

**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** CITY STATE ZIP CODE

C00067231 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE Election Report for the:	X	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)	Election on	08	01	2002	in the State of TN
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on				in the State of

5. Covering Period 07 01 2002 through 07 12 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 07 11 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
HCA Healthcare Good Government Fund

Report Covering the Period: From: ^h07 ^d01 ^y2002 To: ^h07 ^d12 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		239190.48
(b) Cash on Hand at Beginning of Reporting Period	203135.70	
(c) Total Receipts (from Line 19)	43020.00	77563.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	246155.70	316754.15
7. Total Disbursements (from Line 30)	16000.00	86598.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	230155.70	230155.70
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	

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**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

HCA Healthcare Good Government Fund

Report Covering the Period: From: ^h07 ^d01 ^v2002 To: ^h07 ^d12 ^v2002

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)	29300.00	
(ii) Unitemized	13720.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	43020.00	75920.93
(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)	43020.00	75920.93
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.)	0.00	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)	43020.00	77563.67
20. Total Federal Receipts (subtract Line 18 from Line 19)	43020.00	77563.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

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.....	6500.00	59990.30
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.....	9500.00	26608.15
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	16000.00	86598.45
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	16000.00	86598.45
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	43020.00	75920.93
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	43020.00	75920.93
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: PAGE 6 / 31

(check only one)

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

Full Name (Last, First, Middle Initial)

A. James Winston Borland

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 01 / 2002

4305 Woodriver

City

State

Zip Code

Corpus Christi

TX

78410

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

500.00

Name of Employer
Northwest Regional Hospital

Occupation
COO

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

500.00

Transaction ID: 10000007465800005

Full Name (Last, First, Middle Initial)

B. Douglas E. Browning

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 01 / 2002

200 Wilshire Drive

City

State

Zip Code

Coppell

TX

75019

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

300.00

Name of Employer
Medical Center of Plano

Occupation
CFO

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

300.00

Transaction ID: 10000007465900008

Full Name (Last, First, Middle Initial)

C. Robert Dunwoody

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 01 / 2002

2640 Riverview Court

City

State

Zip Code

Vero Beach

FL

32903

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

300.00

Name of Employer
Lawnwood Regional Medical Center

Occupation
CFO

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

300.00

Transaction ID: 10000007461800007

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Harvey L Fishero

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2002

Mailing Address
5820 Newgate Lane

City State Zip Code
Plano TX 75093

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Medical Center of Plano CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: 10000007466100008

B. Full Name (Last, First, Middle Initial)
Cheryl Gaforth

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2002

Mailing Address
3141 Indian River Drive

City State Zip Code
Ft. Pierce FL 34982-7746

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lawnwood Regional Medical Center CNO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 10000007462200009

C. Full Name (Last, First, Middle Initial)
Molly Hagan

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2002

Mailing Address
345 S Washington

City State Zip Code
Denver CO 80209

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Presbyterian St Luke's Hospital Assoc Admin

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 10000007463400010

SUBTOTAL of Receipts This Page (optional) ▶ **1550.00**

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 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Sandra L Haire

Mailing Address
3708 Wilshire

City State Zip Code
Plano TX 75023

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Medical Center of Plano CNO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 10000007466000011

Full Name (Last, First, Middle Initial)
B. David W McClung

Mailing Address
8858 Kemper Drive

City State Zip Code
Lonetree CO 80124

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Presbyterian/St. Luke's Hospital CFO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 10000007463200012

Full Name (Last, First, Middle Initial)
C. Mitch Mongel

Mailing Address
3101 S. Indian River Drive

City State Zip Code
Ft. Pierce FL 34982

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lawnwood Regional Medical Center COO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 10000007461500013

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Thomas R. Pentz

Mailing Address
1700 S 23rd Street

City State Zip Code
Ft. Pierce FL 34954

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lawnwood Regional Medical Center CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: 10000007461800014

Full Name (Last, First, Middle Initial)
B. David Portwood

Mailing Address
151 CHADWICK DRIVE

City State Zip Code
Macon GA 31210

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
COLISEUM MEDICAL CENTERS COO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 10000007468200015

Full Name (Last, First, Middle Initial)
C. Madeleine L. Roberson

Mailing Address
5402 S. Fulton Court

City State Zip Code
Englewood CO 80111

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Presbyterian/St. Luke's Medical Center President/CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: 10000007463100016

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 10 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Roger M Simmons

