



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**HCA INC. GOOD GOVERNMENT FUND**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="261397.91"/>	<input type="text" value="261397.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="76887.50"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="66183.83"/>	<input type="text" value="101866.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="143071.33"/>	<input type="text" value="363264.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11720.96"/>	<input type="text" value="231913.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="131350.37"/>	<input type="text" value="131350.37"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**HCA INC. GOOD GOVERNMENT FUND**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39825.00	61345.00
(ii) Unitemized .....	26355.00	36797.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	66180.00	98142.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	66180.00	98142.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	129.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3.83	95.21
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	66183.83	101866.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	66183.83	101866.21

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	180.96	2549.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	180.96	2549.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	181850.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	40.00	40.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	40.00	40.00
29. Other Disbursements .....	0.00	47474.39
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11720.96	231913.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11720.96	231913.75

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	66180.00	98142.00
34. Total Contribution Refunds (from Line 28(d)) .....	40.00	40.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66140.00	98102.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	180.96	2549.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	129.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	180.96	2420.36

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Mark Adams</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : SA11AI.24185</b>
Mailing Address 381 W 3950 N		Amount of Each Receipt this Period 250.00
City Pleasant View	State UT	Zip Code 84414
FEC ID number of contributing federal political committee.	C	
Name of Employer Ogden Regional Med Ctr	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Allen Bartels</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : SA11AI.24123</b>
Mailing Address 2015 Breckendridge Drive		Amount of Each Receipt this Period 500.00
City Mt. Juliet	State TN	Zip Code 37122
FEC ID number of contributing federal political committee.	C	
Name of Employer Centennial Medical Ctr	Occupation COO Parthenon Pavilion	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Paul Beaupre`</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11AI.24470</b>
Mailing Address 2425 Samaritan Dr		Amount of Each Receipt this Period 500.00
City San Jose	State CA	Zip Code 95124
FEC ID number of contributing federal political committee.	C	
Name of Employer Good Samaritan Hosp	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

**A. Alisa Bert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 510 NW 84th Ave Apt 530

City Plantation	State FL	Zip Code 33324
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FEC ID number of contributing federal political committee. **C**

Name of Employer Aventura Hosp & Med Ctr	Occupation CFO
---	-------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11AI.24221**

Amount of Each Receipt this Period  
500.00

**B. Damond Boatwright**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10500 Quivira

City Overland Park	State KS	Zip Code 66215
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Overland Park Reg Med Ctr	Occupation CEO
---	-------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : SA11AI.24222**

Amount of Each Receipt this Period  
1000.00

**C. Kathy Bobbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 106 E Peck Blvd

City Lafayette	State LA	Zip Code 70508
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FEC ID number of contributing federal political committee. **C**

Name of Employer Women's & Children's Hospital	Occupation CEO
---	-------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

**Transaction ID : SA11AI.24263**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Leona Boullion</b>			Date of Receipt
Mailing Address 111 North Roelay			<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City Lafayette	State LA	Zip Code 70506	<b>Transaction ID : SA11AI.24265</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="125.00"/>
Name of Employer Women's & Children's Hospital	Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Anna Burke</b>			Date of Receipt
Mailing Address 109 Fountainview Dr			<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City Youngsville	State LA	Zip Code 70592	<b>Transaction ID : SA11AI.24288</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer The Regional Med Ctr of Acadia	Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Susan Burroughs</b>			Date of Receipt
Mailing Address 1000 Bonieta Harrold Drive			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City Charleston	State SC	Zip Code 29414	<b>Transaction ID : SA11AI.24400</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer Trident Medical Ctr	Occupation Associate Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="925.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. F.J. Campbell</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : SA11AI.24169</b>
Mailing Address 407 West Tyne		Amount of Each Receipt this Period 500.00
City Nashville	State TN	Zip Code 37205
FEC ID number of contributing federal political committee. C		
Name of Employer Centennial Med Ctr	Occupation CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Louis Caputo</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11AI.24394</b>
Mailing Address 295 Midland Pkwy		Amount of Each Receipt this Period 750.00
City Summerville	State SC	Zip Code 29485
FEC ID number of contributing federal political committee. C		
Name of Employer Trident Health System	Occupation CEO Summerville	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Steven Carroll</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : SA11AI.24212</b>
Mailing Address 7278 SE 12th Circle		Amount of Each Receipt this Period 500.00
City Ocala	State FL	Zip Code 34480
FEC ID number of contributing federal political committee. C		
Name of Employer Ocala Regional	Occupation Healthcare Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

