

**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="2012"/>	<input type="text" value="292912.75"/>	<input type="text" value="292912.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="119833.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="174497.76"/>	<input type="text" value="201354.12"/>
(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="294330.94"/>	<input type="text" value="494266.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4178.07"/>	<input type="text" value="204114.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="290152.87"/>	<input type="text" value="290152.87"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	109000.00	127225.00
(ii) Unitemized	65492.50	73050.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	174492.50	200275.00
(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)	174492.50	200275.00
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	5.26	79.12
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))..... ▶	174497.76	201354.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	174497.76	201354.12

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	178.07	2114.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	178.07	2114.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	156000.00
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	46000.00
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)) ..	4178.07	204114.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4178.07	204114.00

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)	174492.50	200275.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	174492.50	200275.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	178.07	2114.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	178.07	2114.00

**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 79
<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

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. Chris Accashian		Date of Receipt
Mailing Address 4311 Stuart Avenue		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Richmond	VA	23221
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26623
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Henrico Doctors Hospital	COO	
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. Jill Adams		Date of Receipt
Mailing Address 6834 NW 44th Street		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Jennings	FL	32053
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26397
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="350.00"/>
Name of Employer	Occupation	
Lake City Medical Center	CFO/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) C. Minta Albietz		Date of Receipt
Mailing Address 3186 S Maryland Pkwy		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Las Vegas	NV	89158
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26792
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Sunrise Hosp	RN	
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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
TOTAL 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 7 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Lana Arad

Mailing Address 2313 Flower Spring St

City State Zip Code
 Las Vegas NV 89134

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

Name of Employer Occupation
 Good Samaritan Hosp San Jose 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 / 06 / 2012
Transaction ID : SA11AI.26753

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Donald Avery

Mailing Address 200 Industrial Blvd

City State Zip Code
 Dublin GA 31021

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

Name of Employer Occupation
 Fairview Park Hospital CEO

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 / 15 / 2012
Transaction ID : SA11AI.27394

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Cynthia Ayres

Mailing Address 8383 N. Davis Hwy

City State Zip Code
 Pensacola FL 32514

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

Name of Employer Occupation
 West Florida Healthcare Senior VP, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.27238

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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 8 OF 79
<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. Janice Balzano
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Oakfield Drive
 City State Zip Code
 Brandon FL 33511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brandon Regional 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 / 02 / 2012
Transaction ID : SA11AI.26501
 Amount of Each Receipt this Period
 500.00

B. Julie Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Redmond Road
 City State Zip Code
 Rome GA 30165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Redmond Regional CMO
 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
 10 / 24 / 2012
Transaction ID : SA11AI.26259
 Amount of Each Receipt this Period
 500.00

C. Julie Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Redmond Road
 City State Zip Code
 Rome GA 30165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Redmond Regional CMO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : SA11AI.26750
 Amount of Each Receipt this Period
 50.00

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 9 OF 79
	(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) A. Allen Bartels		Date of Receipt
Mailing Address 2015 Breckendridge Drive		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Mt. Juliet	TN	37122
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26535
Name of Employer	Occupation	Amount of Each Receipt this Period
Centennial Medical Ctr	COO Parthenon Pavilion	<input type="text" value="500.00"/>
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. Benj Baumann		Date of Receipt
Mailing Address 9300 W Sunset Rd		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Las Vegas	NV	89148
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.27331
Name of Employer	Occupation	Amount of Each Receipt this Period
Southern Hills Hosp	CFO	<input type="text" value="350.00"/>
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) C. Brian Baumgardner		Date of Receipt
Mailing Address 2202 Coral Dr		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lynn Haven	FL	32444
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.27235
Name of Employer	Occupation	Amount of Each Receipt this Period
Gulf Coast Med Ctr	CEO	<input type="text" value="1000.00"/>
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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1850.00"/>
TOTAL 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 10 OF 79
	(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) A. Paul Beaupre`		Date of Receipt
Mailing Address 2425 Samaritan Dr		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City State Zip Code San Jose CA 95124		Transaction ID : SA11AI.26752
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="700.00"/>
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 ▼ <input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) B. Alisa Bert		Date of Receipt
Mailing Address 510 NW 84th Ave Apt 530		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City State Zip Code Plantation FL 33324		Transaction ID : SA11AI.27000
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="350.00"/>
Name of Employer Aventura Hosp & Med Ctr	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) C. Karen Bibbo		Date of Receipt
Mailing Address 11845 NW 11th Ct		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City State Zip Code Coral Springs FL 33071		Transaction ID : SA11AI.27002
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 Aventura 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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1550.00"/>
TOTAL 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 11 OF 79
	<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) A. Damond Boatwright		Date of Receipt
Mailing Address 10500 Quivira		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City Overland Park State KS Zip Code 66215		Transaction ID : SA11AI.26649
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Overland Park Reg Med Ctr Occupation CEO		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Kathy Bobbs		Date of Receipt
Mailing Address 109 E Peck Blvd		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City Lafayette State LA Zip Code 70508		Transaction ID : SA11AI.26843
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Regional Med Ctr of Acadiana Occupation CEO		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1750.00"/>	

Full Name (Last, First, Middle Initial) C. Amber Boes		Date of Receipt
Mailing Address 6217 N Mercier St		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City Kansas City State MO Zip Code 64118		Transaction ID : SA11AI.26799
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Lee's Summit Med Ctr Occupation CNO		<input type="text" value="350.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2350.00"/>
TOTAL 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 12 OF 79
(check only one)

<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. Leona Boullion
Full Name (Last, First, Middle Initial)
Mailing Address 111 North Roelay
City Lafayette State LA Zip Code 70506
FEC ID number of contributing federal political committee. **C**
Name of Employer Women's & Children's Hospital Occupation CNO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2012
Transaction ID : SA11AI.26874
Amount of Each Receipt this Period
125.00

B. Andro Boyd
Full Name (Last, First, Middle Initial)
Mailing Address 1801 Ashley Circle
City Bowling Green State KY Zip Code 42104
FEC ID number of contributing federal political committee. **C**
Name of Employer TriStar Greenview Regional Occupation COO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **350.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2012
Transaction ID : SA11AI.26754
Amount of Each Receipt this Period
350.00

C. Wendy Brandon
Full Name (Last, First, Middle Initial)
Mailing Address 5005 Maple Glen Place
City Sanford State FL Zip Code 32771
FEC ID number of contributing federal political committee. **C**
Name of Employer Central FL Regional Hospital Occupation 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 Y
11 / 06 / 2012
Transaction ID : SA11AI.26640
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **1475.00**
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 13 OF 79
<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) A. Tim Breslin		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.27256
Mailing Address 4901 Dreyfous Ave		Amount of Each Receipt this Period 350.00
City Metairie	State LA	Zip Code 70006
FEC ID number of contributing federal political committee. C	Name of Employer Lakeview Regional Medical Cent	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. Charles Briscoe		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.26889
Mailing Address 144 Bradford Drive		Amount of Each Receipt this Period 1000.00
City Macon	State GA	Zip Code 31210
FEC ID number of contributing federal political committee. C	Name of Employer Coliseum Health System	Occupation CEO-CHS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Robin Broughman		Date of Receipt M M / D D / Y Y Y Y Y 11 / 08 / 2012 Transaction ID : SA11AI.26981
Mailing Address 4005 Callaghan Cir		Amount of Each Receipt this Period 350.00
City Covington	State VA	Zip Code 24426
FEC ID number of contributing federal political committee. C	Name of Employer LewisGale Alleghany Regional	Occupation CNO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
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 14 OF 79
	<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. Terry Brown
Full Name (Last, First, Middle Initial)

