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# Political Organization Report of Contributions and Expenditures

OMB No. 1545-1696

► See separate instructions.

A. For the period beginning July 1, 2002 and ending August 21, 2002

B. Check applicable boxes: ☐ Initial report ☐ Change of address ☐ Amend report ☐ Final report

1 Name of organization Good Government Group - HCA/The Healthcare Company - West FL Div. Employer identification number 59-3243852

2 Mailing address (P.O. Box or number, street, and room or suite number)  
301 E. Las Olas Blvd., Suite 410  
City or town, state, and ZIP code  
Ft. Lauderdale, FL 33301

3 E-mail address of organization Lourdes.Garrido@HCAHealthcare.com 4 Date organization was formed  
July 1, 1994

5a Name of custodian or records Lourdes Garrido 5b Custodian's address  
301 E. Las Olas Blvd., Suite 410  
Ft. Lauderdale, FL 33301

6a Name of contact person Lourdes Garrido 6b Contact person's address  
Same

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  
City or town, state, and ZIP code

8 Type of report (check only one box)

a <input type="checkbox"/> First quarterly report (due by April 15)	f <input type="checkbox"/> Monthly report for the month of: _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31)
b <input type="checkbox"/> Second quarterly report (due by July 15)	g <input checked="" type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election)
c <input type="checkbox"/> Third quarterly report (due by October 15)	(1) Type of election: <u>Primary</u>
d <input type="checkbox"/> Year-end report (due by January 31)	(2) Date of election: <u>September 10, 2002</u>
e <input type="checkbox"/> Mid-year report (Non-election year only due by July 31)	(3) For the state of: <u>Florida</u>
	h <input type="checkbox"/> Post-general election report (due by the 30th day after general election)
	(1) Date of election: _____
	(2) For the state of: _____

9 Total amount of report contributions (total from all attached Schedules A)	9	1590.41
10 Total amount of reported expenditures (total from all attached Schedules B)	10	33035.01

Sign Here

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

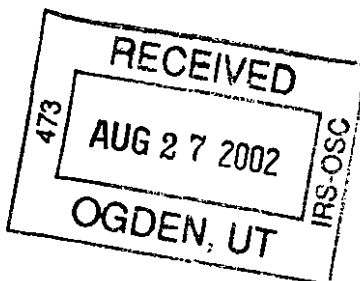
Signature of authorized official

Date

8/22/02

For Paperwork Reduction Act Notice, see separate instructions.

Form **8872** (7-2000)



**Schedule A Itemized Contributions**

Schedule A page 1 of 1

Name of organization

**Employer identification number**

Good Government Group - HCA/The Healthcare Company - West FL Div.

59-3243852

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions  
reported for this period

See Attached List

Contributor's occupation

Aggregate contributions  
year-to-date . . . . . ▶ \$

\$ 1590.41

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions  
reported for this period

Contributor's occupation

Aggregate contributions  
year-to-date . . . . . ▶ \$

\$

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions  
reported for this period

Contributor's occupation

Aggregate contributions  
year-to-date . . . . . ▶ \$

\$

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions  
reported for this period

Contributor's occupation

Aggregate contributions  
year-to-date . . . . . ▶ \$

\$

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions  
reported for this period

Contributor's occupation

Aggregate contributions  
year-to-date . . . . . ▶ \$

\$

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions  
reported for this period

Contributor's occupation

Aggregate contributions  
year-to-date . . . . . ▶ \$

\$

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions  
reported for this period

Contributor's occupation

Aggregate contributions  
year-to-date . . . . . ▶ \$

\$

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions  
reported for this period

Contributor's occupation

Aggregate contributions  
year-to-date . . . . . ▶ \$

\$

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions  
reported for this period

Contributor's occupation

Aggregate contributions  
year-to-date . . . . . ▶ \$

\$

**Subtotal** of contributions reported on this page only. Enter here and also include this amount in the total on line 9  
of Form 8872 . . . . . ▶

\$ 1590.41

# CAMPAIGN TREASURER'S REPORT -- CONTRIBUTIONS

Good Government Group

(1) Name HCA/The Healthcare Company - West Florida Division (2) I.D. Number 16771

(3) Cover Period 07/01/02 through 8/21/02 (4) Page 1 of 1

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
		Type	Occupation	Contribution Type	In-Kind Description	Amendment	Amount
07/23/02 1	Membership Dues 649 members @ 1.00 42 members @ 2.00 1 member @ 2.50 14 members @ 5.00 1 member @ 4.00 2 members @ 26.00			CHE			\$861.50
07/31/02 2	Membership Dues 137 members @ 1.00 9 members @ 2.00 1 members @ 2.50 1 members @ 5.00			CHE			\$162.50
07/31/02 3	Bank of America PO Box 31019 Tampa, FL 33631			INT			\$136.91
08/20/02 4	Membership Dues 328 members @ 1.00 21 members @ 2.00 1 members @ 2.50 2 members @ 3.00 5 members @ 5.00 1 member @ 26.00			CHE			\$429.50

**Schedule B Itemized Expenditures**

Schedule B page 1 of 2

Name of organization

Employer identification number

Good Government Group - HCA/The Healthcare Company - West FL Div.

59-3243852

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Carroll & Company 2640-A Mitcham Drive Tallahassee, FL 32308	Recipient's occupation	\$ 430.01
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Ron Gettman PO Box 5402 Bradenton, FL 34209	Recipient's occupation	\$ 250.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Cynthia Evers 5303 39th Avenue East Bradenton, FL 34208	Recipient's occupation	\$ 500.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Carroll & Company 2640-A Mitcham Drive Tallahassee, FL 32308	Recipient's occupation	\$ 425.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Charlie Clary 44 Tranquility Lane Destin, FL 32541	Recipient's occupation	\$ 500.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
FL Comm For Conservation Ldshp. PO Box 1100 Panama City, FL 32402	Recipient's occupation	\$ 1000.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Republican Party of Florida 420 East Jefferson Street Tallahassee, FL 32301	Recipient's occupation	\$ 1000.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Republican Party of Florida 420 East Jefferson Street Tallahassee, FL 32301	Recipient's occupation	\$ 1000.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Carroll & Company 2640-A Mitcham Drive Tallahassee, FL 32308	Recipient's occupation	\$ 430.00
<b>Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.</b>		<b>\$ 5535.01</b>

**Schedule B Itemized Expenditures**

Schedule B page 2 of 2

Name of organization

Employer identification number

Good Government Group - HCA/The Healthcare Company - West FL Div.

59-3243852

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Barbara Sheen Todd 315 Court Street, 5th Floor Clearwater, FL 33756	Recipient's occupation	\$ 500.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Ray Gonzalez 15841 Pines Blvd. #281 Penbrooke Pines, FL 33027	Recipient's occupation	\$ 500.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Jeb Bush/Frank Brogan 700 North Adams Street Tallahassee, FL 32303	Recipient's occupation	\$ 500.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Republican Party of Florida 420 East Jefferson Street Tallahassee, FL 32301	Recipient's occupation	\$ 25000.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Frank Artiles 4304 SW 136 Place Miami, FL 33175	Recipient's occupation	\$ 500.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Julio Robaina 4308 SW 62 Avenue South Miami, FL 33155	Recipient's occupation	\$ 500.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$

**Subtotal** of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872. . . . .

\$ 27500.00