10/08/2002 15 : 55

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

HCA Healthcare Good Government Fund

ADDRESS (number and street) ▼ One Park Plaza, PO Box 550

Check if different than previously reported. (ACC)

Nashville | TN | 37202 – 0550

2. **FEC IDENTIFICATION NUMBER** ▼ C00067231

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT NEW (N) **OR** X AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- X July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 04 01 2002 through 06 30 2002

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 Mr. David Anderson

Signature of Treasurer Electronically Filed by Mr. David Anderson Date 10 01 2002

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
HCA Healthcare Good Government Fund

Report Covering the Period: From: 04 01 2002 To: 06 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		239190.48
(b) Cash on Hand at Begining of Reporting Period	197690.28	
(c) Total Receipts (from Line 19)	33388.87	34543.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	231079.15	273734.15
7. Total Disbursements (from Line 30)	27943.45	70598.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	203135.70	203135.70
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	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

Write or Type Committee Name

HCA Healthcare Good Government Fund

Report Covering the Period: From: 04 01 2002 To: 06 30 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17750.00	
(ii) Unitemized	14918.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	32668.00	32900.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	32668.00	32900.93
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	720.87	1642.74
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	33388.87	34543.67
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	33388.87	34543.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	24750.00	53490.30
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	3193.45	17108.15
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	27943.45	70598.45
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	27943.45	70598.45

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	32668.00	32900.93
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	32668.00	32900.93
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 25

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.
Full Name (Last, First, Middle Initial): Christina Rivera
Mailing Address: 1335 Marlstone Drive
City: Houston State: TX Zip Code: 77094
FEC ID number of contributing federal political committee.
Name of Employer: Valley Regional Medical Center
Occupation: Assoc. Adm.
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 11 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007440900002

B.
Full Name (Last, First, Middle Initial): Kathy Bobbs
Mailing Address: 1109 E. Peck
City: Lafayette State: LA Zip Code: 70508
FEC ID number of contributing federal political committee.
Name of Employer: Women and Children's Hospital
Occupation: CEO
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 11 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007439800003

C.
Full Name (Last, First, Middle Initial): Wayne Campbell
Mailing Address: 1024 Lakeway Drive
City: Niceville State: FL Zip Code: 32578
FEC ID number of contributing federal political committee.
Name of Employer: Ft. Walton Beach Medical Center
Occupation: CEO
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 06 11 2002
Amount of Each Receipt this Period: 1000.00
Transaction ID: 10000007441300004

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 25

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Joe Davis
Mailing Address: 1D Longwood Drive
City: Shalimar State: FL Zip Code: 32579
FEC ID number of contributing federal political committee.
Name of Employer: Fort Walton Beach Medical Center
Occupation: CNO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 06 11 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007441000005

B. Full Name (Last, First, Middle Initial): Andre DuPlessis
Mailing Address: 425 Marilyn Drive
City: Lafayette State: LA Zip Code: 70503
FEC ID number of contributing federal political committee.
Name of Employer: Women and Children's Hospital
Occupation: COO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 06 11 2002
Amount of Each Receipt this Period: 350.00
Transaction ID: 10000007439800008

C. Full Name (Last, First, Middle Initial): Jay Johnson
Mailing Address: 100 A Alton Gloor Blvd
City: Brownsville State: TX Zip Code: 78526
FEC ID number of contributing federal political committee.
Name of Employer: Valley Regional Medical Center
Occupation: CFO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 06 11 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007440700007

SUBTOTAL of Receipts This Page (optional) ..... ▶ **950.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 25

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Eamon McGlynn
Mailing Address: PO Box 4355
City: Brownsville State: TX Zip Code: 78523
FEC ID number of contributing federal political committee.
Name of Employer: Valley Regional Medical Center
Occupation: CMAO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 06 11 2002
Amount of Each Receipt this Period: 400.00
Transaction ID: 10000007440800008

B.
Full Name (Last, First, Middle Initial): Charles Sexton
Mailing Address: 100 A Alton Gloor Blvd.
City: Brownsville State: TX Zip Code: 78526
FEC ID number of contributing federal political committee.
Name of Employer: Valley Regional Medical Center
Occupation: CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 06 11 2002
Amount of Each Receipt this Period: 1000.00
Transaction ID: 10000007440500009