Mailing Address 1796 Hwy 441 N

City Okeechobee State FL Zip Code 34972

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

Name of Employer Raulerson 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 / 06 / 2012
Transaction ID : SA11AI.26816

Amount of Each Receipt this Period
 350.00

B. Susan Burroughs
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Bonieta Harrold Drive

City Charleston State SC Zip Code 29414

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

Name of Employer Trident Medical Ctr Occupation Associate Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.27356

Amount of Each Receipt this Period
 300.00

C. Randy Butler
Full Name (Last, First, Middle Initial)

Mailing Address 8383 N. Davis Hwy

City Pensacola State FL Zip Code 32514

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

Name of Employer West Florida Healthcare Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.27239

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 79
<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) A. William Caldwell		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.27189
Mailing Address 6010 Lakemont Drive		Amount of Each Receipt this Period 500.00
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C	Name of Employer LewisGale Med Ctr	Occupation VP
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. F.J. Campbell		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.26583
Mailing Address 1 Northumberland		Amount of Each Receipt this Period 500.00
City Nashville	State TN	Zip Code 37215
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) C. David Cantrell		Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2012 Transaction ID : SA11AI.26387
Mailing Address 1202 Trentwood Ct.		Amount of Each Receipt this Period 350.00
City Lake Mark	State FL	Zip Code 32746
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	

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 16 OF 79
	<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) A. Gary Cantrell			Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2012 Transaction ID : SA11AI.27118		
Mailing Address 11123 Lands End Chase			Amount of Each Receipt this Period 1000.00		
City Pt St Lucie	State FL	Zip Code 34986			
FEC ID number of contributing federal political committee. C					
Name of Employer St Lucie Medical Center		Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00			

Full Name (Last, First, Middle Initial) B. Glenn Carney			Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.26641		
Mailing Address 200 Mintwood Drive			Amount of Each Receipt this Period 500.00		
City Vicksburg	State MS	Zip Code 39180			
FEC ID number of contributing federal political committee. C					
Name of Employer Central Florida Regional		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) C. Ginger Carroll			Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.26592		
Mailing Address 4600 SW 46th Ct			Amount of Each Receipt this Period 750.00		
City Ocala	State FL	Zip Code 34474			
FEC ID number of contributing federal political committee. C					
Name of Employer Ocala Reg Med Ctr		Occupation CEO - WMCH			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 17 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dean Carucci
 Full Name (Last, First, Middle Initial)
 Mailing Address 10500 Quivira Rd
 City Overland Park State KS Zip Code 66215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Overland Park Regional Occupation 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 Y
 11 / 06 / 2012
Transaction ID : SA11AI.26650
 Amount of Each Receipt this Period
 500.00

B. David Cashwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8802 Grey Hawk Point
 City Orlando State FL Zip Code 32836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Osceola Reg Med Ctr Occupation 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 Y
 11 / 15 / 2012
Transaction ID : SA11AI.27295
 Amount of Each Receipt this Period
 500.00

C. Lee Chaykin
 Full Name (Last, First, Middle Initial)
 Mailing Address 8201 West Broward Blvd
 City Plantation State FL Zip Code 33324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westside Regional Occupation 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 Y
 11 / 02 / 2012
Transaction ID : SA11AI.26417
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 18 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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
 Kendall Regional Med Ctr CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : SA11AI.26687

Amount of Each Receipt this Period
 750.00

Full Name (Last, First, Middle Initial)
B. Jason Cobb

Mailing Address 201 South Tallowood Drive

City State Zip Code
 Covington LA 70433

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

Name of Employer Occupation
 Lakeview Regional CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.27265

Amount of Each Receipt this Period
 750.00

Full Name (Last, First, Middle Initial)
C. Jennifer Coello

Mailing Address 2001 Bridgewater Drive

City State Zip Code
 Richmond VA 23228

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

Name of Employer Occupation
 CJW Medical Ctr Assoc. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : SA11AI.26677

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 19 OF 79
	<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) A. Loressa Cole			Date of Receipt
Mailing Address 3700 S Main St			<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.27357
Blacksburg	VA	24060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="125.00"/>
Name of Employer	Occupation		
Montgomery Reg Hosp	CNO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mary Ann Conroy			Date of Receipt
Mailing Address 907 N Taylor Avenue			<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.26959
Kirkwood	MO	63122	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		
Terre Haute Regional	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) ▼			

Full Name (Last, First, Middle Initial) C. Robert Conroy			Date of Receipt
Mailing Address 6500 38th Ave N			<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.26985
St. Petersburg	FL	33710	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		
St. Petersburg General	CEO		
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) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1375.00"/>
TOTAL 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 20 OF 79
	<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. Brian Cook
Full Name (Last, First, Middle Initial)

Mailing Address 2626 Capital Medical Blvd

City Tallahassee State FL Zip Code 32308

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

Name of Employer Capital Regional Med Ctr Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : SA11AI.27136

Amount of Each Receipt this Period
 750.00

B. Kevin Corcoran
Full Name (Last, First, Middle Initial)

Mailing Address 8201 West Broward Blvd

City Plantation State FL Zip Code 33324

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

Name of Employer Westside Regional Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : SA11AI.26420

Amount of Each Receipt this Period
 500.00

C. Christopher Cosby
Full Name (Last, First, Middle Initial)

Mailing Address 4416 Andover Drive

City Evans State GA Zip Code 30809

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

Name of Employer Doctors Hospital Augusta Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.26337

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 21 OF 79
	<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) A. Vicki Cotto			Date of Receipt
Mailing Address 8201 West Broward Blvd			<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.26419
Plantation	FL	33324	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		
Westside Regional	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) ▼			

Full Name (Last, First, Middle Initial) B. Stephen Daugherty			Date of Receipt
Mailing Address 2007 154th Street E			<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.27276
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) C. Georjean deBlois			Date of Receipt
Mailing Address 4122 Old Gun Rd E			<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.26669
Midlothian	VA	23113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
CJW Medical Center	CMO		
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) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL 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 22 OF 79
<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) A. Bryce DeHaven		Date of Receipt
Mailing Address 2001 Kingsley Ave		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City State Zip Code Orange Park FL 32073		Transaction ID : SA11AI.27370
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 Orange Park Med Ctr	Occupation CFO	
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. Bridget Denzik		Date of Receipt
Mailing Address 810 Stone Mill Drive		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City State Zip Code Cartersville GA 30121		Transaction ID : SA11AI.26613
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="350.00"/>
Name of Employer Cartersville Medical Ctr	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="350.00"/>	