**A. Scott Cihak**  
Full Name (Last, First, Middle Initial)

Mailing Address 11043 NW 3rd Street

City State Zip Code  
Coral Springs FL 33071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Columbia Hospital CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2011

**Transaction ID : SA11AI.24103**

Amount of Each Receipt this Period  
750.00

**B. Shari Collier**  
Full Name (Last, First, Middle Initial)

Mailing Address 10500 Quivira Rd

City State Zip Code  
Overland Park KS 66215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Overland Park Reg. Med. Center CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2011

**Transaction ID : SA11AI.24224**

Amount of Each Receipt this Period  
125.00

**C. Caroline Corich**  
Full Name (Last, First, Middle Initial)

Mailing Address 10500 Quivira

City State Zip Code  
Overland Park KS 66221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Overland Park Regional CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2011

**Transaction ID : SA11AI.24223**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Stephen Daugherty</b>			Date of Receipt
Mailing Address 2007 154th Street E			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24423</b>
Bradenton	FL	34212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Northside Hospital	CEO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Daphne David</b>			Date of Receipt
Mailing Address 9461 Woodlands Dr			<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24184</b>
Biloxi	MS	39532	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="350.00"/>
Name of Employer	Occupation		
Garden Park Med Ctr	COO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ruth DePalantino</b>			Date of Receipt
Mailing Address 924 Myakka Ct Ne			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24368</b>
St. Petersburg	FL	33702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Edward White Hospital	CNO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1850.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Justin Doss</b>		Date of Receipt
Mailing Address 12536 Natureview Circle		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Bradenton	FL	34212
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Blake Med Ctr	COO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : SA11AI.24369
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>B. James Drumwright</b>		Date of Receipt
Mailing Address 9476 Highwood Hill Rd		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code
Brentwood	TN	37027
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Centennial Medical Center	Director CV Nursing	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : SA11AI.24145
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Catherine Duffy</b>		Date of Receipt
Mailing Address 276 Noah Drive		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code
Franklin	TN	37064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Centennial Medical Center	CNO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : SA11AI.24122
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Sandra Emeott</b>			Date of Receipt
Mailing Address 5313 Cougar Circle			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24339</b>
Dublin	VA	24084	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="350.00"/>
Name of Employer	Occupation		
Pulaski Community Hospital	CNO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Bland Eng</b>			Date of Receipt
Mailing Address 11692 S Breeze Place			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24326</b>
Wellington	FL	33449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Palms West Hosp	CEO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Joann Ettien</b>			Date of Receipt
Mailing Address 1216 Beddington Park			<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24161</b>
Nashville	TN	37215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Centennial Med Ctr	Women's Administrator		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1850.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

**A. Dan Friedrich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7208 19th Ave NW  
City Bradenton State FL Zip Code 34209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Blake Medical Center Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.24371**  
Amount of Each Receipt this Period 1000.00

**B. Debbie Gafford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12804 W 132nd Street  
City Overland Park State KS Zip Code 66213  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Menorah Medical Center Occupation CFO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 10 / 2011  
**Transaction ID : SA11AI.24198**  
Amount of Each Receipt this Period 400.00