Mailing Address
116 Arlington Row
City State Zip Code
Macon GA 31210

Date of Receipt
MM / DD / YYYY
07 / 01 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Columbia Coliseum Medical Coliseum Psy CFO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 10000007468400017

Full Name (Last, First, Middle Initial)
B. Nancy White

Mailing Address
821 Dogwood Cir
City State Zip Code
Macon GA 31210

Date of Receipt
MM / DD / YYYY
07 / 01 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Columbia Coliseum Medical Coliseum Psy DIR SR HEALTH

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 10000007468700018

Full Name (Last, First, Middle Initial)
C. David Dasher

Mailing Address
194 Pershing Way
City State Zip Code
West Palm Beach FL 33401

Date of Receipt
MM / DD / YYYY
07 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Columbia Hospital Healthcare

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000007472100018

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Eric Goldman

Mailing Address
15202 Glenmoor Dr
City State Zip Code
W. Palm Beach FL 33409

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Columbia Hospital Healthcare

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 1000000747200020

Full Name (Last, First, Middle Initial)
B. Valerie Jackson

Mailing Address
6815 Cypress Cove Circle
City State Zip Code
Jupiter FL 33458

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Columbia Hospital CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: 10000007471900021

Full Name (Last, First, Middle Initial)
C. Cynthia S Monroe

Mailing Address
1961 NW 35th Terrace
City State Zip Code
Coconut Creek FL 33066

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Columbia Hospital CNO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 10000007472200022

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 12 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Galen R. Russel

Mailing Address
303 Harborside Circle
City State Zip Code
Kemah TX 77565

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Clear Lake Regional Medical Center

Occupation
CFO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: 10000007471600023

Full Name (Last, First, Middle Initial)
B. Donald Shaffelt

Mailing Address
1906 Tower River Ct
City State Zip Code
Houston TX 77062

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Clear Lake Regional Medical Center

Occupation
CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: 10000007471600024

Full Name (Last, First, Middle Initial)
C. Melinda W. Stephanson

Mailing Address
807 Orchard
City State Zip Code
Houston TN 77062

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Clear Lake Regional Medical Center

Occupation
COO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: 10000007471300025

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 13 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Ward Stevens

Mailing Address
112 Parkview Ave.
City State Zip Code
Covington VA 24426

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
700.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HCA Allegheny Regional Hospital HEALTH CARE/CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 700.00

Transaction ID: 10000007470700026

Full Name (Last, First, Middle Initial)
B. MaryAnn Euliate

Mailing Address
23115 Regal Isle Ct
City State Zip Code
Katy TX 77494

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Spring Branch Medical Center CNO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 10000007476800027

Full Name (Last, First, Middle Initial)
C. John Bary

Mailing Address
735 Terry Dr
City State Zip Code
Richlands VA 24841

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Clinch Valley Medical Center COO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00

Transaction ID: 10000007477100028

SUBTOTAL of Receipts This Page (optional) ▶ **1350.00**

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 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Karen Bowling

Mailing Address
127 Orlando Street

City State Zip Code
Beckley WV 25801

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Raleigh General Hospital VP/COO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: 10000007478300029

Full Name (Last, First, Middle Initial)
B. Charles Brisson

Mailing Address
8238 Midland Trail

City State Zip Code
Columbus GA 31909

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Doctor's Hospital COO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000007480500030

Full Name (Last, First, Middle Initial)
C. Scott Chak

Mailing Address
11043 N.W. 3rd. St

City State Zip Code
Coral Springs FL 33071

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pains West Medical Center COO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 10000007482800031

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Renee Cross

Mailing Address
PO Box 176
City Prosperity State WV Zip Code 25909

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Raleigh General Occupation CFO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Transaction ID: 10000007478400032

Full Name (Last, First, Middle Initial)
B. Patricia Curie

Mailing Address
107 Warrenton
City Houston State TX Zip Code 77024

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Spring Branch Medical Center Occupation CEO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Transaction ID: 10000007478400033

Full Name (Last, First, Middle Initial)
C. Rex Etheridge

Mailing Address
9202 Beauclerc Cir. W.
City Jacksonville State FL Zip Code 32257

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Memorial Hospital Jacksonville Occupation CEO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Transaction ID: 10000007484800034

SUBTOTAL of Receipts This Page (optional) ▶ **2300.00**

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 16 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Jeff Fee

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Mailing Address
6B Valleybrook Drive

City State Zip Code
Hendersonville TN 37075

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hendersonville Hospital CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: 10000007474400035