Full Name (Last, First, Middle Initial) C. Ruth DePalantino		Date of Receipt
Mailing Address 924 Myakka Ct Ne		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City State Zip Code St. Petersburg FL 33702		Transaction ID : SA11AI.26718
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 Blake Medical Center	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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
TOTAL 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 23 OF 79
	<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) A. Jackie DeSouza		Date of Receipt
Mailing Address 302 NW Rockhill Cir		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City State Zip Code Lee's Summit MO 64081		Transaction ID : SA11AI.26798
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Lee's Summit Med Ctr CEO		<input type="text" value="500.00"/>
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. Jody Dial		Date of Receipt
Mailing Address 750 W 800 N		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City State Zip Code Orem UT 84057		Transaction ID : SA11AI.27413
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Timpanogos Regional CFO		<input type="text" value="350.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) C. Julie Dircks		Date of Receipt
Mailing Address 2851 NW 88th Terr		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code Coral Springs FL 33065		Transaction ID : SA11AI.26282
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation University Hosp/Med Ctr CFO		<input type="text" value="350.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL 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 24 OF 79
<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) A. Nancy Dodson			Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.27327
Mailing Address PO Box 16302			Amount of Each Receipt this Period 500.00
City PCB	State FL	Zip Code 32406	
FEC ID number of contributing federal political committee. C			
Name of Employer Gulf Coast 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. Kenneth Donahey			Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.27403
Mailing Address 1028 Crimson Way			Amount of Each Receipt this Period 250.00
City Hendersonville	State TN	Zip Code 37075	
FEC ID number of contributing federal political committee. C			
Name of Employer Hendersonville Med Ctr		Occupation COO	
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) C. Steven Downs			Date of Receipt M M / D D / Y Y Y Y Y 11 / 08 / 2012 Transaction ID : SA11AI.26980
Mailing Address 4218 Nicelytown Rd			Amount of Each Receipt this Period 350.00
City Clifton Forge	State VA	Zip Code 24422	
FEC ID number of contributing federal political committee. C			
Name of Employer LewisGale Hospital		Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 25 OF 79
	(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. James Drumwright
Full Name (Last, First, Middle Initial)

Mailing Address 9476 Highwood Hill Rd

City Brentwood	State TN	Zip Code 37027
-------------------	-------------	-------------------

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

Name of Employer Centennial Medical Center	Occupation COO Heart & Vascular
---	------------------------------------

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	/	06	/	2012

Transaction ID : SA11AI.26575

Amount of Each Receipt this Period
500.00

B. Catherine Duffy
Full Name (Last, First, Middle Initial)

Mailing Address 276 Noah Drive

City Franklin	State TN	Zip Code 37064
------------------	-------------	-------------------

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

Name of Employer Centennial Medical Center	Occupation CNO
---	-------------------

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	/	06	/	2012

Transaction ID : SA11AI.26534

Amount of Each Receipt this Period
500.00

C. Brenda DuPree
Full Name (Last, First, Middle Initial)

Mailing Address 3895 58th Avenue

City Vero Beach	State FL	Zip Code 32966
--------------------	-------------	-------------------

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

Name of Employer Lawnwood Reg Med Ctr	Occupation CNO
--	-------------------

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
10	/	24	/	2012

Transaction ID : SA11AI.26276

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 26 OF 79
	<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. Elizabeth Durrence
Full Name (Last, First, Middle Initial)

Mailing Address 9324 NW 50th Doral Circle N

City	State	Zip Code
Miami	FL	33178

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

Name of Employer	Occupation
Kendal Regional Med Ctr	COO

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	/	06	/	2012

Transaction ID : SA11AI.26706

Amount of Each Receipt this Period
350.00

B. Marsha Easley
Full Name (Last, First, Middle Initial)

Mailing Address 11758 Wordsworth Court

City	State	Zip Code
Jacksonville	FL	32223

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

Name of Employer	Occupation
Orange Park Medical Center	COO

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	/	2012

Transaction ID : SA11AI.27374

Amount of Each Receipt this Period
250.00

C. Sandra Emeott
Full Name (Last, First, Middle Initial)

Mailing Address 1727 NE 27th Drive

City	State	Zip Code
Wilton Manors	FL	33334

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

Name of Employer	Occupation
University Hospital	CNO

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
10	/	24	/	2012

Transaction ID : SA11AI.26283

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....	950.00
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 27 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Bland Eng
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Oakfield Drive
 City State Zip Code
 Brandon FL 33511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brandon Regional 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 / 02 / 2012
Transaction ID : SA11AI.26499
 Amount of Each Receipt this Period
 1000.00

B. Joann Ettien
 Full Name (Last, First, Middle Initial)
 Mailing Address 1216 Beddington Park
 City State Zip Code
 Nashville TN 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Centennial Med Ctr COO W & C
 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 / 06 / 2012
Transaction ID : SA11AI.26557
 Amount of Each Receipt this Period
 500.00

C. James Eyler
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7287
 City State Zip Code
 Macon GA 31209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Coliseum Psychiatric Center CEO-CCBH
 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 / 06 / 2012
Transaction ID : SA11AI.26902
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 28 OF 79
	<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) A. Patrick Farrell		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.26630
Mailing Address 1602 Skipworth Road		Amount of Each Receipt this Period 1000.00
City Richmond	State VA	Zip Code 23229
FEC ID number of contributing federal political committee. C		
Name of Employer Henrico Doctors Hospital	Occupation Hospital Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Teresa Finch		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.27181
Mailing Address 9330 Medical Plaza Drive		Amount of Each Receipt this Period 500.00
City Charleston	State SC	Zip Code 29406
FEC ID number of contributing federal political committee. C		
Name of Employer Trident Health	Occupation CFO Trident Health	
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. Kim Fournier		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2012 Transaction ID : SA11AI.26504
Mailing Address 119 Oakfield Drive		Amount of Each Receipt this Period 400.00
City Brandon	State FL	Zip Code 33511
FEC ID number of contributing federal political committee. C		
Name of Employer Brandon Regional	Occupation ACNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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:	PAGE 29 OF 79
	(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) A. Brennan Francois			Date of Receipt
Mailing Address 9754 Wilson Drive			<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.26732
Chattanooga	TN	37363	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		
Parkridge Valley	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) ▼			

Full Name (Last, First, Middle Initial) B. Dan Friedrich			Date of Receipt
Mailing Address 7208 19th Ave NW			<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.26719
Bradenton	FL	34209	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		
Blake Medical Center	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) C. Todd Gallati			Date of Receipt
Mailing Address 9330 Medical Plaza Drive			<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.27182
Charleston	SC	29406	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		
Trident Health Systems	CEO-Trident		
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) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2750.00"/>
TOTAL 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 30 OF 79
	<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) A. Mario Garner		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012
Mailing Address 200 Industrial Blvd		Transaction ID : SA11AI.27397
City Dublin	State GA	Zip Code 31021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Fairview Park Hosp	Occupation COO	
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. Kathryn Gillette		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012
Mailing Address 8864 Della Scala Cir		Transaction ID : SA11AI.27300
City Orlando	State FL	Zip Code 32836
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Osceola Regional	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Victor Giovanetti		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012
Mailing Address 1628 Strawberry Mtn Dr		Transaction ID : SA11AI.27192
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Lewis-Gale	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 31 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Cindy Glover

Mailing Address 1850 Town Center Pkwy

City Reston State VA Zip Code 20190

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

Name of Employer Reston Hospital Occupation CNO

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 / 08 / 2012
Transaction ID : SA11AI.26920

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Cheryl Goforth

Mailing Address 370 145th Avenue

City Medeira Beach State FL Zip Code 33708

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

Name of Employer Northside Hospital Occupation 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 / 15 / 2012
Transaction ID : SA11AI.27277

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Dianne Goldenberg

Mailing Address 610 N Lakeside Dr

City Lake Worth State FL Zip Code 33460

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

Name of Employer Northwest Med Ctr 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 / 13 / 2012
Transaction ID : SA11AI.27063

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 32 OF 79
	<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. Eric Goldman
Full Name (Last, First, Middle Initial)

Mailing Address 2560 Cooper Way

City Wellington State FL Zip Code 33414

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

Name of Employer Palms West Hospital 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 / 08 / 2012
Transaction ID : SA11AI.27019

Amount of Each Receipt this Period
1000.00

B. Karl Gorrell
Full Name (Last, First, Middle Initial)

Mailing Address 8624 Wild Bird Ct.

