

Office of the Secretary of State
14th Floor, State Office Tower
30 East Broad Street
Columbus, Ohio 43266-0418

2 3 0 3 8 5 9 3 9 5 4

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)
GalenPac (A Political Action Committee Sponsored by Galen Health Care, Inc.)

ADDRESS (number and street) Check if different than previously reported

201 W. Main Street

CITY, STATE and ZIP CODE

Louisville, Kentucky 40202

2. FEC IDENTIFICATION NUMBER

C-00-67231

3. This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

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	X 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 X NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 8/1/93 through 8/31/93		
6. (a) Cash on Hand January 1, 19 93		$ 8,299.95
(b) Cash on Hand at Beginning of Reporting Period	$ 46,327.38	
(c) Total Receipts (from Line 19)	$ 0	$ 52,777.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 46,327.38	$ 61,077.43
7. Total Disbursements (from Line 30)	$ 3,473.87	$ 18,223.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 42,853.41	$ 42,853.61
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 202-376-3120

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
Michael W. Wooden

Signature of Treasurer
Michael W. Wooden

Date
9/2/93

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 1/1/91)

93038593755

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

(revised 1/1/91)

NAME OF COMMITTEE GalenPAC (A Political Action Committee Sponsored by Galen Health Care Inc.)

REPORT COVERING PERIOD FROM 8/1/93 TO: 8/31/93

	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)	0	5,428.00
ii. Unitemized	0	46,842.50
iii. Total (add i and ii) ➤	0	52,270.50
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	0	52,270.50
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	506.98
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	52,777.48
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	0	52,777.48
20. Total Federal Receipts (subtract line 18 from line 19) ➤		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	473.87	6,573.82
c. Total Operating Expenditures (Add a i, a ii, and b)) ➤	473.87	6,573.82
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	7,000.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (Add a, b and c) ➤	0	0
29. Other Disbursements	1,000.00	4,650.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3,473.87	18,223.82
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3,473.87	18,223.82
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	0	52,270.50
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	0	52,270.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	473.87	6,573.82
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	473.87	6,573.82

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21 b

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)

GalenPAC (A Political Action Committee Sponsored by Galen Health Care Inc.)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. The Word Processory 1355 S. 3rd St. Louisville, Kentucky 40208	Temporary Personnel Svc. Disbursement for: [ ] Primary [ ] General [x] Other (specify) See above	8/2/93	$ 56.87
B. Michael W. Wooden 1385 S. 3rd St. Louisville, Kentucky 40208	Bookkeeping Services Disbursement for: [ ] Primary [ ] General [ ] Other (specify) See above	8/31/93	$417.00
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$473.87
TOTAL This Period (last page this line number only)	$473.87

7 3 0 3 8 5 9 3 9 3 7

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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)

GalenPAC (A Political Action Committee Sponsored by Galen Health Care Inc.)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Friends of Rockefeller 313 3rd Street, N.E. Washington, D.C. 20002	Political Contribution U.S. Senate Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	8/31/93	$2,000.00
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)	$2,000.00
TOTAL This Period (last page this line number only)	$2,000.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 29

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)
GalenPAC (A Political Action Committee Sponsored by Galen Health Care Inc.)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Bullock 1994 P.O. Box 2243 Austin, Texas 78768	Political Contribution Lt. Governor Disbursement for: [x] Primary [ ] General [ ] Other (specify)	8/25/93	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$1,000.00
TOTAL This Period (last page this line number only)	$1,000.00

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
For Multicandidate Committees

INSTRUCTIONS: This form must be used to account for all money or things of value required by the Campaign Financial Disclosure Act (Tennessee Code Annotated §2—10—101, et seq.) to be reported by multicandidate political campaign committees.

If contributions (including in-kind) received total $1,000 or less AND expenditures total $1,000 or less for the reporting period, committees are exempt from filing a detailed disclosure. Committees may claim the exemption by completing the front of this form and checking box 8.A. They also must provide the current balance on hand in item 22., the total of loans outstanding in item 22.d., and the total of obligations outstanding in item 22.e.