Full Name (Last, First, Middle Initial)
B. Raymond Grenier

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Mailing Address
1627 Westshore Drive

City State Zip Code
Houston TX 77094

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Spring Branch Medical Center CFO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 10000007476500036

Full Name (Last, First, Middle Initial)
C. David Handley

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Mailing Address
1908 Utah

City State Zip Code
Houston TX 77007

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Spring Branch Medical Center COO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000007476700037

SUBTOTAL of Receipts This Page (optional) ▶ **1200.00**

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 17 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Aleta Henderson

Mailing Address
2203 Bridle Court

City State Zip Code
Phenix City AL 36867

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Doctors Hospital CNO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 10000007480700038

Full Name (Last, First, Middle Initial)
B. Scott Jones

Mailing Address
111 Innisbrook Bend

City State Zip Code
Summerville SC 29483

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Trident Medical Center CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 10000007483500039

Full Name (Last, First, Middle Initial)
C. Michael Joyce

Mailing Address
3852 Colonel Vanderhorst

City State Zip Code
Mt. Pleasant SC 29466

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Trident Medical Center CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: 10000007483400040

SUBTOTAL of Receipts This Page (optional) ▶ **1550.00**

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 18 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Joseph Koch

Mailing Address
531 Woodlawn Avenue

City State Zip Code
Beckley WV 25801

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Raleigh General COO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000007478500041

Full Name (Last, First, Middle Initial)
B. Cynthia Mansfield

Mailing Address
2882 S. Magnolia Street

City State Zip Code
Denver CO 80224

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
750.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Spalding Rehabilitation Hospital CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 750.00

Transaction ID: 10000007474000042

Full Name (Last, First, Middle Initial)
C. Michael Mayo

Mailing Address
3625 University Blvd S

City State Zip Code
Jacksonville FL 32216

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Memorial Hospital Healthcare

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000007485000043

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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 19 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Mary McElroy

Mailing Address
4074 Mizner Circle South

City State Zip Code
Jacksonville FL 32217

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Memorial Hospital Jacksonville Dir. Nsg

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 10000007485100044

Full Name (Last, First, Middle Initial)
B. Carol Miller

Mailing Address
106 Taylor Drive

City State Zip Code
Hurricane WV 25526

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Raleigh General Hospital VP/CNO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 10000007478800045

Full Name (Last, First, Middle Initial)
C. Frank Molinaro

Mailing Address
16 Stonegate Drive

City State Zip Code
Hurricane WV 25526

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Putnam General Hospital CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: 10000007476300046

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 20 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Ronda Moore

Mailing Address
1400 Hospital Dr
City State Zip Code
Hurricane WV 25526

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Putnam General Hospital CFO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 350.00

Transaction ID: 10000007474800047

Full Name (Last, First, Middle Initial)
B. Chris Nicolis

Mailing Address
3315 S. Alameda
City State Zip Code
Corpus Christi TX 78411

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corpus Christi Medical Center C.F.O.

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000007478100048

Full Name (Last, First, Middle Initial)
C. Jack Nunley

Mailing Address
185 Northwood Pl
City State Zip Code
Pulaski VA 24301

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
750.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pulaski Community Hospital CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 750.00

Transaction ID: 10000007482200049

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 21 / 31

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)
Robert Presto

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Mailing Address
130 Lexington Drive

City State Zip Code
West Palm Beach FL 33411

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palms West Medical Center CFO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 10000007482800050

B. Full Name (Last, First, Middle Initial)
Craig Preston

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Mailing Address
856 Indian Springs Road

City State Zip Code
Bountiful UT 84020

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lakeview Hospital CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 10000007483300051

C. Full Name (Last, First, Middle Initial)
Heather Rohan

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Mailing Address
1616 Breakers West Blvd

City State Zip Code
West Palm Beach FL 33411

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palms West Medical Center Chief Exec. Officer

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: 10000007482700052

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 22 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. John E Ulbricht

Mailing Address
PO Box 8937
City State Zip Code
Corpus Christi TX 78466-9011

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corpus Christi Medical Center COO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000007477900053

Full Name (Last, First, Middle Initial)
B. Rodney Van Pelt

Mailing Address
8179 Green Glade Road
City State Zip Code
Jacksonville FL 32256

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Memorial Hospital Jacksonville CFO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 10000007484900054

Full Name (Last, First, Middle Initial)
C. Hugh Wilson

Mailing Address
7401 Rolling Bend Ct
City State Zip Code
Columbus GA 31904

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Doctors Hospital CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: 10000007480800055

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 23 / 31	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Steve Woerner

Mailing Address
202 Shore Drive

City State Zip Code
Portland TX 78374

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corpus Christi Medical Center CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: 10000007478000056

Full Name (Last, First, Middle Initial)
B. Jesse Woodal

Mailing Address
4413 Lake Superior

City State Zip Code
Corpus Christi TX 78413

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corpus Christi Medical Center COO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000007478200057

C.