City North Charleston State SC Zip Code 29420

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

Name of Employer Doctors Hospital Augusta 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
 10 / 31 / 2012
Transaction ID : SA11AI.26327

Amount of Each Receipt this Period
500.00

C. Robert Grace
Full Name (Last, First, Middle Initial)

Mailing Address 893 Bluff View Dr

City Myrtle Beach State SC Zip Code 29579

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

Name of Employer Grand Strand Reg 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 / 06 / 2012
Transaction ID : SA11AI.26748

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 33 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ann Grannis

Mailing Address 3012 New Natchez Trace

City State Zip Code
 Nashville TN 37215

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

Name of Employer Occupation
 Centennial Medical Center Nutrition Svcs Dir

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 / 06 / 2012
Transaction ID : SA11AI.26541

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dustin Greene

Mailing Address 3441 Dickerson Pike

City State Zip Code
 Nashville TN 37207

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

Name of Employer Occupation
 Skyline Med Ctr 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 / 15 / 2012
Transaction ID : SA11AI.27154

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
c. Shawn Gregory

Mailing Address 6500 38th Ave N

City State Zip Code
 St. Petersburg FL 33710

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

Name of Employer Occupation
 St. Petersburg General 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 / 08 / 2012
Transaction ID : SA11AI.26986

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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 34 OF 79
	<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	

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. Randy Gross		Date of Receipt
Mailing Address 3191 NW 82nd Ave		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Cooper City	FL	33024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26452
Name of Employer	Occupation	Amount of Each Receipt this Period
Plantation General Hospital	CEO	<input type="text" value="750.00"/>
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) ▼		

Full Name (Last, First, Middle Initial) B. Jeffrey Guy		Date of Receipt
Mailing Address 432 Autumn Lake Trail		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Franklin	TN	37067
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26548
Name of Employer	Occupation	Amount of Each Receipt this Period
Centennial Medical Ctr	CMO W & C	<input type="text" value="500.00"/>
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) C. Tim Haasken		Date of Receipt
Mailing Address 3700 S Main Street		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Blacksburg	VA	24060
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26261
Name of Employer	Occupation	Amount of Each Receipt this Period
Lewis-Gale Montgomery Regional	CFO	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
TOTAL 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 35 OF 79
	(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) A. Tim Haasken		Date of Receipt
Mailing Address 3700 S Main Street		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Blacksburg	VA	24060
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.27359
Name of Employer	Occupation	Amount of Each Receipt this Period
Lewis-Gale Montgomery Regional	CFO	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mary Halverson		Date of Receipt
Mailing Address 9137 Hunters Bend Circle		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Ooltewah	TN	37363
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26733
Name of Employer	Occupation	Amount of Each Receipt this Period
Parkridge Valley Hospital	CFO	<input type="text" value="350.00"/>
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) C. Richard Hamrick		Date of Receipt
Mailing Address 6 Acre Ave		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Richmond	VA	23775
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26416
Name of Employer	Occupation	Amount of Each Receipt this Period
Capital Division	CMO	<input type="text" value="1000.00"/>
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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL 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 36 OF 79
	(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) A. Scott Hankinson			Date of Receipt
Mailing Address 1431 SW 1st Ave			<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.26589
Ocala	FL	34471	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		
Ocala Regional	CFO-OHS		
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. Laurie Haynes			Date of Receipt
Mailing Address 2809 Hawks Landing Blvd			<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.27322
Panama City	FL	32405	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		
Gulf Coast Med Ctr	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) C. Scott Herndon			Date of Receipt
Mailing Address 13001 Southern Blvd			<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.27022
Loxahatchee	FL	33470	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		
Palms West Hospital	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) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL 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 37 OF 79
	<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. Michael Herron
Full Name (Last, First, Middle Initial)

Mailing Address 9716 Crestline Heights Ct.

City Las Vegas	State NV	Zip Code 89178
-------------------	-------------	-------------------

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

Name of Employer Mountainview 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
10	/	31	/	2012

Transaction ID : SA11AI.26355

Amount of Each Receipt this Period
350.00

B. Thomas Herron
Full Name (Last, First, Middle Initial)

Mailing Address 744 Sinclair Circle

City Brentwood	State TN	Zip Code 37027
-------------------	-------------	-------------------

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

Name of Employer Centennial Medical Center	Occupation President/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	/	06	/	2012

Transaction ID : SA11AI.26565

Amount of Each Receipt this Period
1000.00

C. Holly Hill
Full Name (Last, First, Middle Initial)

Mailing Address 5655 Frist Blvd

City Hermitage	State TN	Zip Code 37076
-------------------	-------------	-------------------

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

Name of Employer Summit Medical Center	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2012

Transaction ID : SA11AI.26973

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 38 OF 79
	<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) A. Nancy Hilton		Date of Receipt
Mailing Address 3213 SE Braemar Way		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Pt St Lucie	FL	34952
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
St Lucie 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"/>	
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) B. James III Hiott		Date of Receipt
Mailing Address 310 Silverhill Rd		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Walterboro	SC	29488
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Colleton Medical Center	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="350.00"/>

Full Name (Last, First, Middle Initial) C. Ann Holt		Date of Receipt
Mailing Address 7141 Crooked Tree Dr.		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Anchorage	AK	99507
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Alaska Regional Hospital	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="400.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
TOTAL 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 39 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jill Howard
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Hospital Drive
 City Madison State TN Zip Code 37115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skyline Med Ctr Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 15 / 2012
Transaction ID : SA11AI.27157
 Amount of Each Receipt this Period 350.00

B. Raju Iyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 5240 Birkdale Way
 City San Jose State CA Zip Code 95138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regional Med Ctr San Jose Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2012
Transaction ID : SA11AI.27043
 Amount of Each Receipt this Period 250.00

C. Edward 'Jack' Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 12413 Lynwood Drive
 City Glen Allen State VA Zip Code 23059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Division Occupation VP Orthopedics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2012
Transaction ID : SA11AI.26631
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
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 40 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Teri James
 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 / D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : SA11AI.26846
 Amount of Each Receipt this Period
 350.00

Full Name (Last, First, Middle Initial)
B. Theresa Jefferson
 Mailing Address 1011 Tranquiview Lane
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : SA11AI.26386
 Amount of Each Receipt this Period
 350.00

