REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 28 A 10:40

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Nashville, TN 37202

2. FEC IDENTIFICATION NUMBER
C-00-67231

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☒ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____.

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01/01/00 through 03/31/00		
6. (a) Cash on Hand January 1, 2000		$ 260,826.82
(b) Cash on Hand at Beginning of Reporting Period	$ 260,826.82	
(c) Total Receipts (from Line 19)	$ 14,788.79	$ 14,788.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 275,615.61	$ 275,615.61
7. Total Disbursements (from Line 30)	$ 18,120.00	$ 18,120.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 257,495.61	$ 257,495.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
David G. Anderson

Signature of Treasurer

Date 4-25-00

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

FEC FORM 3X
(revised 1/99)

4-07275

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

(revised 1/1/91)

NAME OF COMMITTEE: Columbia/HCA Healthcare Good Government Fund

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

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7,991.69	7,991.69	11(a)(i)
ii. Unitemized	6,797.10	6,797.10	11(a)(ii)
iii. Total (add i and ii) ➤	14,788.79	14,788.79	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	14,788.79	14,788.79	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	14,788.79	14,788.79	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	14,788.79	14,788.79	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,500.00	7,500.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	10,600.00	10,600.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	18,100.00	18,100.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	18,100.00	18,100.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	14,788.79	14,788.79	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	14,788.79	14,788.79	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Molly Jo Kirby 1806 Wynwood Deer Park, TX 77536	Women's Hospital of Texas	01/12/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director Aggregate Year-to-Date > $ 250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Mathews 2330 Reflection Ct. Missouri City, TX 77459	The Women's Hospital of Tx	01/12/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Healthcare Aggregate Year-to-Date > $ 300.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda B Russell 16614 Capetown Dr Houston, TX 77058	Women's Hospital of Texas	01/12/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date > $ 1,000.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Currie 107 Warrenton Houston, TX 77024	Clear Lake	01/25/00	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Health Care Aggregate Year-to-Date > $ 400.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis J Durham 9925 Warm Springs Rd Midland, GA 31820	Hugheton Sports Medicine Hospital	01/25/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Asst VP Nursing Aggregate Year-to-Date > $ 500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Huffstutler 4000 Spencer Highway Pasadena, TX 77504	Bayshore Medical Center	01/25/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Healthcare Aggregate Year-to-Date > $ 300.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Osband MD 2523 Bridle Creek Trail Chanhassen, MN 56317	CCN Managed Care	01/25/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Doctor Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) 3,000.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Hugh C Tappan 1416 B Wildwood Columbus, GA 31906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hughston Sports Medicine Hospital Occupation: SAA / CEO Aggregate Year-to-Date > $ 1,000.00	01/25/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stephens Mundy 811 51st St Vienna, WV 26105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Joseph's Hospital Occupation: Healthcare / CEO Aggregate Year-to-Date > $ 500.00	02/08/00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Steitz 299 Kings Daughter's Drive Frankfort, KY 40601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Frankfort Regional Medical Center Occupation: CEO Aggregate Year-to-Date > $ 300.00	02/08/00	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Phillip Clendenin 1801 Ashley Circle Bowling Green, KY 42104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Columbia Greenview Occupation: Healthcare / CEO Aggregate Year-to-Date > $ 750.00	03/06/00	750.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert H. Alford 2503 Hemingway Dr Nashville, TN 37215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Centennial Medical Center Occupation: Health Care Aggregate Year-to-Date > $ 300.00	03/07/00	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Garfield 2300 Patterson Street Nashville, Tn 37203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Centennial Medical Center Occupation: Healthcare / COO Aggregate Year-to-Date > $ 300.00	03/07/00	300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Workman 1114 W Madison Ave Athens, TN 37303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Athens Regional Medical Center Occupation: Health Care / CEO Aggregate Year-to-Date > $ 750.00	03/07/00	750.00

