COMMITTEE'S REPORT

(to be filed by committees that support or oppose more than one candidate and/or proposition)

1. Full Name and Address of Political Committee

COLUMBIA/HCA LOUISIANA GOOD GOVERNMENT FUND
1440 Canal St., Suite 1860
New Orleans, LA 70112

PDC 10/00
Spec
9/29

OFFICE USE ONLY

0003460

Missing numbered pages were blank and had no information on them.

2. Date of Primary 10/07/00

This report covers from 09/18/00 through 09/27/00

3. Type of Report

____ 180th day prior to primary
____ 90th day prior to primary
____ 30th day prior to primary
____ 10th day prior to primary
X 10th day prior to general *48 hour report*
____ 40th day after general
____ Annual
____ Amendment to prior report

4. All Committee Officers (including Chairperson, Treasurer, if any, and any other committee officers)

a. Name	b. Position	c. Address
M.L. LaGarge	Chairperson	1440 Canal Street, Suite 1860, New Orleans, LA 70112
Mike Reese	Treasurer	1440 Canal Street, Suite 1860, New Orleans, LA 70112

5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if necessary)

a. Name & Address of Candidate/Description of Proposition
b. Office Sought
c. Political Party
d. Support/Oppose

6. Is the Committee supporting the entire ticket of a political party? ____ Yes X No If "yes", which party?

7. a. Name of Person Preparing Report

b. Daytime Telephone

8. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 28th day of September 2000

[signature]
Signature of Committee/Chairperson

9/29/00
Daytime Telephone

[signature]
Signature of Committee Treasurer, if any

9/29/00
Daytime Telephone

Form 202, Rev. 3/98, Page Rev. 3/98

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions Received (Schedule A-1)	0.00
2. In-kind Contributions Received (Schedule A-2)	0.00
3. Campaign paraphernalia sales of $25 or less	0.00
4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 + 3)	0.00
5. Other Receipts (Schedule A-3)	0.00
6. Loans Received (Schedule B)	0.00
7. Loan Repayments Received (Schedule D)	0.00
8. **TOTAL RECEIPTS** (Lines 4 + 5 + 6 + 7)	0.00

DISBURSEMENTS	This Period
9. General Expenditures (Schedule E-1)	0.00
10. In-Kind Expenditures (Schedule E-2)	0.00
11. Contributions made to Candidates (Schedule E-3)	2,500.00
12. **TOTAL EXPENDITURES** (Lines 9 + 10 + 11)	2,500.00
13. Other Disbursements (Schedule E-4)	0.00
14. Loan Repayments Made (Schedule H)	0.00
15. Funds Loaned (Schedule D)	0.00
16. **TOTAL DISBURSEMENTS** (Lines 12 + 13 + 14 + 15)	2,500.00

FINANCIAL SUMMARY	Amount
17. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this committee)	37,122.45
18. Plus total receipts this period (less in-kind contributions received) (Line 8, above minus Line 2, above)	+ 0.00
19. Less total disbursements this period (less in-kind expenditures) (Line 16, above minus Line 10, above)	- 2,500.00
20. Funds on hand at close of reporting period	34,622.45

Form 202, Rev. 3/98, Page Rev. 3/98

SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES

The following information must be provided for all direct contributions made to candidates or their campaign committees, during this reporting period, except for in-kind expenditures. All candidates listed on this schedule should also be listed on the Cover Page in Item 8. Report all in-kind expenditures, including those made to candidates, on SCHEDULE E-2: IN-KIND EXPENDITURES. Totals and subtotals at bottom of page are optional. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

1. Name and Address of Recipient Candidate	2. Contributions Made this Reporting Period a. Date(s)	b. Amount(s)
GOVERNOR BONNIE MUSGROVE CAMPAIGN FUND 909 POYDRAS, SUITE 1700 NEW ORLEANS, LA 70112	09/27/00	2,500.00
4. SUBTOTAL (optional - this page)		2,500.00
5. TOTAL (optional - complete only on last page of this schedule)		2,500.00

Form 202, Rev. 3/98, Page Rev. 8/98