

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO BOX 500
ONE PARK PLAZA
 Check if different than previously reported. (ACC)
NASHVILLE TN 37203

2. **FEC IDENTIFICATION NUMBER** C00067231
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 04 2008 in the State of
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer David Anderson

Signature of Treasurer Electronically Filed by David Anderson Date 06 24 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		248699.32
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	72239.67									
(c) Total Receipts (from Line 19)	69735.00	110966.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	141974.67	359666.04								
7. Total Disbursements (from Line 31)	16500.00	234191.37								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	125474.67	125474.67								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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)	38325.00	60365.00
(ii) Unitemized	31410.00	46260.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	69735.00	106625.50
(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)	69735.00	106625.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	4341.22
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 Transfer (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))	69735.00	110966.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	69735.00	110966.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	3641.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	3641.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	199800.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	2500.00	30750.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	16500.00	234191.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16500.00	234191.37

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	69735.00	106625.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69735.00	106625.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3641.37
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3641.37

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
Michael Abbott

Mailing Address 1900 Electric Rd

City State Zip Code
Salem VA 24153

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Lewis-Gale Medical Center VP Oncology Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
10 / 06 / 2008

Transaction ID: SA11AI.17310

Amount of Each Receipt this Period 350.00

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

Mailing Address 340 NW Commerce Dr

City State Zip Code
Lake City FL 32055

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Lake City Med Ctr COO/CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
10 / 06 / 2008

Transaction ID: SA11AI.17347

Amount of Each Receipt this Period 350.00

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

Mailing Address 19600 E 39th St

City State Zip Code
Independence MO 64057

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Centerpoint Med Ctr CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
10 / 15 / 2008

Transaction ID: SA11AI.17650

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) 1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 34
	<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

A.	Full Name (Last, First, Middle Initial) Regina Bartlett		Date of Receipt
	Mailing Address 164 Ashland Pt		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Hendersonville	TN	37075
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17398
		Amount of Each Receipt this Period	
		<input type="text"/> 750.00	
Name of Employer Hendersonville Med Ctr		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 750.00	

B.	Full Name (Last, First, Middle Initial) Sharon Black		Date of Receipt
	Mailing Address 205 Baltimore Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 7 / 2 0 0 8
	City	State	Zip Code
	Lafayette	LA	70506
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17171
		Amount of Each Receipt this Period	
		<input type="text"/> 350.00	
Name of Employer The Reg Med Ctr of Acadia- na		Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 350.00	

C.	Full Name (Last, First, Middle Initial) Jim Brown		Date of Receipt
	Mailing Address 19600 E 39th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Independence	MO	64057
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17648
		Amount of Each Receipt this Period	
		<input type="text"/> 500.00	
Name of Employer Centerpoint 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"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1600.00
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 8 / 34
	<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

A.	Full Name (Last, First, Middle Initial) Carolyn Caldwell	Date of Receipt
	Mailing Address 19600 E 39th St	<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City State Zip Code Independence MO 64057	Transaction ID: SA11AI.17647
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Centerpoint Medical Ctr 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="1000.00"/>	

B.	Full Name (Last, First, Middle Initial) Wayne Campbell	Date of Receipt
	Mailing Address 1601 Gum Creek Cove	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City State Zip Code Niceville FL 32578	Transaction ID: SA11AI.17478
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Ft Walton Beach Med Ctr 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="1000.00"/>	

C.	Full Name (Last, First, Middle Initial) Louis Caputo	Date of Receipt
	Mailing Address 295 Midland Pkwy	<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City State Zip Code Summerville SC 29485	Transaction ID: SA11AI.17599
	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 Trident Health System Occupation CEO Summerville	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <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"/>

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

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

FOR LINE NUMBER: PAGE 9 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
Robert Conroy

Mailing Address 1267 Greybrooke Place

City State Zip Code
Oldsmar FL 34677

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

Name of Employer Occupation
St. Petersburg General CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2008

Transaction ID: SA11AI.17657

Amount of Each Receipt this Period
500.00

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

Mailing Address 941 Spring Creek Road

City State Zip Code
Chattanooga TN 37412

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

Name of Employer Occupation
Parkridge East Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2008