If either contributions (including in-kind) received or expenditures total more than $1,000 for the reporting period, committees must complete pages one and two, and check box 8.B. Contributions over $100 each must be itemized in detail on REF form "Itemized Statement of Contributions" and attached to this form. Expenditures over $100 each must be itemized in detail on REF form "Itemized Statement of Expenditures" and attached to this form. In-Kind Contributions over $100 each must be itemized in detail on REF form "Itemized Statement of In-Kind Contributions" and attached to this form. Obligations over $100 each must be itemized in detail on REF form "Itemized Statement of Obligations" and attached to this form.

Committees supporting candidates for state public office (as defined T.C.A. §2—10—108) must file the original with the Registry of Election Finance, 404 James Robertson Parkway, Suite 1014, Nashville, TN 37243-1360. Committees supporting candidates for local public office (as defined in T.C.A. §2—10—108) must file with the county election commission in the county where candidates will be supported.

Please note: This form must be signed by the political treasurer in item 9, and referred in item 8. The total number of pages in the completed form must be shown in the lower right corner of each page. Please type or print all information in black ink.

1. DATE OF REPORT 9/2/93	2. NAME OF COMMITTEE GalenPAC (A Political Action Committee Sponsored by Galen Health Care Inc.)

2.A. SHORT NAME OF COMMITTEE (if applicable)
GalenPAC

3. ADDRESS AND PHONE (Street or Hwy Route, City, State, Zip Code, Phone)
201 West Main Street, Louisville, KY 40202 (502) 572-2000

4. TYPE OF CANDIDATES SUPPORTED
STATE PUBLIC OFFICE ☐ LOCAL PUBLIC OFFICE ☐ BOTH ☒

5.A. NAME OF POLITICAL TREASURER Michael W. Wooden	5.B. DATE APPOINTED

6. CATEGORY OF REPORT (Check one)
FIRST QUARTER ☐ SECOND QUARTER ☐ THIRD QUARTER ☐ FOURTH QUARTER ☐ AMENDED ☐

7.A. BEGINNING DATE OF REPORTING PERIOD 8/1/93	7.B. ENDING DATE OF REPORTING PERIOD 8/31/93

8. (Check one)

A. ☐ This committee is exempt from detailed disclosure because contributions received total $1,000 or less AND expenditures total $1,000 or less for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 20., 22.d., and 22.e. also must be completed.)

B. ☐ This committee is required to file a detailed financial disclosure because contributions received total more than $1,000 and/or expenditures total more than $1,000 for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act.

Michael W. Wooden — signature of political treasurer
9/2/93 — date

9.

Notary Seal

SWORN TO AND SUBSCRIBED BEFORE ME IN THE
COUNTY OF Jefferson
AND THE STATE OF Kentucky
THIS ___ DAY OF September 19 93

[signature] — notary public
September 21, 1995 — date commission expires

Registry of Election Finance
SS-1122 (Rev. 4/92)
RDA Pending

TOTAL NUMBER OF PAGES IN COMPLETED REPORT (include all forms used)
Page 1 of 5 Pages

93 0385 93960

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT, Continued
For Multi-Candidate Committees

10. NAME OF COMMITTEE (must match name shown in item 8. of statement)
GalenPAC (A Political Action Committee Sponsored by Galen Health Care Inc.