**C. Todd Gallati**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9330 Medical Plaza Drive  
City Charleston State SC Zip Code 29406  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Trident Health Systems Occupation CEO-Trident  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2011  
**Transaction ID : SA11AI.24395**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1900.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Peggy Gatliff</b>			Date of Receipt
Mailing Address 128 Palmetto Lane			<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24180</b>
Largo	FL	33770	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="350.00"/>
Name of Employer	Occupation		
Edward White Hospital	CFO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Christopher George</b>			Date of Receipt
Mailing Address 9933 Meandor Wood			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24438</b>
Odessa	FL	33556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Regionl Med Ctr Bayonet Point	CEO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Beverly Gilmore</b>			Date of Receipt
Mailing Address 7300 Medical Center Drive			<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24217</b>
West Hills	CA	91307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="750.00"/>
Name of Employer	Occupation		
West Hills Hospital	President & CEO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Cheryl Goforth</b>		Date of Receipt
Mailing Address 501 Hickory Lake Drive		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Brandon	FL	33511
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.24396</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Trident Med Ctr	CNO-Trident	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dianne Goldenberg</b>		Date of Receipt
Mailing Address 610 N Lakeside Dr		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Lake Worth	FL	33460
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.24471</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Northwest Med Ctr	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ann Grannis</b>		Date of Receipt
Mailing Address 3012 New Natchez Trace		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code
Nashville	TN	37215
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.24126</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Centennial Medical Center	Nutrition Svcs Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Shawn Gregory</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11AI.24455</b>
Mailing Address 5912 Parkset Drive		Amount of Each Receipt this Period 350.00
City Lithia	State FL	Zip Code 33547
FEC ID number of contributing federal political committee. C	Name of Employer South Bay Hospital	Occupation CFO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Scott Herndon</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11AI.24327</b>
Mailing Address 1420 Scottsman Dr		Amount of Each Receipt this Period 500.00
City Allen	State TX	Zip Code 75013
FEC ID number of contributing federal political committee. C	Name of Employer Medical Center of Arlington	Occupation VP of Finance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Herron</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : SA11AI.24121</b>
Mailing Address 655 Bliss Road		Amount of Each Receipt this Period 1000.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C	Name of Employer Centennial Medical Center	Occupation CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

**A. David Hughes**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 Jasmine Ct

City Plantation State FL Zip Code 33317

FEC ID number of contributing federal political committee. **C**

Name of Employer Plantation General Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 23 / 2011**

**Transaction ID : SA11AI.24351**

Amount of Each Receipt this Period  
**350.00**

**B. Penny Hutson**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Acres Drive

City Youngsville State LA Zip Code 70592

FEC ID number of contributing federal political committee. **C**

Name of Employer Women's & Children's Hospital Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 15 / 2011**

**Transaction ID : SA11AI.24272**

Amount of Each Receipt this Period  
**350.00**

**C. Teri James**  
Full Name (Last, First, Middle Initial)

Mailing Address 12042 Larkin Lane

City Lexington State MO Zip Code 64067

FEC ID number of contributing federal political committee. **C**

Name of Employer Lafayette Regional Hlth Ctr Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 10 / 2011**

**Transaction ID : SA11AI.24225**

Amount of Each Receipt this Period  
**350.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1050.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Theresa Jefferson</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11AI.24453</b>		
Mailing Address 1011 Tranquiview Lane			Amount of Each Receipt this Period 350.00		
City Valrico	State FL	Zip Code 33594			
FEC ID number of contributing federal political committee. C					
Name of Employer South Bay Hospital		Occupation CNO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

Full Name (Last, First, Middle Initial) <b>B. Kelly Kern</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2011 <b>Transaction ID : SA11AI.24242</b>		
Mailing Address 6159 O'Bannon			Amount of Each Receipt this Period 350.00		
City Las Vegas	State NV	Zip Code 89146			
FEC ID number of contributing federal political committee. C					
Name of Employer Mountain View Hospital		Occupation VP Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

