

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 26 A 9 55

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) NCA Healthcare Good Government Fund		2. FEC IDENTIFICATION NUMBER C-00-67231
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 550, One Park Plaza		
CITY, STATE and ZIP CODE Nashville, TN 37202		
3. <input checked="" type="checkbox"/> 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 <u>07/01/00</u> through <u>09/30/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 260,826.82
(b) Cash on Hand at Beginning of Reporting Period	\$ 249,278.90	
(c) Total Receipts (from Line 19)	\$ 2,884.53	\$ 20,931.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 251,933.53	\$ 281,758.53
7. Total Disbursements (from Line 30)	\$ 52,950.00	\$ 82,775.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 198,983.53	\$ 198,983.53
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
900 E Street, NW
Washington, DC 20543
Toll Free 800-434-7530
Local 202-494-1100

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 W. Mark Kimbrough

Signature of Treasurer
W. Mark Kimbrough

Date
10/25/00

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM SX**

(revised 1/1/97)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
HCA Healthcare Good Government Fund		FROM	TO	
		07/01/00	08/30/00	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Beritized (Use Schedule A)	2,008.88	11,601.71	11(a)(i)
ii.	Unberitized	847.85	9,430.00	11(a)(ii)
iii.	Total (add i and ii) >	2,854.63	20,831.71	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) >	2,854.63	20,831.71	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) >	2,854.63	20,831.71	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	2,854.63	20,831.71	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	38,050.00	54,625.00	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	16,900.00	28,150.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	52,950.00	82,775.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	52,950.00	82,775.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11(d))	2,854.63	20,831.71	32
33.	Total Contribution Refunds (from line 28(d))	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from line 32)	2,854.63	20,831.71	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 line 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 a i

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Kloess 537 Solomon Dr Nashville, TN	Centennial Medical Center	08/03/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William D. Potest Jr 6565 N. McArthur Blvd, Ste 360 Irving, TX 75039	HCA Corporate Office	Payroll Deduction	340.00 (\$85.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres JN. Tx Division	Aggregate Year-to-Date > \$ 835.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rodney Smith 1401 W. Seminole Boulevard Sanford, FL 32771	Central Florida Regional Hospital	Payroll Deduction	333.32 (\$83.33 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 749.87	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allyn R Harris 912 West Due West Avenue Madison, TN 37115	Nashville Memorial Hospital	Payroll Deduction	333.38 (\$83.34 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Admin	Aggregate Year-to-Date > \$ 918.74	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	2,006.68
TOTAL This Period (last page this line number only)	2,006.68

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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)
NCA 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
DeGette for Congress Committee 770 Grant Street Denver, CO 80203	DeGette, REPRESENTATIVE 1th CO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/20/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Bishop for Congress Committee 1832 Longworth House Office Building Washington, DC 20515	Bishop, REPRESENTATIVE 2nd GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/20/00	800.00
C. Full Name, Mailing Address and ZIP Code Cantor for Congress PO Box 28537 Richmond, VA 23228	Cantor, U.S. HOUSE 73rd VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/24/00	500.00
D. Full Name, Mailing Address and ZIP Code Friends of John Tanner P.O. Box 1884 Union City, TN 38281	John Tanner, U.S. HOUSE 8th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/26/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Campbell for Senate 872 Oak Park Way Redwood City, CA 94062-4040	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/31/00	-500.00
F. Full Name, Mailing Address and ZIP Code Henry Brown for Congress 525 Blatt Building Columbia, SC 29211	Henry Brown, U.S. HOUSE 6th SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/03/00	500.00
G. Full Name, Mailing Address and ZIP Code HATCH ELECTION COMMITTEE 175 SOUTH WEST TEMPLE, STE 780 SALT LAKE CITY, UT 84101	HATCH, U.S. SENATE UT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/06/00	2,000.00
H. Full Name, Mailing Address and ZIP Code Henry Brown for Congress 525 Blatt Building Columbia, SC 29211	Henry Brown, U.S. HOUSE 6th SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/06/00	500.00
I. Full Name, Mailing Address and ZIP Code ELAINE BLOOM FOR CONGRESS 300 71ST STREET SUITE 504 MIAMI BEACH, FL 33141	BLOOM, U.S. HOUSE 22nd FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/08/00	500.00

SUBTOTAL of Disbursements This Page (optional)

5,300.00

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 2 OF 5
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (in Full)

HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code Shaw for Congress Committee 2267 Rayburn House Office Building Washington, DC 20516	Purpose of Disbursement Clay Shaw, REPRESENTATIVE 22nd FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/08/00	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code McCollum for Congress Committee 2266 Rayburn House Office Building Washington, DC 20516	Purpose of Disbursement McCollum, U.S. SENATE FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/09/00	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code MILLER FOR SENATE 1100 SPRING STREET, NE STE 104 ATLANTA, GA 30308	Purpose of Disbursement MILLER, U.S. SENATE GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/14/00	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Mac Collins for Congress Committee 1130 Longworth House Office Building Washington, DC 20515	Purpose of Disbursement "Mac" Collins, REPRESENTATIVE 3rd GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/16/00	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code CUNNEEN FOR CONGRESS COMMITTEE 5339 PROSPECT PARK #151 SAN JOSE, CA 95129	Purpose of Disbursement CUNNEEN, U.S. HOUSE 16th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/22/00	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Fainstein 2000 909 Montgomery Street Suite 400 San Francisco, CA 94133	Purpose of Disbursement Dianne Fainstein, U.S. SENATE CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/25/00	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Fletcher for Congress PO Box 4703 Lexington, KY 40544	Purpose of Disbursement Ernie Fletcher, CONGRESS 8th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 08/28/00	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code J.C. Watts for Congress 1713 Longworth Office Bldg Washington, DC 20515	Purpose of Disbursement Watts, HOUSE 4th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 09/05/00	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Clement for Congress Committee 2229 Rayburn House Office Building Washington, DC 20515	Purpose of Disbursement Clement, REPRESENTATIVE 5th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 09/08/00	Amount of Each Disbursement This Period 500.00

SUBTOTAL of Disbursements This Page (optional)

6,500.00

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 3 OF 5
FOR LINE NUMBER 23

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)

NCA 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
McCullum for Congress Committee 2268 Rayburn House Office Building Washington, DC 20515	McCullum, U.S. SENATE FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/05/00	750.00
Shaw for Congress Committee 2267 Rayburn House Office Building Washington, DC 20515	Clay Shaw, REPRESENTATIVE 22nd FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/00	600.00
KEEP NICK RAHALL IN CONGRESS COMMITTEE PO BOX 64 BECKLEY, WV 25801	RAHALL, U.S. HOUSE 3rd WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	500.00
Cantor for Congress PO Box 28537 Richmond, VA 23228	Cantor, U.S. HOUSE 73rd VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/13/00	1,000.00
Gordon for Congress Committee 2201 Rayburn House Office Building Washington, DC 20515	Gordon, REPRESENTATIVE 9th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/13/00	500.00
GB PAC PO BOX 14814 ATLANTA, GA 30324	GENERAL REPUBLICAN CANDIDATES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/13/00	1,000.00
Young for Congress Committee 2407 Rayburn House Office Building Washington, DC 20515	"Bill" Young, REPRESENTATIVE 10th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/14/00	500.00
BILL NELSON FOR U.S. SENATE PO BOX 10962 TALLAHASSEE, FL 32302	NELSON, U.S. SENATE FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/14/00	1,000.00
Friends of Mark Foley 506 Cannon House Office Bldg Washington, DC 20515	Foley, REPRESENTATIVE 16th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/14/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

6,750.00

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 5
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (in Full)

HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Miller for Congress Committee 117 Cannon House Office Building Washington, DC 20515	Miller, REPRESENTATIVE 13th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/16/00	1,000.00
JIM DAVIS FOR CONGRESS 209 BLANCA AVENUE TAMPA, FL 33608	Jim Davis, U.S. HOUSE 11th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/25/00	1,000.00
Istock for Congress Committee 5400 North Grand Blvd. Suite 100-G Oklahoma City, OK 73112	Ernest Istock, U.S. HOUSE OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/25/00	1,000.00
LUCAS FOR CONGRESS PO BOX 26828 OKLAHOMA CITY, OK 73128	LUCAS, U.S. HOUSE 6th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/25/00	1,000.00
BILL SUBLETTE CAMPAIGN P.O. BOX 3547 ORLANDO, FL 32802	SUBLETTE, U.S. HOUSE 8th FL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Run-Off Election	09/25/00	500.00
Mica for Congress Committee 336 Cannon House Office Building Washington, DC 20515	Mica, REPRESENTATIVE 7th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/25/00	500.00
FedPac 801 PENNSYLVANIA AVENUE, SUITE 245 Washington, DC 20004-2604	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/25/00	5,000.00
CORRINE BROWN 101 UNION STREET JACKSONVILLE, FL 32202	BROWN, U.S. HOUSE 3rd FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/26/00	500.00
RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE 2113 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20015	JOHNSON, U.S. HOUSE 8th CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/26/00	2,000.00

SUBTOTAL of Disbursements This Page (optional)	12,600.00
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 6 OF 8
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (in Full)

HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Ensign for Senate 3310 S. Jones #E Las Vegas, NV 89102	John Ensign, U.S. SENATE NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/26/00	500.00
B. Full Name, Mailing Address and ZIP Code Jim Gibbons for Congress Committee 4856 Air Center Circle Reno, NV 89502	Gibbons, REPRESENTATIVE 2nd NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/26/00	500.00
C. Full Name, Mailing Address and ZIP Code W. J. "Billy" Tauzin Ascension Parish Courthouse East 828 Wouth Inna Blvd. Gonzales, LA 70737	"Billy" Tauzin, U S REPRESENTATIVE 3rd LA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/26/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Shaw for Congress Committee 2267 Rayburn House Office Building Washington, DC 20515	Clay Shaw, REPRESENTATIVE 22nd FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/26/00	500.00
E. Full Name, Mailing Address and ZIP Code Shaw for Congress Committee 2267 Rayburn House Office Building Washington, DC 20515	Clay Shaw, REPRESENTATIVE 22nd FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/26/00	500.00
F. Full Name, Mailing Address and ZIP Code DON YOUNG FOR CONGRESS 2111 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20515-0201	YOUNG, U.S. HOUSE AK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/30/00	500.00
G. Full Name, Mailing Address and ZIP Code Doggelt for Congress 126 Cauron Office Bldg Austin, TX 78701	Lloyd Doggett, U.S. HOUSE 10th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/30/00	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	4,000.00
TOTAL This Period (last page this line number only)	36,050.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

NAME OF COMMITTEE (in Full)

HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tommy Head Committee 33 Legislative Plaza Nashville, TN 37243-0168	Tommy Head, REPRESENTATIVE 68th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/10/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Langster 2423 Underwood St. Nashville, TN 37208	Langster, REPRESENTATIVE 64th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/10/00	500.00
C. Full Name, Mailing Address and ZIP Code Friends of Joe Kent 218 War Memorial Bldg Nashville, TN 37243-0153	Joe Kent, REPRESENTATIVE 83rd TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/10/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Zana Whitson 204 War Memorial Bldg Nashville, TN 37243-0105	Zana Whitson, REPRESENTATIVE 8th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/10/00	500.00
E. Full Name, Mailing Address and ZIP Code Committee to Elect JoAnn Graves 197 Woodlake Drive Gallatin, TN 37088	JoAnn Graves, STATE SENATE TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/24/00	500.00
F. Full Name, Mailing Address and ZIP Code Underwood for Governor	Underwood, GOVERNOR WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/08/00	1,000.00
G. Full Name, Mailing Address and ZIP Code HARGROVE FOR REPRESENTATIVE COMMITTEE 310-A EAST BROAD COOKEVILLE, TN 38501	HARGROVE, REPRESENTATIVE 42nd TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/17/00	500.00
H. Full Name, Mailing Address and ZIP Code Vic Sprouse for Senate 1003 Cobb Street So Charleston, WV 26309	Vic Sprouse, STATE SENATE WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/18/00	150.00
I. Full Name, Mailing Address and ZIP Code FRIENDS OF LARRY TRAIL 1525 GEORGETOWN LANE MURFREESBORO, TN	TRAIL, STATE SENATE TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/22/00	500.00

SUBTOTAL of Disbursements This Page (optional)

5,650.00

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 2 OF 5
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)
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
HARGROVE FOR REPRESENTATIVE COMMITTEE 310-A EAST BROAD COOKEVILLE, TN 38501	HARGROVE, REPRESENTATIVE 42nd TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/23/00	500.00
B. Full Name, Mailing Address and ZIP Code Wilder for State Senate 4020 Highway 59 Mason, TN 38049	Purpose of Disbursement John Wilder, STATE SENATE TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/28/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Matt Kisber 33 Legislative Plaza Nashville, TN 37243-0173	Purpose of Disbursement Matt Kisber, REPRESENTATIVE 73rd TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/29/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Committee to Elect Virginia Mahan PO Box 1114 Green Sulphur Springs, WV	Purpose of Disbursement Mahan, HOUSE OF DELEGATES 27th WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/00	160.00
E. Full Name, Mailing Address and ZIP Code Ron Thompson for House 201 Hartley Ave Beckley, WV 26801	Purpose of Disbursement Ron Thompson, STATE HOUSE 27th WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/11/00	150.00
F. Full Name, Mailing Address and ZIP Code Earl Ray Tomblin for Senate P.O. Box 118 Chapmanville, WV 26508	Purpose of Disbursement Earl Ray Tomblin, STATE SENATE WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	300.00
G. Full Name, Mailing Address and ZIP Code Roman Prazioso for Senate 1806 Dogwood Drive Fairmont, WV 26554	Purpose of Disbursement Roman Prazioso, STATE SENATE WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/11/00	150.00
H. Full Name, Mailing Address and ZIP Code Bob Plymale for Senate P.O. Box 543 Careto, WV 26507	Purpose of Disbursement Bob Plymale, STATE SENATE WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/11/00	150.00
I. Full Name, Mailing Address and ZIP Code Donna Boley for Senate Rt 4, Box 72 St Mary's, WV 26170	Purpose of Disbursement Donna Boley, STATE SENATE WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/11/00	150.00