Transaction ID: SA11AI.17396

Amount of Each Receipt this Period
350.00

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

Mailing Address 3778 Hunter Isle

City State Zip Code
Orlando FL 32837

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

Name of Employer Occupation
Osceola Regional Med Ctr CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2008

Transaction ID: SA11AI.17688

Amount of Each Receipt this Period
1000.00

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 10 / 34
	<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

A.	Full Name (Last, First, Middle Initial) Doug Crabtree		Date of Receipt
	Mailing Address 2484 S. Foothill Rd.		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Idaho Falls	ID	83404
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Eastern Idaho Reg. Med. Ctr.		Occupation CEO	Transaction ID: SA11AI.17698
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

B.	Full Name (Last, First, Middle Initial) Stephen Daugherty		Date of Receipt
	Mailing Address 6000 49th St. N.		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	St. Petersburg	FL	33709
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Northside Hospital		Occupation CEO	Transaction ID: SA11AI.17600
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="750.00"/>	<input type="text" value="750.00"/>

C.	Full Name (Last, First, Middle Initial) John Deardorff		Date of Receipt
	Mailing Address 340 NW Commerce Drive		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lake City	FL	32055
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Lake City Med Ctr		Occupation CEO	Transaction ID: SA11AI.17346
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="50.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1800.00"/>
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 11 / 34

(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

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)
Sandra Emeott

Mailing Address 5313 Cougar Circle

City State Zip Code
Dublin VA 24084

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

Name of Employer Occupation
Pulaski Community Hospital CNO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.17256

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)
Bland Eng

Mailing Address 11692 S Breeze Place

City State Zip Code
Wellington FL 33449

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

Name of Employer Occupation
Palms West Hosp CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.17438

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
James Eyler

Mailing Address 340 Hospital Dr

City State Zip Code
Macon GA 31217

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

Name of Employer Occupation
Coliseum Psychiatric Center Hospital Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.17502

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: PAGE 12 / 34
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
Aimie Flickinger

Mailing Address 3310 Rosa Drive

City Macon State GA Zip Code 31216

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

Name of Employer Coliseum Northside Occupation Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 01 / 2008
Transaction ID: SA11AI.17426
 Amount of Each Receipt this Period: 100.00

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

Mailing Address 543 Viterra Ct

City Kissimmee State FL Zip Code 34759

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

Name of Employer Osceola Regional Med Ctr Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 15 / 2008
Transaction ID: SA11AI.17696
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 7300 Beaufont Springs Dr #101

City Richmond State VA Zip Code 23225

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

Name of Employer Capital Division Occupation VP of Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 06 / 2008
Transaction ID: SA11AI.17308
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

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 13 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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) Dan Friedrich		Date of Receipt	
	Mailing Address 7208 19th Ave NW		M M / D D / Y Y Y Y Y 10 / 07 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.17208
	Bradenton	FL	34209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Blake Medical Center		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Bradley Garcia		Date of Receipt	
	Mailing Address 2819 Sweetholly Drive		M M / D D / Y Y Y Y Y 10 / 15 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.17523
	Jacksonville	FL	32223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Memorial Hospital		Occupation SVP Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Kathryn Gillette		Date of Receipt	
	Mailing Address 3199 Sterling Street		M M / D D / Y Y Y Y Y 10 / 15 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.17626
	Tarpon Springs	FL	34688	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Community Hospital		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

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 14 / 34
(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

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)
Victor Giovanetti

Mailing Address 1900 Electric Rd

City Salem State VA Zip Code 24153

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

Name of Employer Lewis-Gale Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 06 / 2008
Transaction ID: SA11AI.17324
 Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Eric Goldman

Mailing Address 6321 Cherry Lake Drive North

City Jacksonville State FL Zip Code 32258

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

Name of Employer Memorial Hospital Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 15 / 2008
Transaction ID: SA11AI.17525
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Allen Golson

Mailing Address 109 Fairway Run

City Forsyth State GA Zip Code 31029

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

Name of Employer Coliseum Medical Ctr. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 01 / 2008
Transaction ID: SA11AI.17503
 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 15 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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) Kevin Hicks		Date of Receipt
Mailing Address 10115 Howe Drive		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
City	State	Zip Code
Leawood	KS	66206
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17198
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer Research Medical Center	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="1000.00"/>	

B.

