

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street) PO BOX 550
ONE PARK PLAZA
NASHVILLE TN 37203

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 04 / 01 / 2015 through 04 / 30 / 2015

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

Type or Print Name of Treasurer David Anderson

Signature of Treasurer David Anderson [Electronically Filed] Date 05 / 18 / 2015

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

**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="2015"/>		487213.15
(b) Cash on Hand at Beginning of Reporting Period.....	417336.80	
(c) Total Receipts (from Line 19)	1148.32	9892.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	418485.12	497105.63
7. Total Disbursements (from Line 31).....	6500.00	85120.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	411985.12	411985.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2015 To: M M / D D / Y Y Y Y 04 / 30 / 2015

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).....	625.00	6287.50
(ii) Unitemized	523.32	3604.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1148.32	9892.48
(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)	1148.32	9892.48
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	1148.32	9892.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1148.32	9892.48

DETAILED SUMMARY PAGE

of Disbursements

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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	0.00	4620.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	4620.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	80500.00
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	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
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)) ..	6500.00	85120.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6500.00	85120.51

DETAILED SUMMARY PAGE
of Disbursements

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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)	1148.32	9892.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1148.32	9892.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	4620.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	4620.51

**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 6 OF 8
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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) A. Omar Chughtai		Date of Receipt MM / DD / YYYY 04 / 21 / 2015 Transaction ID : SA11AI.31675
Mailing Address 2621 Grove Ave		Amount of Each Receipt this Period 125.00
City Richmond	State VA	Zip Code 23220
FEC ID number of contributing federal political committee. C		
Name of Employer Henrico Doctors' Hosp.	Occupation Administrative Resident	
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. Larry Peal		Date of Receipt MM / DD / YYYY 04 / 21 / 2015 Transaction ID : SA11AI.31677
Mailing Address 299 Kings Daughters Drive		Amount of Each Receipt this Period 500.00
City Frankfort	State KY	Zip Code 40601
FEC ID number of contributing federal political committee. C		
Name of Employer Frankfort Regional	Occupation CEO	
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) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	625.00

**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. CONNOLLY FOR CONGRESS

Mailing Address 3706 PRADO PLACE

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
fund raiser

Candidate Name
GERALD EDWARD CONNOLLY

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: VA District: 11

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2015

Transaction ID : **SB23.31679**

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. DONNELLY FOR INDIANA

Mailing Address 1050 17TH ST NW STE 590

City State Zip Code
WASHINGTON DC 20036

Purpose of Disbursement
fund raiser

Candidate Name
JOSEPH S DONNELLY

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IN District: 00

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : **SB23.31686**

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN THUNE

Mailing Address 200 NORTH PHILLIPS AVENUE STE L101

City State Zip Code
SIOUX FALLS SD 57104

Purpose of Disbursement
fund raiser

Candidate Name
JOHN R THUNE

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: SD District: 00

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2015

Transaction ID : **SB23.31689**

Amount of Each Disbursement this Period

1500.00

Category/
Type

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

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

3500.00

**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. PORTMAN FOR SENATE COMMITTEE

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement
fund raiser

Candidate Name
ROB PORTMAN

Office Sought: House Senate President
Disbursement For: 2016 Primary General
 Other (specify) ▼
State: OH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2015

Transaction ID : SB23.31683

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. STEVE COHEN FOR CONGRESS

Mailing Address 349 KENILWORTH

City MEMPHIS State TN Zip Code 38112

Purpose of Disbursement
fund raiser

Candidate Name
STEPHEN IRA COHEN

Office Sought: House Senate President
Disbursement For: 2016 Primary General
 Other (specify) ▼
State: TN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2015

Transaction ID : SB23.31681

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WHITEHOUSE FOR SENATE

Mailing Address P.O. BOX 40280

City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement
fund raiser

Candidate Name
SHELDON II WHITEHOUSE

Office Sought: House Senate President
Disbursement For: 2018 Primary General
 Other (specify) ▼
State: RI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2015

Transaction ID : SB23.31682

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

6500.00