SUBTOTAL of Receipts This Page (optional) 3,900.00

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

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. William D. Poteet III 6565 N. MacArthur Blvd, Ste 350 Irving, TX 75039 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Columbia/HCA Gulf Coast Division Occupation: Pres - Gulf Coast Division Aggregate Year-to-Date $ 425.00	Payroll Deduction	425.00 ($86.00 Biweekly)
B. Rodney Smith 1401 W. Seminole Blvd. Sanford, FL 32771 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Central Florida Regional Hospital Occupation: CEO Aggregate Year-to-Date $ 249.99	Payroll Deduction	249.99 ($83.33 Biweekly)
C. Allyn R Harris 672 W. Due West Ave. Madison, TN 37115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Nashville Memorial Hospital Occupation: CEO Aggregate Year-to-Date $ 416.70	Payroll Deduction	416.70 ($83.34 Biweekly)
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1,091.69
TOTAL This Period (last page this line number only)	7,891.69

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Eddie Bernice Johnson 2515 McKinney Ave. Suite1555 Dallas, TX 75201	Bernice Johnson, U.S. HOUSE 30th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	01/08/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Doggett for Congress 128 Cauron Office Bldg Austin, TX 78701	Purpose of Disbursement Lloyd Doggett, U.S. HOUSE 10th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 01/13/00	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code RON LEWIS FOR CONGRESS (1984) PO BOX 307 ELIZABETHTOWN, KY 42702	Purpose of Disbursement Ron Lewis, U.S. HOUSE 2nd KY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 02/21/00	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code LOFGREN FOR CONGRESS 111 W. St. John Suite 400 San Jose, CA 95113	Purpose of Disbursement Lofgren , U.S. HOUSE 16th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 02/24/00	Amount of Each Disbursement This Period 250.00
E. Full Name, Mailing Address and ZIP Code John Culberson 15117 Memorial Suite 216 Houston, TX 77079	Purpose of Disbursement Culberson, REPREGENTATIVE 130th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 02/24/00	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code HINOJOSA FOR CONGRESS 612 Nolana Ste. 410 B McAllen, TX 78504	Purpose of Disbursement Hinojosa , U.S. HOUSE 40th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 03/14/00	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code DEMOCRATIC NATIONAL COMMITTEE 430 South Capital Street, SE Washington, DC 20003	Purpose of Disbursement multi-candidate committee Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/14/00	Amount of Each Disbursement This Period 1,500.00
H. Full Name, Mailing Address and ZIP Code Shelley Berkley for Congress 1001 South Third Street Las Vegas, NV 89101	Purpose of Disbursement Shelley Berkley, CONGRESS NV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/15/00	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Martha Walker for Congress PO Box 643 Charleston, WV 25302	Purpose of Disbursement Walker , U.S. HOUSE 2nd WV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/15/00	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional) 6,250.00

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

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 McCollum for Congress Committee 2268 Rayburn House Office Building Washington, DC 20515	Purpose of Disbursement McCollum, REPRESENTATIVE 8th FL Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/16/00	Amount of Each Disbursement This Period 250.00
B. 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 [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/15/00	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 1,250.00