Full Name (Last, First, Middle Initial) Holly Hill		Date of Receipt
Mailing Address 1608 Rachel's Retreat Circle		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
City	State	Zip Code
Hermitage	TN	37076
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17455
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer Summit Medical Center	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

C.

Full Name (Last, First, Middle Initial) Penny Hutson		Date of Receipt
Mailing Address 4600 Ambassador Caffery Pkwy		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
City	State	Zip Code
Lafayette	LA	70508
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17174
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="350.00"/>
Name of Employer Women's & Children's Hospital	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"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1650.00"/>
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 16 / 34
	<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

A.	Full Name (Last, First, Middle Initial) Joe Jeans		Date of Receipt
	Mailing Address 3559 Fieldcrest		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bowling Green	KY	42104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17178
Name of Employer Greenview Regional		Occupation CFO	Amount of Each Receipt this Period
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"/>
		<input type="text" value="350.00"/>	

B.	Full Name (Last, First, Middle Initial) Theresa Jefferson		Date of Receipt
	Mailing Address 4016 Sun City Center Blvd		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sun City Center	FL	33573
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17602
Name of Employer South Bay Hospital		Occupation CNO	Amount of Each Receipt this Period
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"/>
		<input type="text" value="350.00"/>	

C.	Full Name (Last, First, Middle Initial) Anna Jonason		Date of Receipt
	Mailing Address PO Box 428		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Goose Creek	SC	29445
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17625
Name of Employer Colleton Medical Center		Occupation CNO	Amount of Each Receipt this Period
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"/>
		<input type="text" value="350.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1050.00"/>
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 17 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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) Katy Kirk		Date of Receipt
	Mailing Address PO Box 759		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Pulaski	VA	24301
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pulaski Community Hospital		Occupation COO	Transaction ID: SA11AI.17255
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="350.00"/>

B.	Full Name (Last, First, Middle Initial) Gene Lawhorne		Date of Receipt
	Mailing Address 5294 Crossbow Drive		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Pulaski	VA	24301
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Pulaski Community Hospital		Occupation CFO	Transaction ID: SA11AI.17279
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="350.00"/>

C.	Full Name (Last, First, Middle Initial) Anne Leonard		Date of Receipt
	Mailing Address 1293 Elrod Rd		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bowling Green	KY	42104
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Greenview Regional		Occupation CNO	Transaction ID: SA11AI.17177
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="350.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1050.00"/>
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 18 / 34
	<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

A.	Full Name (Last, First, Middle Initial) Brian Marger		Date of Receipt	
	Mailing Address 8603 Forest Run Ln		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.17686
	Orlando	FL	32836	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Osceola Regional 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		

B.	Full Name (Last, First, Middle Initial) Barbara Marsh		Date of Receipt	
	Mailing Address 105 Redbud Dr		M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.17393
	Portland	TN	37148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		350.00	
Name of Employer Portland Med Ctr		Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

C.	Full Name (Last, First, Middle Initial) Mark Marsh		Date of Receipt	
	Mailing Address 910 Montclair Drive		M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.17179
	Bowling Green	KY	42103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		400.00	
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 ▼ 850.00		

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 19 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
Leigh Massengill

Mailing Address 15319 Lake Maurine Drive

City State Zip Code
Odessa FL 33556

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

Name of Employer Regional Med Ctr Bayonet Point 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
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.17582

Amount of Each Receipt this Period
500.00

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

Mailing Address 6134 Oakridge Avenue

City State Zip Code
New Port Richey FL 34653

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

Name of Employer Community 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
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.17628

Amount of Each Receipt this Period
500.00

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

Mailing Address 31 Dix Avenue

City State Zip Code
Ormond Bch FL 32174

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

Name of Employer Osceola Regional Med. Ctr. 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
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.17691

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 20 / 34
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
Paula Mitchell

Mailing Address 2320 Mt Vernon Rd

City State Zip Code
Roanoke VA 24015

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

Name of Employer Occupation
Lewis-Gale Medical Center VP Behavioral Health & Rehab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.17332

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 12 Fairway Ct

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 / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.17618

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Scott Montgomery

Mailing Address 741 Peppervine Ave.