11.A. BEGINNING DATE OF REPORTING PERIOD (must match date shown in item 7.A.)	11.B. ENDING DATE OF REPORTING PERIOD (must match date shown in item 7.B.)
8/1/93	8/31/93

12. BALANCE ON HAND LAST REPORT ..... $ 46,327.38

13. INTEREST ..... $ 0

CONTRIBUTIONS

14. TOTAL OF CONTRIBUTIONS, $100 OR LESS EACH, RECEIVED THIS PERIOD $ 0

15. TOTAL OF CONTRIBUTIONS, OVER $100 EACH, RECEIVED THIS PERIOD ... $ 0
(must be itemized on "Itemized Statement of Contributions")

16. TOTAL OF CONTRIBUTIONS RECEIVED THIS PERIOD (sum of items 14. and 15.) ..... $ 0

EXPENDITURES

17. EXPENDITURES, $100 OR LESS EACH, MADE THIS PERIOD
(must be itemized by category only - e.g., printing, postage, gasoline, etc.)

TOTAL OF EXPENDITURES, $100 OR LESS EACH, MADE THIS PERIOD ... $ 0

18. TOTAL OF EXPENDITURES, OVER $100 EACH, MADE THIS PERIOD 3,473.87
(must be itemized on "Itemized Statement of Expenditures")

19. TOTAL OF EXPENDITURES MADE THIS PERIOD (sum of items 17. and 18.) ..... $ 3,473.87

20. BALANCE ON HAND (item 12., 13., and 16., minus item 19.) ..... $ 42,853.41

21. IN-KIND CONTRIBUTIONS

a. TOTAL OF IN-KIND CONTRIBUTIONS, $100 OR LESS EACH, RECEIVED THIS PERIOD ..... $ 0

b. TOTAL OF IN-KIND CONTRIBUTIONS, OVER $100 EACH RECEIVED THIS PERIOD (must be itemized on "Itemized Statement of In-Kind Contributions") $ 0

c. TOTAL OF IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (sum of a. and b.) ..... $ 0

22. LOANS

a. LOANS OUTSTANDING LAST REPORT (from line 22.d.) ..... $ 0

b. LOANS THIS REPORT (reflected in contributions) ..... $ 0

c. LOAN PAYMENTS THIS REPORT (principal only) ..... $ 0
(reflected in expenditures)

d. LOANS OUTSTANDING (sum of a. and b., minus c.) 0

23. OBLIGATIONS (Goods or services received on credit)

a. OBLIGATIONS OUTSTANDING LAST REPORT (from line 23.e.) ..... $ 0

b. OBLIGATIONS, $100 OR LESS EACH, THIS PERIOD ..... $ 0

c. OBLIGATIONS, OVER $100 EACH, THIS PERIOD ..... $ 0
(must be itemized on "Itemized Statement of Obligations")

d. OBLIGATION PAYMENTS THIS PERIOD (reflected in expenditures) ..... $ 0

e. OBLIGATIONS OUTSTANDING (sum of a., b., and c., minus d.) ..... $ 0

Registry of Election Finance
SS-1122 (Rev. 4/93)
RDA Pending

TOTAL NUMBER OF PAGES IN COMPLETED REPORT
Page 2 of 6 Pages
(Include all forms used)

93038593961

Contributions Over $100 Each, for Campaign Financial Disclosure Statement

INSTRUCTIONS: Item 4. of this form must show the full name, complete address and total contributions of each person who contributed money totaling more than $100 during the period shown in Item 2. of this form. Loans should be specifically noted. Before entering any information in Item 4., determine how many spaces you will need. If more than 13 spaces are required, additional space may be created by making copies of this blank form. If more than one copy of this form is used, the amount from Item 5. of each page must be shown in Item 3. of each succeeding page, and the amount from Item 5. of the last page must be shown in Item 15. of the Campaign Financial Disclosure Statement. All copies of this form must be attached to and submitted with the Campaign Financial Disclosure Statement.

The total number of pages in the completed report must be shown in the lower right corner of each page. Please type or print all information in black ink.

1. NAME OF CANDIDATE OR COMMITTEE (must match name shown in Item 5. and 16. of statement)

GalenPAC (A Political Action Committee Sponsored by Galen Health Care Inc.)