Full Name (Last, First, Middle Initial)
C. Michael Johnson
 Mailing Address 5199 St Annes Ct
 City San Jose State CA Zip Code 95138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regional Med Ctr San Jose Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 08 / 2012
Transaction ID : SA11AI.27044
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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 41 OF 79
	<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) A. Anna Jonason		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.27424
Mailing Address PO Box 428		Amount of Each Receipt this Period 350.00
City Goose Creek	State SC	Zip Code 29445
FEC ID number of contributing federal political committee. C		
Name of Employer Colleton Medical Center	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. Marcille Jorgenson		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.27183
Mailing Address 9330 Medical Plaza Drive		Amount of Each Receipt this Period 500.00
City Charleston	State SC	Zip Code 29406
FEC ID number of contributing federal political committee. C		
Name of Employer Trident Health	Occupation CNO Trident Med Ctr	
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. Georgine Kamide		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.27194
Mailing Address 384 Hemlock Ridge Rd		Amount of Each Receipt this Period 250.00
City Copper Hill	State VA	Zip Code 24079
FEC ID number of contributing federal political committee. C		
Name of Employer Lewis Gale Med Ctr	Occupation Dir, Oncology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 42 OF 79
	(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) A. Kevin Keeling		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012 Transaction ID : SA11AI.26277
Mailing Address 3714 NE Indian River A-203		Amount of Each Receipt this Period 500.00
City Jensen Beach	State FL	Zip Code 34957
FEC ID number of contributing federal political committee.	C	
Name of Employer Lawnwood Regional	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. Tracy Kemp Stallings		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.26682
Mailing Address 1505 West Ave		Amount of Each Receipt this Period 350.00
City Richmond	State VA	Zip Code 23220
FEC ID number of contributing federal political committee.	C	
Name of Employer CJW Medical Center	Occupation COO	
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) C. Lynn Kennington		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.26806
Mailing Address 261 Carlson Avenue		Amount of Each Receipt this Period 300.00
City Midvale	State UT	Zip Code 84047
FEC ID number of contributing federal political committee.	C	
Name of Employer Alaska Regional	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
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 43 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Rand Kerr

Mailing Address 630 E Medical Drive

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:
 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 / 15 / 2012
Transaction ID : SA11AI.27169

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Steve Killian

Mailing Address 992 Mackenzie Creek Ave

City Henderson State NV Zip Code 89002

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

Name of Employer Sunrise Hospital Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : SA11AI.26781

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
C. Bret G. Kolman

Mailing Address 1500 State Street

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:
 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 / 06 / 2012
Transaction ID : SA11AI.26845

Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00

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 44 OF 79
	<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) A. Todd Krass		Date of Receipt
Mailing Address 11500 Hardy Street		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
Overland Park	KS	66210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Belton Regional Med Ctr	CEO	
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.26983
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) B. Susan Laber		Date of Receipt
Mailing Address 119 Oakfield Dr		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Brandon	FL	33511
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Brandon Regional	CNO	
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.26506
		Amount of Each Receipt this Period
		<input type="text" value="125.00"/>

Full Name (Last, First, Middle Initial) C. Maurice Lagarde		Date of Receipt
Mailing Address 1 Rosa Park		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
New Orleans	LA	70115
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mid America Division	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	
		Transaction ID : SA11AI.27040
		Amount of Each Receipt this Period
		<input type="text" value="1500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2125.00"/>
TOTAL 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 45 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kim Leakey
 Full Name (Last, First, Middle Initial)
 Mailing Address 16665 Hwy 13
 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: 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 / 06 / 2012
Transaction ID : SA11AI.26847
 Amount of Each Receipt this Period
 350.00

B. Robbin Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 4330 N Hwy A1A #701
 City Ft. Pierce State FL Zip Code 34949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lawnwood Regional 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
 10 / 24 / 2012
Transaction ID : SA11AI.26266
 Amount of Each Receipt this Period
 500.00

C. Robert Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1796 Hwy 441 N
 City Okeechobee State FL Zip Code 34972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raulerson Hospital Occupation CEO
 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 / 06 / 2012
Transaction ID : SA11AI.26813
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00
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 46 OF 79
	(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. Tina Legere
Full Name (Last, First, Middle Initial)

Mailing Address 1 Parkland Drive

City Derry State NH Zip Code 03038

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

Name of Employer Parkland Medical Center Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : SA11AI.26380

Amount of Each Receipt this Period
 300.00

B. Anne Leonard
Full Name (Last, First, Middle Initial)

Mailing Address 1293 Elrod Rd

City Bowling Green State KY Zip Code 42104

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

Name of Employer Greenview Regional Occupation CNO

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 / 06 / 2012
Transaction ID : SA11AI.26756

Amount of Each Receipt this Period
 350.00

C. Greg Madsen
Full Name (Last, First, Middle Initial)

Mailing Address 205 Buckhorn Trail

City Clifton Forge State VA Zip Code 24422

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

Name of Employer LewisGale 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 / 08 / 2012
Transaction ID : SA11AI.26979

Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 47 OF 79
	<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. Gary Malaer
Full Name (Last, First, Middle Initial)

Mailing Address 4539 River Close Blvd

City Valrico State FL Zip Code 33596

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

Name of Employer South Bay Hospital Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : SA11AI.26389

Amount of Each Receipt this Period
 350.00

B. Linda Mansoor
Full Name (Last, First, Middle Initial)

Mailing Address 8201 West Broward Blvd

City Plantation State FL Zip Code 33324

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

Name of Employer Westside Regional Occupation ACNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : SA11AI.26418

Amount of Each Receipt this Period
 250.00

C. Peter Marmorstein
Full Name (Last, First, Middle Initial)

Mailing Address 690 Ponce DeLeon Blvd

City Belleair State FL Zip Code 33756

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

Name of Employer West Florida Division Occupation Division President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.27196

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 48 OF 79
	<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) A. Mark Marsh		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.26757
Mailing Address 1704 Lester Court		Amount of Each Receipt this Period 350.00
City Bowling Green	State KY	Zip Code 42103
FEC ID number of contributing federal political committee. C	Name of Employer Greenview Regional	Occupation CEO
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. John Marshall		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.26848
Mailing Address 111 Hwy 70 E		Amount of Each Receipt this Period 750.00
City Dickson	State TN	Zip Code 37055
FEC ID number of contributing federal political committee. C	Name of Employer Horizon Medical Center	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) C. Matt Mathias		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : SA11AI.27358
Mailing Address 3700 South Main St		Amount of Each Receipt this Period 350.00
City Blacksburg	State VA	Zip Code 24060
FEC ID number of contributing federal political committee. C	Name of Employer LewisGale Hosp	Occupation COO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 49 OF 79
	<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. Elizabeth Matish
 Full Name (Last, First, Middle Initial)
 Mailing Address 7700 E Parham Rd
 City Richmond State VA Zip Code 23294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parham Doctors' Hospital Occupation COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : SA11AI.26633
 Amount of Each Receipt this Period
400.00

B. Benny McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 River Lane SW
 City Rome State GA Zip Code 30165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cartersville Med 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 / 06 / 2012
Transaction ID : SA11AI.26608
 Amount of Each Receipt this Period
350.00

C. Holly McGucken
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Stahlman Avenue
 City Destin State FL Zip Code 32541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ft. Walton Beach Med Ctr Occupation CNO
 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 / 15 / 2012
Transaction ID : SA11AI.27376
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1250.00**
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 50 OF 79
	(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)
A. Tim McManus

Mailing Address 16237 Maple Hall Dr

City Midlothian	State VA	Zip Code 23113
--------------------	-------------	-------------------

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

Name of Employer CJW Medical 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	/	06	/	2012

Transaction ID : SA11AI.26685

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Randall McVay

Mailing Address 1431 SW 1st Ave

City Ocala	State FL	Zip Code 34471
---------------	-------------	-------------------

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

Name of Employer Ocala Reg Med Ctr	Occupation CEO-OHS
---------------------------------------	-----------------------

