COLUMBIA HEALTHCARE GOOD GOVERNMENT FUND

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

December 1, 1993

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM
DEC 3 2 17 PM '93

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

Re: Columbia Healthcare Good Government Fund
C-000-67231-Monthly Report for 11/1/93 - 11/30/93

Gentlemen:

Enclosed please find Columbia Healthcare Good Government Fund FED Form 3X, for the monthly report (11/1/93 -11/30/93) with appropriate schedules attached.

Sincerely,

David G. Anderson
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

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

93 3 3 8 3 2 9 9 0

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

December 1, 1993

cc: Federal Election Commission
Election Division
Room 110
Atlanta, Georgia 30334

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

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

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

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

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

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

Dec 3 2 37 PM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

Columbia Healthcare Good Government Fund

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

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	X 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 X NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5	Covering Period 11/1/93 through 11/30/93		
6	(a) Cash on Hand January 1, 19 93		$ 8,299.85
	(b) Cash on Hand at Beginning of Reporting Period	$ 40,602.28	
	(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)	$ 40,602.28	$ 61,077.33
7.	Total Disbursements (from Line 30)	$ (156.50)	$ 20,318.55
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 40,758.78	$ 40,758.78
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	

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 12/1/93

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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)

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

(revised 1/3/91)

NAME OF COMMITTEE: Columbia Healthcare Good Government Fund

REPORT COVERING PERIOD FROM 11/1/93 TO: 11/30/93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	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	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	506.98
18. Transfers from Nonfederal Account for Joint Activity	0	0
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) ➤	0	52,777.48
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	479.50	8,379.55
c. Total Operating Expenditures (Add a i, a ii, and b) ➤	479.50	8,379.55
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	7,125.00
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	(636.00)	4,814.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	(156.50)	20,318.55
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	(156.50)	20,318.55
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) ➤	479.50	8,379.55
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	479.50	8,379.55

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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

NAME OF COMMITTEE (in Full)

Columbia Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code The Word Processory 1355 S. Third Street Louisville, Ky 40208	Purpose of Disbursement Secretarial Services Disbursement for: [ ] Primary [ ] General [X] Other (specify) see above	Date (month, day, year) 11/5/93	Amount of Each Disbursement This Period $ 62.50
B. Full Name, Mailing Address and ZIP Code Michael W. Wooden 1385 S. Third Street Louisville, Ky 40208	Purpose of Disbursement Bookkeeping Services Disbursement for: [ ] Primary [ ] General [X] Other (specify) See above	Date (month, day, year) 11/30/93	Amount of Each Disbursement This Period $417.00
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)	$479.50
TOTAL This Period (last page this line number only)	$479.50

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 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)
Columbia Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code Martha Wilkinson for Gov. 2285 Executive Drive Lexington, Ky 40505	Purpose of Disbursement Contribution returned. Disbursement for: ☐ Primary ☐ General x Other (specify) See above.	Date (month, day, year) 11/19/93	Amount of Each Disbursement This Period ($136.00)
B. Full Name, Mailing Address and ZIP Code Mary Sue Terry for Gov. P.O. Box 714 Richmond, Va 23206	Purpose of Disbursement Contribution returned. Disbursement for: ☐ Primary ☐ General x Other (specify) See above.	Date (month, day, year) 11/20/93	Amount of Each Disbursement This Period ($500.00)
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)	($636.00)
TOTAL This Period (last page this line number only)	($636.00)

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 12-6-93
☐	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

AG.
PREPARER

12-6-93
DATE PREPARED

FEC FORM 70-2 (12/92)