City State Zip Code
St. Johns FL 32259

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

Name of Employer Occupation
Memorial Hospital SVP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.17539

Amount of Each Receipt this Period
350.00

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: PAGE 21 / 34
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial)
Kathy Moore

Mailing Address 14980 Oma St

City State Zip Code
Caldwell ID 83607

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

Name of Employer West Valley Med. Ctr. 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
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.17418

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Michael Morrison

Mailing Address 1026 Wyndham Dr

City State Zip Code
Gallatin TN 37066

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

Name of Employer Hendersonville Medical Center 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
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.17397

Amount of Each Receipt this Period
350.00

C.

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

Mailing Address 14879 Blue Ridge Ct

City State Zip Code
Moorpark CA 93021

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.17649

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 22 / 34

(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

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)
Mark Nichols

Mailing Address 237 Pebblebrook Lane

City State Zip Code
Macon GA 31220

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

Name of Employer Occupation
Coliseum Health System 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
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.17425

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Sharif Omar

Mailing Address 2810 Ambassador Caffery

City State Zip Code
Lafayette LA 70502

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

Name of Employer Occupation
Southwest Med Ctr COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.17175

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Steve Otto

Mailing Address 506 Bay Point Drive

City State Zip Code
Gallatin TN 37066

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

Name of Employer Occupation
Skyline Medical Center 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
1 0 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.17297

Amount of Each Receipt this Period

500.00

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 23 / 34
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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) Priscilla Parrish		Date of Receipt MM / DD / YYYY 10 / 07 / 2008	
Mailing Address 1898 Dolphin Blvd S		Transaction ID: SA11AI.17216	
City St Petersburg	State FL	Zip Code 33707	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Blake Medical Center	Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B.

Full Name (Last, First, Middle Initial) Michael Patterson		Date of Receipt MM / DD / YYYY 10 / 01 / 2008	
Mailing Address 13001 Southern Blvd		Transaction ID: SA11AI.17430	
City Loxahatchee	State FL	Zip Code 33470	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Palms West Hosp.	Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C.

Full Name (Last, First, Middle Initial) Daniel Perritt		Date of Receipt MM / DD / YYYY 10 / 06 / 2008	
Mailing Address 3 El Niguel Court		Transaction ID: SA11AI.17298	
City Henderson	State NV	Zip Code 89052	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Sunrise Hospital	Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 24 / 34
	<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

A.	Full Name (Last, First, Middle Initial) David Portwood	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 520 Waverly Park Dr	Transaction ID: SA11AI.17509
	City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Coliseum Medical Centers Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Robert Preato	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 130 Lexington Drive	Transaction ID: SA11AI.17439
	City State Zip Code RPB FL 33411	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Palms West Hospital Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Carolyn Quinlan	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 14211 Elmo Ct	Transaction ID: SA11AI.17589
	City State Zip Code Hudson FL 34667	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Regional Med Ctr Bayonet Point Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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 25 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

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

Mailing Address 225 Quail Valley Dr.

City State Zip Code
Leesburg GA 31763

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

Name of Employer Palmyra Medical Center Occupation CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	8

Transaction ID: SA11AI.17260

Amount of Each Receipt this Period
750.00

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

Mailing Address 14000 Fivay Rd

City State Zip Code
Hudson FL 34667

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

Name of Employer Regional Med Ctr Bayonet Point Occupation CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.17590

Amount of Each Receipt this Period
1000.00

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

Mailing Address 185 Island Green Rd

City State Zip Code
Daleville VA 24083

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

Name of Employer Lewis Gale Med. Ctr. Occupation CFO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	8