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	/	06	/	2012

Transaction ID : SA11AI.26588

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Bob Meade

Mailing Address 1355 Bayshore Drive

City Englewood	State FL	Zip Code 34223
-------------------	-------------	-------------------

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

Name of Employer Doctors 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	/	15	/	2012

Transaction ID : SA11AI.27163

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 52 OF 79
	<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. Ronnie Midgett
Full Name (Last, First, Middle Initial)

Mailing Address 111 Earnie's Way

City Summerville State SC Zip Code 29483

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

Name of Employer Capital Regional Med Ctr Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : SA11AI.27128

Amount of Each Receipt this Period
 250.00

B. Mark Miller
Full Name (Last, First, Middle Initial)

Mailing Address 10076 Waltzing Lane

City Seminole State FL Zip Code 33778

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

Name of Employer Northside Hospital Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012

Transaction ID : SA11AI.27281

Amount of Each Receipt this Period
 275.00

C. Jarrett Millsaps
Full Name (Last, First, Middle Initial)

Mailing Address 7477 Commons Blvd

City Chattanooga State TN Zip Code 37421

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

Name of Employer Parkridge East Occupation healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : SA11AI.26797

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1025.00
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 53 OF 79
	(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)
A. Trula Minton

Mailing Address 401 Winterslow Rd

City	State	Zip Code
Richmond	VA	23235

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

Name of Employer	Occupation
CJW Medical Center	CNO

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	/	06	/	2012

Transaction ID : SA11AI.26676

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Irfan Miraz

Mailing Address 661 Ridgewood Lane

City	State	Zip Code
Plantation	FL	33317

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

Name of Employer	Occupation
Plantation General	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	/	02	/	2012

Transaction ID : SA11AI.26481

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
C. Stacy Modlin

Mailing Address 1844 NW 82nd Ave

City	State	Zip Code
Margate	FL	33071

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

Name of Employer	Occupation
Northwest Med. Ctr.	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	/	13	/	2012

Transaction ID : SA11AI.27066

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	▶	1350.00
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 54 OF 79
	<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"/>	<input type="checkbox"/> 17

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

A. Mitchell Mongell
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 668

City State Zip Code
Waltersboro SC 29488

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

Name of Employer Occupation
Colleton Med Ctr 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 / 15 / 2012

Transaction ID : SA11AI.27420

Amount of Each Receipt this Period
750.00

B. Darrell Moore
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Enclave Bay Drive

City State Zip Code
Chattanooga TN 37415

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

Name of Employer Occupation
Parkridge Medical Center Pres & 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 / 06 / 2012

Transaction ID : SA11AI.26760

Amount of Each Receipt this Period
250.00

C. Steve Moore
Full Name (Last, First, Middle Initial)

Mailing Address 113 Conquest Avenue

City State Zip Code
Crestview FL 32536

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

Name of Employer Occupation
Ft. Walton Beach Med. Ctr 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 / 15 / 2012

Transaction ID : SA11AI.27390

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 55 OF 79
	<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) A. Michael Morrison		Date of Receipt
Mailing Address 1026 Wyndham Dr		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Gallatin	TN	37066
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.27401
Name of Employer	Occupation	Amount of Each Receipt this Period
Hendersonville Medical Center	CFO	<input type="text" value="350.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) B. Patti Moser		Date of Receipt
Mailing Address 3824 Leona Pass		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hermitage	TN	37076
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26554
Name of Employer	Occupation	Amount of Each Receipt this Period
Centennial Medical Ctr	COO SCCC	<input type="text" value="500.00"/>
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"/>	

Full Name (Last, First, Middle Initial) C. Chris Mosley		Date of Receipt
Mailing Address 139 White Pine Way		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Summerville	SC	29485
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.27186
Name of Employer	Occupation	Amount of Each Receipt this Period
Trident Health System	VP Operations	<input type="text" value="350.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL 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 56 OF 79
	<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)
A. Christopher Mowan

Mailing Address 716 Wellesley

City El Paso State TX Zip Code 79902

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

Name of Employer Sunrise Hospital 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 / 06 / 2012
Transaction ID : SA11AI.26782

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Natalie Mussi

Mailing Address 215 W Janss Rd

City Thousand Oaks State CA Zip Code 91360

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

Name of Employer Los Robles Hosp & MC 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
 10 / 24 / 2012
Transaction ID : SA11AI.26263

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Madeline Nava

Mailing Address 13001 Southern Blvd

City Loxahatchee State FL Zip Code 33470

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

Name of Employer Palms West Hospital 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 / 08 / 2012
Transaction ID : SA11AI.27021

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 57 OF 79
	(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)
A. Dia Nichols

Mailing Address 736 Colony Forest Dr

City Midlothian State VA Zip Code 23113

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

Name of Employer John Randolph Med Ctr 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 / 15 / 2012
Transaction ID : SA11AI.27339

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
B. Tim O'Brien

Mailing Address 8201 West Broward Blvd

City Plantation State FL Zip Code 33324

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

Name of Employer Westside Regional Occupation Admin Assoc

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 / 02 / 2012
Transaction ID : SA11AI.26421

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Art Osberg

Mailing Address 1431 SW 1st Ave

City Ocala State FL Zip Code 34471

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

Name of Employer Ocala Reg Med Ctr Occupation CMO

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 / 06 / 2012
Transaction ID : SA11AI.26587

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 58 OF 79
	<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. Steve Otto
Full Name (Last, First, Middle Initial)

Mailing Address 3441 Dickerson Pike

City Nashville State TN Zip Code 37207

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

Name of Employer Skyline Medical Center 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 / 15 / 2012
Transaction ID : SA11AI.27158

Amount of Each Receipt this Period
 1000.00

B. Richard Patterson
Full Name (Last, First, Middle Initial)

Mailing Address 910 Montclair Drive

City Bowling Green State KY Zip Code 42103

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

Name of Employer Greenview Regional 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 / 06 / 2012
Transaction ID : SA11AI.26758

Amount of Each Receipt this Period
 350.00

C. Ricardo Pavon
Full Name (Last, First, Middle Initial)

Mailing Address 5869 NW 108 Place

City Miami State FL Zip Code 33178

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

Name of Employer Kendall Reg Med Ctr Occupation CFO

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 / 06 / 2012
Transaction ID : SA11AI.26700

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 59 OF 79
	(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. Larry Peal
Full Name (Last, First, Middle Initial)

Mailing Address 299 Kings Daughters Drive

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:
 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 / 2012
Transaction ID : SA11AI.27226

Amount of Each Receipt this Period
 250.00

B. Thomas Pentz
Full Name (Last, First, Middle Initial)

Mailing Address 2001 Kingsley Rd

City Orange Park State FL Zip Code 32073

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

Name of Employer Orange Park Med Ctr Occupation CEO

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 / 15 / 2012
Transaction ID : SA11AI.27366

Amount of Each Receipt this Period
 500.00

C. Robert Peterson
Full Name (Last, First, Middle Initial)

Mailing Address 2895 Greystone Dr.