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	29300.00

**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)

PAGE 24 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Allen Boyd Campaign		Date of Disbursement 07 / 01 / 2002	
Mailing Address P O Box 15703 City: Tallahassee State: FL Zip Code: 32317		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement YTD:\$1500.00 Boyd, CONGRESS 2nd FL		24K Category/ Type	
Candidate Name Allen Boyd			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL District: 2	Transaction ID: 10000007459400002		

Full Name (Last, First, Middle Initial) B. Jon Porter for Congress		Date of Disbursement 07 / 01 / 2002	
Mailing Address P.O. Box 26087 City: Las Vegas State: NV Zip Code: 89128		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Porter, U.S. HOUSE 3rd NV		24K Category/ Type	
Candidate Name Jon Porter			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: NV District: 3	Transaction ID: 10000007459600003		

Full Name (Last, First, Middle Initial) C. Rely on Your Beliefs Fund		Date of Disbursement 07 / 08 / 2002	
Mailing Address 217 Cannon House Office Bldg City: Washington State: DC Zip Code: 20515-2507		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$3500.00 Blunt, U.S. HOUSE 7th MO		24K Category/ Type	
Candidate Name Roy Blunt			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: MO District: 7	Transaction ID: 10000007459600004		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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)

PAGE 25 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 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)
HCA Healthcare Good Government Fund

Full Name (Last, First, Middle Initial) A. Friends of Katherine Harris		Date of Disbursement 07 / 09 / 2002	
Mailing Address PO Box 25187 City: Sarasota State: FL Zip Code: 34277		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$1500.00 Harris, U.S. HOUSE 13th FL		24K Category/ Type	
Candidate Name Katherine Harris			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000007459700005	
State: FL District: 13			

Full Name (Last, First, Middle Initial) B. Rely on Your Beliefs Fund		Date of Disbursement 07 / 11 / 2002	
Mailing Address 217 Cannon House Office Bldg City: Washington State: DC Zip Code: 20515-2507		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$3500.00 Blunt, U.S. HOUSE 7th MD		24K Category/ Type	
Candidate Name Roy Blunt			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000007461000006	
State: MD District: 7			

C.

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	6500.00

**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)

PAGE 28 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Friends of Joe Kent		Date of Disbursement 07 / 11 / 2002
Mailing Address 219 War Memorial Bldg City Nashville State TN Zip Code 37243-0183		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Joe Kent, REPRESENTATIVE 83rd TN		Transaction ID: 10000007459800007
Candidate Name Joe Kent		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: TN District: 83		

Full Name (Last, First, Middle Initial) B. Committee to Re-Elect Langster		Date of Disbursement 07 / 11 / 2002
Mailing Address 2423 Underwood St. City Nashville State TN Zip Code 37208		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Taylor Langster, REPRESENTATIVE 54th TN		Transaction ID: 10000007459800008
Candidate Name Edith Taylor Langster		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: TN District: 54		

Full Name (Last, First, Middle Initial) C. Friends of John Ford		Date of Disbursement 07 / 11 / 2002
Mailing Address 7 Legislative Plaza City Nashville State TN Zip Code 37243-0029		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement John Ford, STATE SENATE TN		Transaction ID: 10000007460000009
Candidate Name John Ford		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: TN District:		

SUBTOTAL of Disbursements This Page (optional)	2000.00
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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Elect Bill Harmon State Representative		Date of Disbursement 07 / 11 / 2002
Mailing Address PO Box 651 City Dunlap State TN Zip Code 37327		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Harmon, REPRESENTATIVE 37th TN		Transaction ID: 10000007460100010
Candidate Name Bill Harmon		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: TN District: 37		

Full Name (Last, First, Middle Initial) B. RALPH COLE CAMPAIGN FUND		Date of Disbursement 07 / 11 / 2002
Mailing Address 307 RIGDE CREST DRIVE City ELIZABETHTON State TN Zip Code 37643		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement RALPH COLE, REPRESENTATIVE 4th TN		Transaction ID: 10000007460200011
Candidate Name RALPH COLE		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: TN District: 4		