C.
Full Name (Last, First, Middle Initial): Mary Winters
Mailing Address: 5587 Mystic Bend
City: Brownsville State: TX Zip Code: 78521
FEC ID number of contributing federal political committee.
Name of Employer: Valley Regional Medical Center
Occupation: CNO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 11 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007440600010

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1700.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 / 25

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Ellen Witter Stueter
Mailing Address: 392 Gordney dr. N.E.
City: FWB State: FL Zip Code: 32548
FEC ID number of contributing federal political committee.
Name of Employer: Fort Walton Beach Medical Center
Occupation: COO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 11 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007441500011

B.
Full Name (Last, First, Middle Initial): Vincent Wyatt
Mailing Address: 4274 Calinda Lane
City: Niceville State: FL Zip Code: 32578
FEC ID number of contributing federal political committee.
Name of Employer: Fort Walton Beach Medical Center
Occupation: CFO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 11 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007441100012

C.
Full Name (Last, First, Middle Initial): Margaret Cain
Mailing Address: 1055 S. Josephine Street
City: Denver State: CO Zip Code: 80209
FEC ID number of contributing federal political committee.
Name of Employer: North Suburban Medical Center
Occupation: CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 17 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007457500013

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 9 / 25

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Sherry McDonald
Mailing Address: 220 Bursby Branch Road
City: Gallatin State: TN Zip Code: 37066
FEC ID number of contributing federal political committee.
Name of Employer: Greenview Regional Hospital
Occupation: CNO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 17 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007455600014

B.
Full Name (Last, First, Middle Initial): Michael Mitchell
Mailing Address: 1801 Ashley Circle
City: Bowling Green State: KY Zip Code: 42104
FEC ID number of contributing federal political committee.
Name of Employer:
Occupation: CFO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 17 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007455600015

C.
Full Name (Last, First, Middle Initial): Micki Singerland
Mailing Address: 1121 Tyne Blvd
City: Nashville State: TN Zip Code: 37220
FEC ID number of contributing federal political committee.
Name of Employer: Centennial Medical Center
Occupation: CFO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 17 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007455600016

SUBTOTAL of Receipts This Page (optional) ..... ▶ **900.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 10 / 25

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Brenda Waite
Mailing Address: 1808 Marion Court
City: Bowling Green State: KY Zip Code: 42103
FEC ID number of contributing federal political committee.
Name of Employer: Greenview Regional Hospital
Occupation: CEO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 06 17 2002
Amount of Each Receipt this Period: 1000.00
Transaction ID: 10000007456600017

B.
Full Name (Last, First, Middle Initial): Turner Worthem
Mailing Address: 1217 Country Club Road
City: Wilmington State: NC Zip Code: 28403
FEC ID number of contributing federal political committee.
Name of Employer: Grand Strand Regional Medical Center
Occupation: CFO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 06 17 2002
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007456900018

C.
Full Name (Last, First, Middle Initial): Rodney Smith
Mailing Address: 1401 W. Seminole Boulevard
City: Sanford State: FL Zip Code: 32771
FEC ID number of contributing federal political committee.
Name of Employer: Central Florida Regional Hospital
Occupation: CEO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1083.33
Date of Receipt: 06 25 2002
Amount of Each Receipt this Period: 1000.00
Transaction ID: 10000007445200019

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2250.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 11 / 25

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Linda Breum
Mailing Address: 1701 Missouri Avenue
City: Sanford State: FL Zip Code: 32771
FEC ID number of contributing federal political committee.
Name of Employer: Central Florida Regional Hospital
Occupation: CNO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 06 25 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007445800020

B.
Full Name (Last, First, Middle Initial): Bland Eng
Mailing Address: 1622 Cherry Lake Way
City: Heathrow State: FL Zip Code: 32746
FEC ID number of contributing federal political committee.
Name of Employer: Central Florida Regional Hospital
Occupation: COO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 06 25 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007445700021