2.A. BEGINNING DATE OF REPORTING PERIOD (must match date shown in Items 7.A. and 11.A.)	2.B. ENDING DATE OF REPORTING PERIOD (must match date shown in Items 7.B. and 11.B.)
8/1/93	8/31/93

3. "TOTAL OF CONTRIBUTIONS, OVER $100 EACH" FROM PRECEDING PAGE (enter zero if this is the first or only page of this form) ..... $ _____

4. FULL NAME, COMPLETE ADDRESS AND TOTAL CONTRIBUTIONS OF EACH PERSON WHO CONTRIBUTED OVER $100

Name of person or organization	Street or Rural Route	City	State	Zip Code	Total
None this report					

5. TOTAL OF CONTRIBUTIONS, OVER $100 EACH (sum of Items 3. and 4.) ..... $ 0

(carry forward to Item 3. of next page if additional copies of this form are used)
(if this is the last page of such contributions, this amount must be shown in Item 15. of statement)

Registry of Election Finance
RDA Pending

TOTAL NUMBER OF PAGES IN COMPLETED REPORT
Page 3 of 5 Pages (include all forms used)

93038593962

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS

In-Kind Contributions Over $100 Each, for Campaign Financial Disclosure Statement

INSTRUCTIONS: Item 4. of this form must show the full name and complete address of each person who contributed things of value totaling more than $100 during the period shown in Item 2. of this form, the value of each each in-kind contribution and a description. Before creating any information in item 4., determine how many spaces you will need. If more than 15 spaces are required, additional space may be created by making copies of this blank form. If more than one copy of this form is used, the amount from Item 5. of each page must be shown in Item 3. of each succeeding page, and the amount from Item 5. of the last page must be shown in Item 21.B. of the Campaign Financial Disclosure Statement. All copies of this form must be attached to and submitted with the Campaign Financial Disclosure Statement.

The total number of pages in the completed report must be shown in the lower right corner of each page. Please type or print all information in black ink.

1. NAME OF CANDIDATE OR COMMITTEE (must match name shown in Item 2. and 10. of statement)

GalenPAC (A Political Action Committee Sponsored by Galen Health Care Inc.)

2.A. BEGINNING DATE OF REPORTING PERIOD (must match date shown in Items 7.A. and 11.A.)	2.B. ENDING DATE OF REPORTING PERIOD (must match date shown in Items 7.B. and 11.B.)
8/1/93	8/31/93

3. TOTAL OF IN-KIND CONTRIBUTIONS OVER $100 EACH FROM PRECEDING PAGE (enter $0 if not applicable) ..... $ 0

4. FULL NAME AND COMPLETE ADDRESS OF EACH PERSON WHO MADE AN IN-KIND CONTRIBUTION OVER $100. DESCRIPTION OF THE IN-KIND CONTRIBUTION AND ITS VALUE

Name of person or organization			Street or Rural Route	
None this report				
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Description of Contribution	

5. TOTAL OF IN-KIND CONTRIBUTIONS OVER $100 EACH (sum of items 3. and 4.) ..... $ 0

(Carry forward to Item 3. of next page if additional copies of this form are used.)
(If this is the last page of such contributions, this amount must be shown in Item 21.B. of statement.)

Registry of Election Finance
95-1125 RCA Pending

TOTAL NUMBER OF PAGES IN COMPLETED REPORT
page 6 of 6 (Include all forms used)

73038593963

Expenditures Over $100 Each, for Campaign Financial Disclosure Statement

INSTRUCTIONS: Item 4. of this form shall show the full name and complete address of each person to whom a total amount of more than $100 was paid during the period stated in Item 2. of this form, the total amount paid to each person and the purpose thereof. Loan payments should be specifically noted. Before entering any information in Item 4.) determine how many spaces you will need. If more than 18 spaces are required, additional space may be created by adding blank lines. If more than one copy of this form is used, the amount from Item 5. of each page must be shown in Item 3. of each succeeding page, and the amount from Item 5. of the last page must be shown in Item 16. of the Campaign Financial Disclosure Statement. All copies of this form must be attached to and submitted with the Campaign Financial Disclosure Statement.