Full Name (Last, First, Middle Initial) <b>C. Rand Kerr</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11AI.24465</b>		
Mailing Address 630 E Medical Drive			Amount of Each Receipt this Period 500.00		
City Bountiful	State UT	Zip Code 84010			
FEC ID number of contributing federal political committee. C					
Name of Employer Lakeview Hospital		Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Bret G. Kolman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : SA11AI.24226</b>
Mailing Address 1500 State Street		Amount of Each Receipt this Period 750.00
City Lexington	State MO	Zip Code 64067
FEC ID number of contributing federal political committee.	C	
Name of Employer Lafayette Regional Hlt Ctr	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Kim Leakey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 <b>Transaction ID : SA11AI.24291</b>
Mailing Address 16665 Hwy 13		Amount of Each Receipt this Period 350.00
City Richmond	State MO	Zip Code 64085
FEC ID number of contributing federal political committee.	C	
Name of Employer Lafayette Regional	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Gary Malaer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11AI.24457</b>
Mailing Address 3808 Jamilia Court		Amount of Each Receipt this Period 350.00
City Plano	State TX	Zip Code 75093
FEC ID number of contributing federal political committee.	C	
Name of Employer Medical Center of Plano	Occupation Director Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

**A. Jane McCurley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1720 Marble Pass Rd  
 City Flower Mound State TX Zip Code 75028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Hills Hospital Occupation CNO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 15 / 2011**  
**Transaction ID : SA11AI.24308**  
 Amount of Each Receipt this Period **500.00**

**B. Joseph Melchiode**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11764 Del Sur Avenue  
 City Las Vegas State NV Zip Code 89138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mountainview Hosp Occupation COO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 15 / 2011**  
**Transaction ID : SA11AI.24246**  
 Amount of Each Receipt this Period **300.00**

**C. Gary Mervak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2801 N SR7  
 City Margate State FL Zip Code 33063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Med Ctr Occupation CFO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 23 / 2011**  
**Transaction ID : SA11AI.24472**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Bryan Miller</b>			Date of Receipt
Mailing Address 3787 Saratoga Lane			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24356</b>
Davie	FL	33328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="350.00"/>
Name of Employer	Occupation		
Plantation General	COO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. James (RMCA) Miller</b>			Date of Receipt
Mailing Address 2810 Ambassador Caffery Pkwy			<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24214</b>
Lafayette	LA	70526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="50.00"/>
Name of Employer	Occupation		
Regional Med Ctr Acadiana	CFO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. James (RMCA) Miller</b>			Date of Receipt
Mailing Address 2810 Ambassador Caffery Pkwy			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24386</b>
Lafayette	LA	70526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="50.00"/>
Name of Employer	Occupation		
Regional Med Ctr Acadiana	CFO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Stacy Modlin</b>			Date of Receipt		
Mailing Address 1844 NW 82nd Ave			M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2011		
City Margate State FL Zip Code 33071			<b>Transaction ID : SA11AI.24473</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 500.00		
Name of Employer Northwest Med. Ctr.		Occupation COO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>B. Randolph 'Randy' Moresi</b>			Date of Receipt		
Mailing Address 4809 Woodcreek Ct			M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2011		
City NRH State TX Zip Code 76180			<b>Transaction ID : SA11AI.24309</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 750.00		
Name of Employer North Hills Hospital		Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

Full Name (Last, First, Middle Initial) <b>C. Chris Mosley</b>			Date of Receipt		
Mailing Address 139 White Pine Way			M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2011		
City Summerville State SC Zip Code 29485			<b>Transaction ID : SA11AI.24398</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 350.00		
Name of Employer Trident Health System		Occupation VP Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Darrel Neuenschwander</b>		Date of Receipt
Mailing Address 2425 Samaritan Drive		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
San Jose	CA	95124
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.24469</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Good Samaritan Hosp	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Priscilla Parrish</b>		Date of Receipt
Mailing Address 1898 Dolphin Blvd S		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
St Petersburg	FL	33707
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.24378</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Blake Medical Center	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ricardo Pavon</b>		Date of Receipt
Mailing Address 5869 NW 108 Place		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code
Miami	FL	33178
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.24093</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Kendall Reg Med Ctr	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Cathy Philpott</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11AI.24474</b>
Mailing Address 5040 NW 123rd Avenue			Amount of Each Receipt this Period 500.00
City Coral Springs	State FL	Zip Code 33076	
FEC ID number of contributing federal political committee. C			
Name of Employer NW Medical Center	Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Carolyn Quinlan</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : SA11AI.24447</b>
Mailing Address 14000 Fivay Road			Amount of Each Receipt this Period 500.00
City Hudson	State FL	Zip Code 34667	
FEC ID number of contributing federal political committee. C			
Name of Employer Regional Med Ctr Bayonet Point	Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Regina Ramazani</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : SA11AI.24183</b>
Mailing Address 14047 N White Swan Drive			Amount of Each Receipt this Period 350.00
City Gulfport	State MS	Zip Code 39503	
FEC ID number of contributing federal political committee. C			
Name of Employer Garden Park Med Ctr	Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