C.
Full Name (Last, First, Middle Initial): William Bainter
Mailing Address: 5731 Arcturus Dr SW
City: Roanoke State: VA Zip Code: 24018
FEC ID number of contributing federal political committee.
Name of Employer: Lewis-Gale Medical Center
Occupation: CFO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007441800022

SUBTOTAL of Receipts This Page (optional) ..... ▶ **900.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 12 / 25

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Cheryl Clark
Mailing Address: 8709 Cobblestone Drive
City: Tampa State: FL Zip Code: 33615
FEC ID number of contributing federal political committee.
Name of Employer: Largo Medical Center
Occupation: Diabetes Dir.
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007451200023

B.
Full Name (Last, First, Middle Initial): BERNARD (BUD) Costello
Mailing Address: 208 PRINCETON COURT
City: MACON State: GA Zip Code: 31210
FEC ID number of contributing federal political committee.
Name of Employer: MACON NORTHSIDE HOSPITAL
Occupation: CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007447000024

C.
Full Name (Last, First, Middle Initial): Dennis J Durham
Mailing Address: 9925 Warm Springs Rd
City: Midland State: GA Zip Code: 31820
FEC ID number of contributing federal political committee.
Name of Employer: Hughston Sports Medicine Hospital
Occupation: CNO/ECO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007448700025

SUBTOTAL of Receipts This Page (optional) ..... ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 13 / 25

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Joann Ehlen
Mailing Address: 14180 Mark Dr
City: Largo State: FL Zip Code: 33774
FEC ID number of contributing federal political committee.
Name of Employer: Largo Medical Center
Occupation: Director
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007450900026

B.
Full Name (Last, First, Middle Initial): Teresa Fernandez
Mailing Address: 2030 S. Ocean Drive #208
City: Miami State: FL Zip Code: 33165
FEC ID number of contributing federal political committee.
Name of Employer: Kendall Medical Center
Occupation: CNO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007449800027

C.
Full Name (Last, First, Middle Initial): Mr. Thomas L. Hamon
Mailing Address: 2127 Muirfield Way
City: Oldsmar State: FL Zip Code: 34677
FEC ID number of contributing federal political committee.
Name of Employer: Largo Medical Center
Occupation: President & CEO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 1000.00
Transaction ID: 10000007450800028

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 14 / 25

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Sally Hurt
Mailing Address: 226 Canyon Terrace
City: El Paso State: TX Zip Code: 79902
FEC ID number of contributing federal political committee.
Name of Employer: Del Sol Medical Center
Occupation: CNO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007454500029

B.
Full Name (Last, First, Middle Initial): Lawrence Kaufman
Mailing Address: 1607 Huntington Ln
City: Safety Harbor State: FL Zip Code: 34695
FEC ID number of contributing federal political committee.
Name of Employer: Largo Medical Center
Occupation: COO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007450800030

C.
Full Name (Last, First, Middle Initial): Douglas Matney
Mailing Address: 2024 Gus Moran
City: El Paso State: TX Zip Code: 79936
FEC ID number of contributing federal political committee.
Name of Employer: Del Sol Medical Center
Occupation: CEO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 1000.00
Transaction ID: 10000007454200031

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 15 / 25

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Victor Maya
Mailing Address: 2555 Collins Ave # 800
City: Miami Beach State: FL Zip Code: 33140
FEC ID number of contributing federal political committee.
Name of Employer: Kendall Medical Center
Occupation: CEO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 400.00
Transaction ID: 10000007450300032

B.
Full Name (Last, First, Middle Initial): Paula Mitchell
Mailing Address: 2316 Mt Vernon Rd
City: Roanoke State: VA Zip Code: 24105
FEC ID number of contributing federal political committee.
Name of Employer: Lewis-Gale Medical Center
Occupation: VP
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000007443400033

C.
Full Name (Last, First, Middle Initial): Janet L Peters
Mailing Address: 6124 Brooklet Dr
City: Columbus State: GA Zip Code: 31909
FEC ID number of contributing federal political committee.
Name of Employer: Hughston Sports Medicine Hospital
Occupation: CFO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007448600034