Full Name (Last, First, Middle Initial) C. Friends of Zane Whitson		Date of Disbursement 07 / 11 / 2002
Mailing Address 204 War Memorial Bldg City Nashville State TN Zip Code 37243-0105		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Zane Whitson, REPRESENTATIVE 5th TN		Transaction ID: 10000007460300012
Candidate Name Zane Whitson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: TN District: 6		

SUBTOTAL of Disbursements This Page (optional)	1500.00
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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Friends of Butch Lewis		Date of Disbursement 07 / 11 / 2002	
Mailing Address PO Box 546 City State Zip Code Manchester TN 37349		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Butch Lewis, REPRESENTATIVE 47th TN		Category/ Type	
Candidate Name Doyle Butch Lewis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000007460400013	
State: TN District: 47			

Full Name (Last, First, Middle Initial) B. Committee to Elect Kathryn Bowers		Date of Disbursement 07 / 11 / 2002	
Mailing Address 1307 Swallow Lane City State Zip Code Memphis TN 38116		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Kathryn Bowers, REPRESENTATIVE 87th TN		Category/ Type	
Candidate Name Kathryn Bowers			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000007460500014	
State: TN District: 87			

Full Name (Last, First, Middle Initial) C. Friends of Lois DeBerry		Date of Disbursement 07 / 11 / 2002	
Mailing Address 15 Legislative Plaza City State Zip Code Nashville TN 37243-0191		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Lois DeBerry, REPRESENTATIVE 91st TN		Category/ Type	
Candidate Name Lois DeBerry			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000007460600015	
State: TN District: 91			

SUBTOTAL of Disbursements This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Friends of John White		Date of Disbursement 07 / 11 / 2002	
Mailing Address 101 Waldon Road City State Zip Code Lawrenceberg TN 38464		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement John White, REPRESENTATIVE 70th TN		Category/ Type	
Candidate Name John White			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 1000007460700018	
State: TN District: 70			

Full Name (Last, First, Middle Initial) B. Friends of Paul Phelan		Date of Disbursement 07 / 11 / 2002	
Mailing Address P.O. Box 408 City State Zip Code Trenton TN 38382		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Paul Phelan, REPRESENTATIVE 79th TN		Category/ Type	
Candidate Name Paul Phelan			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 1000007460800017	
State: TN District: 79			

Full Name (Last, First, Middle Initial) C. Friends of Tommy Haun		Date of Disbursement 07 / 11 / 2002	
Mailing Address 307 War Memorial Bldg City State Zip Code Nashville TN 37243-0201		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Tommy Haun, STATE SENATE TN		Category/ Type	
Candidate Name Tommy Haun			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 1000007460900018	
State: TN District:			

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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 26 27 28a 28b 28c 29

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

Full Name (Last, First, Middle Initial) A. Friends of Joe Armstrong		Date of Disbursement 07 / 11 / 2002	
Mailing Address P.O. Box 6587 City: Knoxville State: TN Zip Code: 37914		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Joe Armstrong, REPRESENTATIVE 15th TN		Category/ Type	
Candidate Name Joe Armstrong			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 1000007461100019
State: TN District: 15			

Full Name (Last, First, Middle Initial) B. Brenda Turner Committee		Date of Disbursement 07 / 11 / 2002	
Mailing Address 26 Legislature Plaza City: Nashville State: TN Zip Code: 37243-0129		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Brenda Turner, REPRESENTATIVE 26th TN		Category/ Type	
Candidate Name Brenda Turner			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 1000007461200020
State: TN District: 29			

Full Name (Last, First, Middle Initial) C. Charles Curtiss Committee		Date of Disbursement 07 / 11 / 2002	
Mailing Address 34 Legislative Plaza City: Nashville State: TN Zip Code: 37219		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Charles Curtiss, REPRESENTATIVE 43rd TN		Category/ Type	
Candidate Name Charles Curtiss			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 1000007461300021
State: TN District: 43			

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Callicott for State Senate		Date of Disbursement 07 ^N / 11 ^M / 2002 ^Y
Mailing Address 1304 Clairmonte Lane City: Franklin State: TN Zip Code: 37064		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Callicott, SENATOR 23rd TN		Category/ Type
Candidate Name Clint Callicott		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 1000007461400022
State: TN	District:	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	9500.00