City Pace State FL Zip Code 32571

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

Name of Employer West Florida Healthcare 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 / 15 / 2012
Transaction ID : SA11AI.27236

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 60 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 124 Palm Harbour Blvd

City State Zip Code
Panama City FL 32408

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

Name of Employer Occupation
Gulf Coast Med Ctr CNO

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 / 15 / 2012
Transaction ID : SA11AI.27328

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Cathy Philpott

Mailing Address 5040 NW 123rd Avenue

City State Zip Code
Coral Springs FL 33076

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

Name of Employer Occupation
NW Medical Center CNO

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 / 13 / 2012
Transaction ID : SA11AI.27067

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. David Portwood

Mailing Address 520 Waverly Park Dr

City State Zip Code
Macon GA 31210

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

Name of Employer Occupation
Coliseum Medical Centers 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 / 06 / 2012
Transaction ID : SA11AI.26895

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 61 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Bonnie Pratt

Mailing Address 1888 Logan Dr

City Mandeville State LA Zip Code 70471

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

Name of Employer Lakeview Reg Med Ctr Occupation CNO

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 / 2012
Transaction ID : SA11AI.27257

Amount of Each Receipt this Period
 350.00

Full Name (Last, First, Middle Initial)
B. Tim Prestridge

Mailing Address 3901 S 7th St

City Terre Haute State IN Zip Code 47802

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

Name of Employer Terre Haute Regional Occupation COO

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 / 08 / 2012
Transaction ID : SA11AI.26955

Amount of Each Receipt this Period
 350.00

Full Name (Last, First, Middle Initial)
C. William Mark Rader

Mailing Address 12622 NW 68th Drive

City Parkland State FL Zip Code 33076

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

Name of Employer University Hosp/Med Ctr 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
 10 / 24 / 2012
Transaction ID : SA11AI.26290

Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00

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 62 OF 79
	<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) A. Lori Rakes		Date of Receipt
Mailing Address 960 JF Harris Pkwy		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Cartersville	GA	30120
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Cartersville Medical Center	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"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) B. Regina Ramazani		Date of Receipt
Mailing Address 14047 N White Swan Drive		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Gulfport	MS	39503
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Garden Park Med Ctr	CFO	
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"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) C. Amanda Rampat		Date of Receipt
Mailing Address 8139 NW 106 Ln		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Parkland	FL	33076
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Northwest Med Ctr	CFO	
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"/>	
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL 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 63 OF 79
	<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

A. Jane Raymond
 Full Name (Last, First, Middle Initial)
 Mailing Address 20338 Clifton Points Street
 City Potomac Falls State VA Zip Code 20166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Reston Hospital 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 / 08 / 2012
Transaction ID : SA11AI.26925
 Amount of Each Receipt this Period
 500.00

B. Angela Reynolds
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 Electric Road
 City Salem State VA Zip Code 24153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lewis Gale Med. Ctr. Occupation CFO
 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 / 2012
Transaction ID : SA11AI.27203
 Amount of Each Receipt this Period
 250.00

C. Mark Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3440 NW Commerce Drive
 City Lake City State FL Zip Code 32055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake City Medical Ctr 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 / 02 / 2012
Transaction ID : SA11AI.26398
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 64 OF 79
	<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. Stephen Robinson
Full Name (Last, First, Middle Initial)

Mailing Address 1029 Hesper Avenue

City Metairie State LA Zip Code 70005

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

Name of Employer Lakeview Regional Occupation COO

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 / 2012

Transaction ID : SA11AI.27252

Amount of Each Receipt this Period
 350.00

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2012

Transaction ID : SA11AI.27007

Amount of Each Receipt this Period
 1000.00

C. Glenn Romig
Full Name (Last, First, Middle Initial)

Mailing Address 7212 Sangalla Drive

City Windermere State FL Zip Code 34786

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

Name of Employer Osceola Reg 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 / 15 / 2012

Transaction ID : SA11AI.27308

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
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 65 OF 79
	<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) A. Victor Rosenbaum			Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.26811
Mailing Address 12930 Lindsey Drive			Amount of Each Receipt this Period 300.00
City Anchorage	State AK	Zip Code 99516	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00	
Name of Employer Alaska Regional		Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sharon Roush			Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11AI.26382
Mailing Address 17920 Burnt Oak Lane			Amount of Each Receipt this Period 750.00
City Lithia	State FL	Zip Code 33547	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 750.00	
Name of Employer South Bay Hospital		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Keith Sandlin			Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.26612
Mailing Address 52 Comanche Trail			Amount of Each Receipt this Period 350.00
City Cartersville	State GA	Zip Code 30120	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 350.00	
Name of Employer Cartersville Med. Ctr.		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 66 OF 79
<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. Shana Sappington
Full Name (Last, First, Middle Initial)

Mailing Address 8201 West Broward Blvd

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

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

Name of Employer Westside Regional	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	/	02	/	2012

Transaction ID : SA11AI.26423

Amount of Each Receipt this Period
500.00

B. Gary Searls
Full Name (Last, First, Middle Initial)

Mailing Address 10127 Paddock Oaks Dr.

City Riverview	State FL	Zip Code 33569
-------------------	-------------	-------------------

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

Name of Employer Northside Hospital	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	/	15	/	2012

Transaction ID : SA11AI.27286

Amount of Each Receipt this Period
500.00

c. Linda Shepherd
Full Name (Last, First, Middle Initial)

Mailing Address 2400 Lee Highway

City Pulaski	State VA	Zip Code 24301
-----------------	-------------	-------------------

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

Name of Employer LewisGale Hospital Pulaski	Occupation CNO
--	-------------------

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	/	06	/	2012

Transaction ID : SA11AI.26661

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 67 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ted Short

Mailing Address 200 Industrial Blvd

City State Zip Code
 Dublin GA 31021

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

Name of Employer Occupation
 Fairview Park Hosp 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 / 2012

Transaction ID : SA11AI.27395

Amount of Each Receipt this Period
 350.00

Full Name (Last, First, Middle Initial)
B. Barbara Simmons

Mailing Address 1961 SW 52nd Ave

City State Zip Code
 Plantation FL 33317

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

Name of Employer Occupation
 Plantation General Hospital 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 / 08 / 2012

Transaction ID : SA11AI.27050

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Dolores Skaare

Mailing Address 5801 SW 16th Ct

City State Zip Code
 Plantation FL 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 M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : SA11AI.26453

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00

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 68 OF 79
	(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. Todd Sklamberg
Full Name (Last, First, Middle Initial)

Mailing Address 11327 Winter Cottage Place

City	State	Zip Code
Las Vegas	NV	89135

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

Name of Employer	Occupation
Sunrise	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	/	06	/	2012

Transaction ID : SA11AI.26773

Amount of Each Receipt this Period
1000.00

B. Micki Slingerland
Full Name (Last, First, Middle Initial)

Mailing Address 1121 Tyne Blvd

City	State	Zip Code
Nashville	TN	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 M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2012

Transaction ID : SA11AI.26546

Amount of Each Receipt this Period
500.00

C. Rodney R. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 8201 Kiawah Trace

City	State	Zip Code
Port St. Lucie	FL	34986

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

Name of Employer	Occupation
Lawnwood Reg Med Ctr	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
10	/	24	/	2012