SUBTOTAL of Receipts This Page (optional) ..... ▶ **950.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial): Mark Rader
Mailing Address: 6115 Scotford Court
City: Roanoke State: VA Zip Code: 24018
FEC ID number of contributing federal political committee.
Name of Employer: Lewis-Gale Medical Center
Occupation: COO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007443700035

B.
Full Name (Last, First, Middle Initial): Hugh C Tepper
Mailing Address: 100 Frist Court
City: Columbus State: GA Zip Code: 31908
FEC ID number of contributing federal political committee.
Name of Employer: Hughston Sports Medicine Hospital
Occupation: CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000007448800036

C.
Full Name (Last, First, Middle Initial): Mike Terrell
Mailing Address: 1206 A Gulf Blvd
City: IRb State: FL Zip Code: 34635
FEC ID number of contributing federal political committee.
Name of Employer: Largo Medical Center
Occupation: CFO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007450700037

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial): James Threatt
Mailing Address: 621 Linwood Drive
City: Richlands State: VA Zip Code: 24641
FEC ID number of contributing federal political committee.
Name of Employer: Lewis-Gale Medical Center
Occupation: CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 1000.00
Transaction ID: 10000007444300038

B.
Full Name (Last, First, Middle Initial): Charlotte Tyson
Mailing Address: 1720 Ashbury Ct
City: Roanoke State: VA Zip Code: 24012
FEC ID number of contributing federal political committee.
Name of Employer: Lewis-Gale Medical Center
Occupation: Dept Dir
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 26 2002
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000007444500039

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

TOTAL This Period (last page this line number only) ..... ▶ **17750.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

A.
Full Name (Last, First, Middle Initial): SunTrust Bank
Mailing Address: PO Box 622227
City: Orlando State: FL Zip Code: 32862-2227
FEC ID number of contributing federal political committee.
Name of Employer:
Occupation: Suntrust Bank
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1166.43
Date of Receipt: 04 30 2002
Amount of Each Receipt this Period: 284.56
Transaction ID: 10000007458800040

B.
Full Name (Last, First, Middle Initial): SunTrust Bank
Mailing Address: PO Box 622227
City: Orlando State: FL Zip Code: 32862-2227
FEC ID number of contributing federal political committee.
Name of Employer:
Occupation: Suntrust Bank
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1417.36
Date of Receipt: 05 30 2002
Amount of Each Receipt this Period: 230.93
Transaction ID: 10000007458900041

C.
Full Name (Last, First, Middle Initial): SunTrust Bank
Mailing Address: PO Box 622227
City: Orlando State: FL Zip Code: 32862-2227
FEC ID number of contributing federal political committee.
Name of Employer:
Occupation: Suntrust Bank
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1642.74
Date of Receipt: 06 29 2002
Amount of Each Receipt this Period: 225.38
Transaction ID: 10000007459000042

SUBTOTAL of Receipts This Page (optional) ..... ▶ **720.87**

TOTAL This Period (last page this line number only) ..... ▶ **720.87**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
HCA Healthcare Good Government Fund

A.
Full Name (Last, First, Middle Initial)
Vickie McCall for Congress Campaign

Mailing Address
P.O. Box 150027
City: Ogden State: UT Zip Code: 84401

Purpose of Disbursement
YTD:$1000.00 McCall , U.S. HOUSE 1th UT

Candidate Name
Vickie McCall

24K
Category/ Type

Office Sought: X House / Senate / President
State: UT District: 1

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
04 / 04 / 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: 10000007437100002

B.
Full Name (Last, First, Middle Initial)
House Senate Democratic Caucus

Mailing Address
P.O. Box 305172 Dept 46
City: Nashville State: TN Zip Code: 37230-5172

Purpose of Disbursement
Voided Check-Stop Payment

Candidate Name

24K
Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2001
Primary / General / X Other (specify)
Fundraisers

Date of Disbursement
04 / 18 / 2002

Amount of Each Disbursement this Period
-2000.00

Transaction ID: 10000007439000003

C.
Full Name (Last, First, Middle Initial)
Tiahrt for Congress

Mailing Address
155 N Market, Suite 400
City: Wichita State: KS Zip Code: 67202

Purpose of Disbursement
YTD:$1000.00 Tiahrt, U.S. HOUSE 4th KS

Candidate Name
Todd Tiahrt

24K
Category/ Type

Office Sought: X House / Senate / President
State: KS District: 4

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
04 / 24 / 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: 10000007437600004