The total number of pages in the completed report must be written in the lower right corner of each page. Please type or print all information in black ink.

1. NAME OF CANDIDATE OR COMMITTEE (must match name shown in Item 6. and 10. of statement)
GalenPAC (A Political Action Committee Sponsored by Galen Health Care Inc.)

2.A. BEGINNING DATE OF REPORTING PERIOD (must match date shown in Items 7.A. and 11.A.)	2.B. ENDING DATE OF REPORTING PERIOD (must match date shown in Items 7.B. and 11.B.)
8/1/93	8/31/93

3. TOTAL OF EXPENDITURES, OVER $100 EACH FROM PRECEDING PAGE (enter zero if this is the first or only page of this form) .... $ 0

4. FULL NAME AND COMPLETE ADDRESS OF EACH PERSON TO WHOM OVER $100 WAS PAID, THE TOTAL AMOUNT PAID AND THE PURPOSE THEREOF

Name of person or organization	Street or Rural Route	City	State	Zip Code	Purpose	Amount
The Word Processory	1355 South Third Street	Louisville, Kentucky 40208			Temp. Personnel Service	56.87
Michael W. Wooden	1385 South Third Street	Louisville, Kentucky 40208			Bookkeeping Services	417.00
Friends of Rockefeller	313 3rd Street, N.E.	Washington D.C. 20002			U.S. Senate	2,000.00
Bullock 1994	P.O. Box 2263	Austin, Texas 78768			Lt. Governor	1,000.00

5. TOTAL OF EXPENDITURES, OVER $100 EACH (sum of Items 3. and 4.) ..... $ 3,473.87
(carry forward to Item 3. of next page if additional copies of this form are used)
(If this is the last page of such expenditures, this amount must be shown in Item 16. of statement)

Registry of Election Finance
RS-119-E (Rev. 3/93)
FOA Printing

TOTAL NUMBER OF PAGES IN COMPLETED REPORT
Page 5 of 6 Pages (Include all forms used)

7 3 0 3 8 5 9 5 9 6 4

ITEMIZED STATEMENT OF OBLIGATIONS

Obligations Over $100 Each, for Campaign Financial Disclosure Statement

[redacted]

1. NAME OF CANDIDATE OR COMMITTEE (must match name shown in Item 2. and 10. of statement)

GalenPAC (A Political Action Committee Sponsored by Galen Health Care Inc.)

2.A. BEGINNING DATE OF REPORTING PERIOD (must match date shown in Items 7.A. and 11.A.)	2.B. ENDING DATE OF REPORTING PERIOD (must match date shown in Items 7.B. and 11.B.)
8/1/93	8/31/93

3. "TOTAL OF OBLIGATIONS, OVER $100 EACH" FROM PRECEDING PAGE (enter $0 if first page) ..... $ 0

4. FULL NAME AND COMPLETE ADDRESS OF EACH PERSON TO WHOM OVER $100 IS OWED FOR GOODS AND SERVICES RECEIVED ON CREDIT, AMOUNT OWED AND THE PURPOSE THEREOF

Name of person or organization	Street or Rural Route			
None this report				
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	
Name of person or organization			Street or Rural Route	
City	State	Zip Code	Purpose	

5. TOTAL OF OBLIGATIONS, OVER $100 EACH (sum of Items 3. and 4.) ..... $ 0
(Carry forward to Item 3. of next page if additional copies of this form are used.)
(If this is the last page of such obligations, this amount must be shown in Item 23.c. of statement.)

Registry of Election Finance
96-1700 Rev. Pending

[redacted]

73038593965

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 9/3/93
☐	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

ES
PREPARER

9/3/93
DATE PREPARED

FEC FORM 70-2 (12/92)

73038593966