**A. Mark Robinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 9330 Medical Plaza Dr

City Charleston State SC Zip Code 29406

FEC ID number of contributing federal political committee. **C**

Name of Employer Trident Health Systems Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2011

**Transaction ID : SA11AI.24397**

Amount of Each Receipt this Period  
 500.00

**B. Heather Rohan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1616 Breakers W Blvd

City West Palm Beach State FL Zip Code 33411

FEC ID number of contributing federal political committee. **C**

Name of Employer Aventura Hospital Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011

**Transaction ID : SA11AI.24218**

Amount of Each Receipt this Period  
 750.00

**C. Sharon Roush**  
Full Name (Last, First, Middle Initial)

Mailing Address 17920 Burnt Oak Lane

City Lithia State FL Zip Code 33547

FEC ID number of contributing federal political committee. **C**

Name of Employer South Bay Hospital Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2011

**Transaction ID : SA11AI.24456**

Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. William Saller</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011
Mailing Address 101 E. Ridge Road			<b>Transaction ID : SA11AI.24311</b>
City McAllen	State TX	Zip Code 78503	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Reio Grande Regional Hospital	Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Melanie Salsgiver</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2011
Mailing Address 1000 Mar Walt Drive			<b>Transaction ID : SA11AI.24316</b>
City Ft. Walton Beach	State FL	Zip Code 32547	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ft. Walton Med Ctr	Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Gary Searls</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2011
Mailing Address 10127 Paddock Oaks Dr.			<b>Transaction ID : SA11AI.24425</b>
City Riverview	State FL	Zip Code 33569	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Northside Hospital	Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Shalin Shah</b>			Date of Receipt																						
Mailing Address 18919 Laurent Dr			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>23</td><td></td><td></td> <td>2011</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	11			23			2011			
M	M	/	D	D	/	Y	Y	Y	Y																
11			23			2011																			
City State Zip Code Lutz FL 33558			<b>Transaction ID : SA11AI.24448</b>																						
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period																						
			500.00																						
Name of Employer Regional Med Ctr Bayonet Point		Occupation CFO																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																							
		500.00																							

Full Name (Last, First, Middle Initial) <b>B. Mike Sherrod</b>			Date of Receipt																						
Mailing Address 211 Greenview Terrace			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>23</td><td></td><td></td> <td>2011</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	11			23			2011			
M	M	/	D	D	/	Y	Y	Y	Y																
11			23			2011																			
City State Zip Code Macon GA 31220			<b>Transaction ID : SA11AI.24393</b>																						
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period																						
			750.00																						
Name of Employer Coliseum Northside		Occupation CEO																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																							
		750.00																							

Full Name (Last, First, Middle Initial) <b>C. Barbara Simmons</b>			Date of Receipt																						
Mailing Address 1961 SW 52nd Ave			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>23</td><td></td><td></td> <td>2011</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	11			23			2011			
M	M	/	D	D	/	Y	Y	Y	Y																
11			23			2011																			
City State Zip Code Plantation FL 33317			<b>Transaction ID : SA11AI.24358</b>																						
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period																						
			1000.00																						
Name of Employer Plantation General Hospital		Occupation CEO																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																							
		1000.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