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
HCA Healthcare Good Government Fund

A.
Full Name (Last, First, Middle Initial)
FedPac

Mailing Address
801 PENNSYLVANIA AVENUE, SUITE 245
City: Washington State: DC Zip Code: 20004-2604

Purpose of Disbursement
YTD:$5000.00 fundraiser

Candidate Name

24K Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002 Primary General
X Other (specify)

Date of Disbursement: 05 06 2002

Amount of Each Disbursement this Period: 5000.00

Transaction ID: 10000007437700005

B.
Full Name (Last, First, Middle Initial)
MIKE MCINTYRE FOR CONGRESS

Mailing Address
1605 LONGWORTH HOUSE OFFICE BUILDI
City: WASHINGTON State: DC Zip Code: 20515

Purpose of Disbursement
YTD:$1000.00 MIKE MCINTYRE, U.S. HOUSE 7

Candidate Name
MIKE MCINTYRE

24K Category/Type

Office Sought: X House / Senate / President
State: NC District: 7

Disbursement For: 2002 Primary X General
Other (specify)

Date of Disbursement: 05 06 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 10000007437800006

C.
Full Name (Last, First, Middle Initial)
John Tanner for Congress Committee

Mailing Address
1127 Longworth House Office Buildi
City: Washington State: DC Zip Code: 20515

Purpose of Disbursement
YTD:$1000.00 Tanner, REPRESENTATIVE 8th

Candidate Name
John Tanner

24K Category/Type

Office Sought: House / Senate / X President
State: TN District: 8

Disbursement For: 2002 X Primary General
Other (specify)

Date of Disbursement: 05 09 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 10000007437900007

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
HCA Healthcare Good Government Fund

A.
Full Name (Last, First, Middle Initial)
Baird for Congress

Mailing Address
PO Box 5016
City: Vancouver State: WA Zip Code: 98668

Purpose of Disbursement
YTD:$500.00 Baird , U.S. HOUSE 3rd WA

24K Category/Type

Candidate Name
Brian Baird

Office Sought: X House / Senate / President
State: WA District: 3

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 05 / 14 / 2002

Amount of Each Disbursement this Period: 500.00

Transaction ID: 1000000743800008

B.
Full Name (Last, First, Middle Initial)
Michael C. Burgess for Congress

Mailing Address
106 Highland Lake Drive
City: Highland Village State: TX Zip Code: 75067

Purpose of Disbursement
YTD:$5500.00 C Burgess, U.S. HOUSE 26th

24K Category/Type

Candidate Name
Michael C Burgess

Office Sought: X House / Senate / President
State: TX District: 26

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 05 / 17 / 2002

Amount of Each Disbursement this Period: 5000.00

Transaction ID: 1000000743820009

C.
Full Name (Last, First, Middle Initial)
KEEP NICK RAHALL IN CONGRESS COMMITTEE

Mailing Address
PO BOX 64
City: BECKLEY State: WV Zip Code: 25801

Purpose of Disbursement
YTD:$250.00 RAHALL , U.S. HOUSE 3rd WV

24K Category/Type

Candidate Name
NICK RAHALL

Office Sought: X House / Senate / President
State: WV District: 3

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 05 / 24 / 2002

Amount of Each Disbursement this Period: 250.00

Transaction ID: 1000000743830010

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5750.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial)
Mario Diaz Balart for Congress

Mailing Address
7270 NW 6th Street
City: Miami State: FL Zip Code: 33126

Purpose of Disbursement
YTD:$5000.00 Diaz Balart, U.S. HOUSE 25t

Candidate Name
Mario Diaz Balart

24K
Category/ Type

Office Sought: X House / Senate / President
State: FL District: 25

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement
05 / 24 / 2002

Amount of Each Disbursement this Period
5000.00

Transaction ID: 10000007438400D11

B.
Full Name (Last, First, Middle Initial)
America's Majority Trust

Mailing Address
1155 21st Street NW Suite 300
City: Washington State: DC Zip Code: 20036

