

**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) ▶