

STATEMENT OF ORGANIZATION

[See reverse side for instructions]

| | |
|---|---|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <u>Hospital Corporation of America Political Action Committee</u> | 2. DATE <u>Mar 31 11 05 AM '94</u> |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <u>One Park Plaza, P. O. Box 550</u> | 3. FEC IDENTIFICATION NUMBER <u>00158134</u> |
| (c) City, State and ZIP Code <u>Nashville, TN 37202-0550</u> | 4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

5. TYPE OF COMMITTEE (Check one)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

(d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|--|---|--------------|
| Hospital Corporation of America | One Park Plaza Box 550 Nashville, TN 37202 | Connected |
| HCA Good Government Comm - Georgia | 1600 Parkwood Circle Suite 310 Atlanta, GA 30339 | Affiliate |
| HCA Good Government Comm. - S.C. | (same as Georgia) | Affiliate |

Type of Connected Organization

Corporation Corporation with Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Full Name | Mailing Address | Title or Position |
|-----------|-----------------|-------------------|
| Treasurer | | |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name | Mailing Address | Title or Position |
|--------------------|---|-------------------|
| Victor L. Campbell | One Park Plaza, Box 550 Nashville, TN 37202-0550 | Treasurer |
| Don D. Swain | (same as above) | Asst. Treasurer |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

| Name of Bank, Depository, etc. | Mailing Address and ZIP Code |
|--------------------------------|---|
| First American Bank | First American Bank Center Nashville, TN |

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

| | | |
|---------------------------------|------------------------|---------|
| TYPE OR PRINT NAME OF TREASURER | SIGNATURE OF TREASURER | DATE |
| Victor L. Campbell | | 3/21/94 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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**Federal Election Commission
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The Commission has added this page to the end of this filing to indicate how it was received.

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SMH
PREPARER

5-31-94
DATE PREPARED

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