Purpose of Disbursement
YTD:$3000.00 fundraiser for leadership P

Candidate Name

24K
Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002
Primary / General / X Other (specify)

Date of Disbursement
06 / 03 / 2002

Amount of Each Disbursement this Period
3000.00

Transaction ID: 10000007438500D12

C.
Full Name (Last, First, Middle Initial)
Lindsey O. Graham for U.S. Senate

Mailing Address
1429 Longworth House Office Buildi
City: Washington State: DC Zip Code: 20515

Purpose of Disbursement
YTD:$1000.00 Graham , U.S. SENATE SC

Candidate Name
Lindsey O. Graham

24K
Category/ Type

Office Sought: House / X Senate / President
State: SC District:

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement
06 / 03 / 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: 10000007438600D13

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **9000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial): James Inhofe for Senate
Mailing Address: 453 Russell Office Bldg
City: Washington State: DC Zip Code: 20510
Purpose of Disbursement: YTD:$1000.00 Inhofe, SENATE OK
Candidate Name: James Inhofe
24K Category/Type
Office Sought: House / X Senate / President
State: OK District:
Disbursement For: 2002 Primary X General Other (specify)
Date of Disbursement: 06 / 13 / 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 10000007438700D14

B.
Full Name (Last, First, Middle Initial): Rob Bishop for Congress
Mailing Address: PO Box 2002
City: Brigham City State: UT Zip Code: 84302
Purpose of Disbursement: YTD:$1000.00 Bishop , U.S. HOUSE UT
Candidate Name: Robert Bishop
24K Category/Type
Office Sought: X House / Senate / President
State: UT District:
Disbursement For: 2002 X Primary General Other (specify)
Date of Disbursement: 06 / 18 / 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 10000007438800D15

C.
Full Name (Last, First, Middle Initial): Daryl McLain Campaign
Mailing Address: PO Box 1419 720 South Park Avenue
City: Sanford State: FL Zip Code: 32772
Purpose of Disbursement: YTD:$1000.00 McLain . U.S. HOUSE 24th FL
Candidate Name: Daryl McLain
24K Category/Type
Office Sought: X House / Senate / President
State: FL District: 24
Disbursement For: 2002 X Primary General Other (specify)
Date of Disbursement: 06 / 19 / 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 10000007438900D16

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

TOTAL This Period (last page this line number only) ..... ▶ **24750.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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

A. Full Name (Last, First, Middle Initial)
SunTrust Bank

Mailing Address
PO Box 622227

City: Orlando | State: FL | Zip Code: 32862-2227

Purpose of Disbursement
account analysis fees

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
04 / 30 / 2002

Amount of Each Disbursement this Period
189.43

Transaction ID: 10000007459100D17

B. Full Name (Last, First, Middle Initial)
Tennessee Republican Party

Mailing Address
1922 West End Avenue — Post Office Box 330729

City: Nashville | State: TN | Zip Code: 37203

Purpose of Disbursement
fundraiser for various candidates

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: 2002 Primary / General / X Other (specify)

Date of Disbursement
05 / 14 / 2002

Amount of Each Disbursement this Period
2000.00

Transaction ID: 10000007438100D18

C. Full Name (Last, First, Middle Initial)
SunTrust Bank

Mailing Address
PO Box 622227

City: Orlando | State: FL | Zip Code: 32862-2227

Purpose of Disbursement
account analysis fees

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
05 / 31 / 2002

Amount of Each Disbursement this Period
179.00

Transaction ID: 10000007459200D19

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2368.43**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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

A.
Full Name (Last, First, Middle Initial)
SunTrust Bank

Mailing Address
PO Box 622227

City: Orlando
State: FL
Zip Code: 32862-2227

Purpose of Disbursement
account analysis fee & ck chgs

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
06 29 2002

Amount of Each Disbursement this Period
225.02

Transaction ID: 10000007459300020

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**225.02**
TOTAL This Period (last page this line number only) ..... ▶	**2593.45**