**A. Dolores Skaare**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5801 SW 16th Ct  
 City Plantation State FL Zip Code 33317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Plantation General Hospital CNO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.24359**  
 Amount of Each Receipt this Period  
 350.00

**B. Micki Slingerland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1121 Tyne Blvd  
 City Nashville State TN Zip Code 37220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Centennial Medical Center COO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : SA11AI.24143**  
 Amount of Each Receipt this Period  
 500.00

**C. Jesse Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11375 Cortez Blvd  
 City Brooksville State FL Zip Code 34613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Oak Hill Hosp CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2011  
**Transaction ID : SA11AI.24387**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. Duana Stable</b>			Date of Receipt
Mailing Address 2084 Ardley Rd			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24325</b>
N Palm Beach	FL	33408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
St Lucie Medical Center	Dir Quality & Risk Mgmt		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. David Summers</b>			Date of Receipt
Mailing Address 106 Tattnell Court			<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24142</b>
Gallatin	TN	37066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Centennial Medical Center	CFO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>c. Hugh Tappan</b>			Date of Receipt
Mailing Address 550 N Hillside			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24475</b>
Wichita	KS	67214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Wesley Medical Ctr	President & CEO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1600.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial) <b>A. William O. Wagnon</b>			Date of Receipt 11 / 15 / 2011 <b>Transaction ID : SA11AI.24260</b>		
Mailing Address 3100 N Tenaya Way			Amount of Each Receipt this Period 250.00		
City Las Vegas	State NV	Zip Code 89128			
FEC ID number of contributing federal political committee. C					
Name of Employer Mountainview Hospital		Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>B. Brenda Waltz</b>			Date of Receipt 11 / 10 / 2011 <b>Transaction ID : SA11AI.24182</b>		
Mailing Address 13087 Lake Florence Rd			Amount of Each Receipt this Period 750.00		
City Gulfport	State MS	Zip Code 39503			
FEC ID number of contributing federal political committee. C					
Name of Employer Garden Park Med Ctr		Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

Full Name (Last, First, Middle Initial) <b>C. Steven Wilkinson</b>			Date of Receipt 11 / 10 / 2011 <b>Transaction ID : SA11AI.24210</b>		
Mailing Address 5721 West 119th Street			Amount of Each Receipt this Period 1000.00		
City Overland Park	State KS	Zip Code 66209			
FEC ID number of contributing federal political committee. C					
Name of Employer Menorah Medical Center		Occupation President & CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	39825.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Suntrust Bank**

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
account analysis charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2011

**Transaction ID : SB21B.24503**

Amount of Each Disbursement this Period

180.96

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

180.96

180.96

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. CARPER FOR SENATE**

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City NEW CASTLE State DE Zip Code 19720

Purpose of Disbursement  
fund raiser

Candidate Name  
**Tom Carper**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: DE District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2011

Transaction ID : **SB23.24497**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. DUNCAN FOR CONGRESS**

Mailing Address PO BOX 2646

City KNOXVILLE State TN Zip Code 37901

Purpose of Disbursement  
fund raiser

Candidate Name  
**John J. Duncan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 23 / 2011

Transaction ID : **SB23.24488**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
fund raiser

Candidate Name  
**JOE HECK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2011

Transaction ID : **SB23.24486**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**HCA INC. GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Gregg Harper for Congress**

Mailing Address 228 S Washington Street  
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
fund raiser

Candidate Name  
**Gregg Harper**

Office Sought:  House  
 Senate  
 President  
State: MS District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2011

**Transaction ID : SB23.24490**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. MENENDEZ FOR SENATE**

Mailing Address ONE GATEWAY CENTER SUITE 520

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement  
fundraiser

Candidate Name  
**ROBERT MENENDEZ**

Office Sought:  House  
 Senate  
 President  
State: NJ District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2011

**Transaction ID : SB23.24501**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. The Next Century Fund**

Mailing Address 116 South Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
fundraiser

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2011

**Transaction ID : SB23.24499**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3000.00