Transaction ID : SA11AI.26265

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 69 OF 79
	<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) A. Anthony Spensieri			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.26634
Mailing Address 162 Honey Locust			Amount of Each Receipt this Period 500.00
City Richmond	State VA	Zip Code 23238	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00	
Name of Employer Henrico Doctors' Hospital		Occupation CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jay St. Pierre			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.26761
Mailing Address 595 Ohio Avenue			Amount of Each Receipt this Period 500.00
City Signal Mtn	State TN	Zip Code 37377	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00	
Name of Employer Parkridge Health System		Occupation Market CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Phoebe Stieber			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 Transaction ID : SA11AI.26605
Mailing Address 960 JF Harris Pkwy			Amount of Each Receipt this Period 350.00
City Cartersville	State GA	Zip Code 30120	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 350.00	
Name of Employer Cartersville Med Ctr		Occupation VP Quality Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 70 OF 79
	(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) A. Ed Stojakovich		Date of Receipt
Mailing Address 638 Nalls Farm Way		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
Great Falls	VA	22066
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26930
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Reston Hospital	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. Lynn Strader		Date of Receipt
Mailing Address 14300 Lender Road		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Midlothian	VA	23113
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26674
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
CJW Med Ctr	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) C. David Summers		Date of Receipt
Mailing Address 106 Tattnall Court		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Gallatin	TN	37066
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26566
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL 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 71 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. John Anthony Taylor
 Mailing Address PO Box 424
 City State Zip Code
 Cottageville SC 29435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Colleton Medical Ctr VP Operations
 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 / 2012
Transaction ID : SA11AI.27418
 Amount of Each Receipt this Period
 350.00

Full Name (Last, First, Middle Initial)
B. Julie (West Valley) Taylor
 Mailing Address 216 E Pat Lane
 City State Zip Code
 Caldwell ID 83607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 West Valley 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
 10 / 31 / 2012
Transaction ID : SA11AI.26296
 Amount of Each Receipt this Period
 750.00

Full Name (Last, First, Middle Initial)
C. Debbie Tedder
 Mailing Address 1068 Links Road
 City State Zip Code
 Myrtle Beach SC 29575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Grand Strand Reg Med Ctr CNO
 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 / 06 / 2012
Transaction ID : SA11AI.26739
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00
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 72 OF 79
<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) A. Mike Terrell		Date of Receipt
Mailing Address 119 Oakfield Drive		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Brandon	FL	33511
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26500
Name of Employer	Occupation	Amount of Each Receipt this Period
Brandon Regional	CFO	<input type="text" value="500.00"/>
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"/>	

Full Name (Last, First, Middle Initial) B. Charlotte Tyson		Date of Receipt
Mailing Address 1900 Electric Rd		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Salem	VA	24153
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.27206
Name of Employer	Occupation	Amount of Each Receipt this Period
Lewis-Gale Medical Center	COO	<input type="text" value="250.00"/>
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"/>	

Full Name (Last, First, Middle Initial) C. R. Carlton Ulmer		Date of Receipt
Mailing Address 3731 Preserve Bay Blvd		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Panama City	FL	32408
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.27323
Name of Employer	Occupation	Amount of Each Receipt this Period
Gulf Coast Med Ctr	CEO	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL 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 73 OF 79
	(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. Jerri Underwood
Full Name (Last, First, Middle Initial)

Mailing Address 6931 Lakeshore Drive

City Chattanooga State TN Zip Code 37416

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

Name of Employer Parkridge Med. Ctr. Occupation Market CNE

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 / 06 / 2012
Transaction ID : SA11AI.26762

Amount of Each Receipt this Period
500.00

B. Lisa Valentine
Full Name (Last, First, Middle Initial)

Mailing Address 1602 Skipwith Rd

City Richmond State VA Zip Code 23024

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

Name of Employer Henrico Doctors Hospital Occupation Hospital Administration

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 / 06 / 2012
Transaction ID : SA11AI.26636

Amount of Each Receipt this Period
500.00

C. Terence VanArkel
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 Occupation COO Trident Med Ctr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.27187

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 74 OF 79
	(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)
A. Tama Van Decar

Mailing Address 128 Winding Waters Way

City	State	Zip Code
Niceville	FL	32578

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

Name of Employer	Occupation
FWB Medical Center	CMO

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	/	15	/	2012

Transaction ID : SA11AI.27392

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Barbara Walsh

Mailing Address 2873 Ponte Vedra Blvd

City	State	Zip Code
Ponte Vedra Beach	FL	32082

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

Name of Employer	Occupation
Specialty Hospital	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	/	08	/	2012

Transaction ID : SA11AI.27018

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Brenda Waltz

Mailing Address 13087 Lake Florence Rd

City	State	Zip Code
Gulfport	MS	39503

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

Name of Employer	Occupation
Garden Park Med Ctr	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
10	/	31	/	2012

Transaction ID : SA11AI.26300

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 75 OF 79
	(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. Benjamin Warner
Full Name (Last, First, Middle Initial)
Mailing Address 1602 Skipwith Rd
City Richmond State VA Zip Code 23229
FEC ID number of contributing federal political committee. **C**
Name of Employer Henrico Doctors Hospital Occupation CNO
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 / 06 / 2012
Transaction ID : SA11AI.26637
Amount of Each Receipt this Period
500.00

B. Doug Welch
Full Name (Last, First, Middle Initial)
Mailing Address 613 Invicto Avenue
City Evans State GA Zip Code 30809
FEC ID number of contributing federal political committee. **C**
Name of Employer Doctors Hospital Augusta 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
10 / 31 / 2012
Transaction ID : SA11AI.26324
Amount of Each Receipt this Period
750.00

C. Doug White
Full Name (Last, First, Middle Initial)
Mailing Address 6111 Pickens Avenue
City Myrtle Beach State SC Zip Code 29577
FEC ID number of contributing federal political committee. **C**
Name of Employer Grand Strand Regional Hospital Occupation CEO
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 / 06 / 2012
Transaction ID : SA11AI.26738
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 76 OF 79
	(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. Karen White-Trevino
Full Name (Last, First, Middle Initial)

Mailing Address 5337 Sussex Ln

City Pace State FL Zip Code 32571

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

Name of Employer West Florida Hosp Occupation CNO

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 / 2012

Transaction ID : SA11AI.27237

Amount of Each Receipt this Period
 350.00

B. Jeffrey T. Whitehorn
Full Name (Last, First, Middle Initial)

Mailing Address 9442 Highwood Hill Road

City Brentwood State TN Zip Code 37027

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

Name of Employer Summit Medical Center Occupation CEO

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 / 08 / 2012

Transaction ID : SA11AI.26974

Amount of Each Receipt this Period
 500.00

C. Carrie Wiles
Full Name (Last, First, Middle Initial)

Mailing Address 941 NW Fresco Way #202

City Jensen Beach State FL Zip Code 34957

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

Name of Employer St. Lucie 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 / 13 / 2012

Transaction ID : SA11AI.27123

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 77 OF 79
(check only one)

<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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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

A. Full Name (Last, First, Middle Initial)
Dr. Gary Winfield

Mailing Address 1900 Electric Road

City Salem State VA Zip Code 24153

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

Name of Employer LewisGale Med Ctr Occupation CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2012

Transaction ID : SA11AI.27209

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	109000.00

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 fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

Transaction ID : SB21B.27442

Amount of Each Disbursement this Period

178.07

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 M	/	D D D	/	Y Y Y Y Y Y
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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

178.07

178.07

**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. BOB CASEY FOR SENATE INC

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
ck 2885 stop payment placed

Candidate Name
ROBERT P JR CASEY

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: PA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2012			

Transaction ID : SB23.27443

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. CHARLES BOUSTANY JR MD FOR CONGRESS, INC

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
fund raiser

Candidate Name
BOUSTANY, CHARLES DR. JR.

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: LA District: 07 Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2012			

Transaction ID : SB23.27444

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

4000.00

4000.00