SUBTOTAL of Disbursements This Page (optional) 3,660.00

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 3 OF 5
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)
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
BOB KISS FOR HOUSE Office of the Speaker Drawer AU Beckley, WV 26802	Robert Kiss, STATE HOUSE REP. 27th WV Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	500.00
Joe Martin for House P.O. Box 884 Eldons, WV 26241	Joe Martin, STATE HOUSE 37th WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	200.00
Vicki Douglas for House 1003 Chestnut Drive Martinsburg, WV 25401	Vicki Douglas, STATE HOUSE REP. 52nd WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	200.00
Rick Staton for House P.O. Box 357 Mullens, WV 26882	Rick Staton, STATE HOUSE REP. 23rd WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	200.00
Harold Michael for House P.O. Box 300 Moorefield, WV 26836	Harold Michael, STATE HOUSE HOUSE 47th WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	200.00
J.D. Beans for House P.O. Box 4275 Parkerburg, WV 26104	J.D. Beans, STATE HOUSE 10th WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	150.00
Tom Azinger for House P.O. Box 5400 Vienna, WV 26105	Tom Azinger, STATE HOUSE 10th WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	150.00
Rick Modesitt for House P.O. Box 2206 Parksburg, WV 26104	Rick Modesitt, STATE HOUSE REP. 10th WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	150.00
Larry Border for House RL 1 Box 200A Davisville, WV 26142	Larry Border, STATE HOUSE REP. 8th WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	150.00

SUBTOTAL of Disbursements This Page (optional)

1,900.00

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 5
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)
NCA 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
Bill Anderson for House 1011 Highland Avenue Williamstown,	Bill Anderson, STATE HOUSE 6th WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	150.00
Otis Leggett for House 1002 Stadium Drive St. Mary's, WV 26170	Otis Leggett, STATE HOUSE REP. 7th WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	150.00
Scott Varner for House 1214 Second Street Moundsville, WV 26041	Scott Varner, STATE HOUSE REP. 4th WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	150.00
Margarette Leach for House P.O. Box 7362 Huntington, WV 25705	Margarette Leach, STATE HOUSE REP. 15th WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	150.00
Mary Pearl Compton for House P.O. Box 23 Union, WV 24963	Mary Pearl Compton, STATE HOUSE REP. 26th WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	150.00
Charles S. Trump, IV for House 306 W. Washington Street Berkeley Springs, WV 26411	Charles Trump, STATE HOUSE REP. 51st WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/15/00	150.00
Mike Hall for House 12 Stonegate Hurricanes, WV 25526	Mike Hall, STATE HOUSE 14th WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	150.00
Doug Jackson Committee 855 Highway 46 South Dixson, TN 37055	Doug Jackson, SENATOR 88th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/12/00	1,000.00
Friends of Shelby Rhinehart 34 Legislative Plaza Nashville, TN 37243-0137	Shelby Rhinehart, REPRESENTATIVE 37th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/14/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

\$,050.00

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

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

NAME OF COMMITTEE (In Full)

HCA Healthcare Good Government Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JIM KYLE SENATE 2000 100 PEABODY PLACE, SUITE 1250 MEMPHIS, TN 38103	KYLE, STATE SENATE TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/14/00	1,000.00
B. Full Name, Mailing Address and ZIP Code TENNESSEE HOUSE DEMOCRATIC CAUCUS 223 EIGHTH AVENUE N., SUITE 200 NASHVILLE, TN 37203	FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/25/00	1,000.00
C. Full Name, Mailing Address and ZIP Code CAMPAIGN TO RE-ELECT MARY ANN ECKLES 2811 WINDSONG PLACE MURFREESBORO, TN 37129	ECKLES, REPRESENTATIVE 48th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/25/00	1,000.00
D. Full Name, Mailing Address and ZIP Code HARGROVE FOR REPRESENTATIVE COMMITTEE 310-A EAST BROAD COOKEVILLE, TN 38501	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/27/00	-500.00
E. Full Name, Mailing Address and ZIP Code RAYMOND WALKER CAMPAIGN P.O. BOX 626 DAYTON, TN 37321	WALKER, REPRESENTATIVE 26th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/30/00	250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

2,750.00

TOTAL This Period (last page this line number only)

16,900.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10/26/00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	


PREPARER

10/26/00
DATE PREPARED