TOTAL This Period (last page this line number only) 7,600.00

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 4
	FOR LINE NUMBER 29

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

A. Full Name, Mailing Address and ZIP Code HOUSE DEMOCRATIC CAUCUS P.O. BOX 305172 DEPT. 46 NASHVILLE, TN 37230-5172	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 01/04/00	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF THA 600 INTERSTATE BLVD SOUTH NASHVILLE, TN 37210 (Tennessee Hospital Association)	Purpose of Disbursement donation to multi-purpose committee (State PA) Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/02/00	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code Earl Ray Tomblin for Senate P.O. Box 116 Chapmanville, WV 25508	Purpose of Disbursement Earl Ray Tomblin, STATE SENATE WV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/28/00	Amount of Each Disbursement This Period 300.00
D. Full Name, Mailing Address and ZIP Code Friends of John Mark Windle P.O. Box 707 Livingston, TN 38570	Purpose of Disbursement John Mark Windle, 41st TN State Rep. Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 1/4/00	Amount of Each Disbursement This Period 200.00
E. Full Name, Mailing Address and ZIP Code Jeff Kessler for Senate 607 Wheeling Avenue Glen Dale, WV 26038	Purpose of Disbursement Jeffrey V. Kessler, State Senate WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/29/00	Amount of Each Disbursement This Period 150.00
F. Full Name, Mailing Address and ZIP Code Mike Ross for Senate Box 219 Coalton, WV 26257	Purpose of Disbursement Mike Ross, State Senate WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/29/00	Amount of Each Disbursement This Period 150.00
G. Full Name, Mailing Address and ZIP Code Vic Sprouse for Senate 103 Cobb Street So. Charleston, WV 25309	Purpose of Disbursement Vic Sprouse, State Senate WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/29/00	Amount of Each Disbursement This Period 150.00
H. Full Name, Mailing Address and ZIP Code Bob Plymale for Senate P.O. Box 543 Ceredo, WV 25507	Purpose of Disbursement Robert H. Plymale State Senate WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/29/00	Amount of Each Disbursement This Period 150.00
I. Full Name, Mailing Address and ZIP Code Roman Prezioso for Senate 1806 Dogwood Drive Fairmont, WV 26554	Purpose of Disbursement Roman Prezioso, Jr. State Senate WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/29/00	Amount of Each Disbursement This Period 150.00

SUBTOTAL of Disbursements This Page (optional)	7,250.00
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Columbia/ HCA Healthcare God Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bobbie Warner for House P.O. Box 1324 Bridgeport WV 26330	Barbara Warner, State House - WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Larry Faircloth for House P.O. Box 477 Inwood, WV 25428	Larry V. Faircloth, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Doyle for House Box 1607 Shepherdstown, WV 25443	John Doyle, State House WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Campbell for House 201 Silo Lane Lewisburg, WV 24901	Thomas W. Campbell, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ron Thompson for House 201 Hartley Avenue Beckley, WV 25801	Ron Thompson, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Hall for House 12 Stonegate Hurricane, WV 25526	Mike Hall, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charles S. Trump, IV for House 306 S. Washington Street Berkeley Springs, WV 25411	Charles S. Trump, IV, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary Pearl Compton for House P.O. Box 23 Union, WV 24983	Mary Pearl Compton, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Margarette Leach for House P.O. Box 7362 Huntington, WV 25705	Margarette R. Leach, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00

SUBTOTAL of Disbursements This Page (optional) 1,350.00

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

4-99173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Columbia/ HCA Healthcare Good Government Fund

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Scott Varner for House 124 Second Street Moundsville, WV 26041	Scott Varner, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
B. Otis Leggett for House 1002 Stadium Drive St. Mary's, WV 26170	Otis A. Leggett, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
C. Bill Anderson for House 1011 Highland Avenue Williamstown, WV 26187	E.W. Anderson, Jr. State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
D. Larry Border for House Rt. 1 Box 200A Davisville, WV 26142	Larry Border, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
E. Rick Modesitt for House P.O. Box 2206 Parkersburg, WV 26104	Rick Modesitt, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
F. Tom Azinger for House P.O. Box 5400 Vienna, WV 26105	Tom Azinger, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
G. J.D. Beane for House P.O. Box 4275 Parkersburg, WV 26104	J.D. Beane, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
H. Donna Boley for Senate Rt. 4 Box 72 St. Mary's, WV 26170	Donna J. Boley, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	150.00
I. Harold Michael for House P.O. Box 300 Moorefield, WV 26836	Harold Michael, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	200.00

SUBTOTAL of Disbursements This Page (optional) 1400.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Columbia/HCA Healthcare Good Government Fund

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Rick Staton for House P.O. Box 357 Mullens, WV 25882	Rick Staton, State House WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	200.00
B. Vicki Douglas for House 1003 Chestnut Drive Martinsburg, WV 25401	Vicki Douglas, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	200.00
C. Joe Martin for House P.O. Box 884 Elkins, WV 26241	Joe Martin, State House, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/29/00	200.00
D. 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) 600.00

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

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 4/28/00
☐	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	

SK
PREPARER

4/28/00
DATE PREPARED

(4/98)