Transaction ID: SA11AI.17339

Amount of Each Receipt this Period
500.00

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 26 / 34

(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

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)

Glenn Romig

Mailing Address 10549 Greensprings Drive

City State Zip Code
Tampa FL 44626

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

Name of Employer Occupation
Community Hospital CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.17627

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Melanie Salsgiver

Mailing Address 1309 Limestone Creek Cove

City State Zip Code
Niceville FL 32578

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

Name of Employer Occupation
Ft. Walton Med Ctr CNO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.17408

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Keith Sandlin

Mailing Address 960 JF Harris Pkwy

City State Zip Code
Cartersville GA 30120

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

Name of Employer Occupation
Cartersville Med. Ctr. CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.17194

Amount of Each Receipt this Period

250.00

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: (check only one)	PAGE 27 / 34
	<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

A.	Full Name (Last, First, Middle Initial) Kim Scoggins		Date of Receipt MM / DD / YYYY 10 / 06 / 2008		
	Mailing Address 17 Meadowood Drive		Transaction ID: SA11AI.17253		
	City Rome	State GA	Zip Code 30165	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Polk Medical Center	Occupation Director of Nursing			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Shalin Shah		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address 14000 Fivay Rd		Transaction ID: SA11AI.17591		
	City Hudson	State FL	Zip Code 34667	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Regional Med Ctr Bayonet Point	Occupation CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Richard Shannonhouse		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address 7263 Placid Oaks Drive		Transaction ID: SA11AI.17555		
	City Jacksonville	State FL	Zip Code 32277	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Memorial Hospital	Occupation Director			
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)	▶	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: (check only one)	PAGE 28 / 34
	<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

A.	Full Name (Last, First, Middle Initial) Susan Shreeve		Date of Receipt	
	Mailing Address 4806 W 14th Terr		M M / D D / Y Y Y Y Y 10 / 07 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.17199
	Leawood	KS	66224	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer Research Medical Center		Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Roger Simmons		Date of Receipt	
	Mailing Address 116 Arlington Row		M M / D D / Y Y Y Y Y 10 / 01 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.17510
	Macon	GA	31210	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Coliseum Medical Centers		Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Danny Smith		Date of Receipt	
	Mailing Address 1410 Dogwood Valley Road		M M / D D / Y Y Y Y Y 10 / 06 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.17225
	Tunnel Hill	GA	30755	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer Redmond Regional Med Ctr		Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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 29 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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) Charlotte Tyson	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 1900 Electric Rd	Transaction ID: SA11AI.17343
	City State Zip Code Salem VA 24153	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lewis-Gale Medical Center COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Kyle Viator	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 115 Augusta Dr	Transaction ID: SA11AI.17173
	City State Zip Code Broussard LA 70518	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Southwest Med. Ctr. CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Melissa Waddey	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 3605 Sperry Avenue	Transaction ID: SA11AI.17461
	City State Zip Code Nashville TN 37215	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Summit Medical Ctr COO	
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)	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 30 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
Brenda Waltz
 Mailing Address 28 Westover Drive
 City State Zip Code
 Rome GA 30165
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 6 / 2 0 0 8
Transaction ID: SA11AI.17224
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Redmond Regional Med. Ctr CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
Jeffrey T. Whitehorn
 Mailing Address 9442 Highwood Hill Road
 City State Zip Code
 Brentwood TN 37027
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 1 / 2 0 0 8
Transaction ID: SA11AI.17476
 Amount of Each Receipt this Period
 600.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Summit Medical Center CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

C. Full Name (Last, First, Middle Initial)
Dr. Gary Winfield
 Mailing Address 2914 Holly Ave
 City State Zip Code
 Jacksonville FL 32210
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 0 8
Transaction ID: SA11AI.17559
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Memorial Hospital Senior VP
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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 31 / 34
	<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

A.	Full Name (Last, First, Middle Initial) Ellen Witterstaeter	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 392 Gardner Dr NE	Transaction ID: SA11AI.17479
	City State Zip Code Ft. Walton Beach FL 32548	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ft. Walton Beach Med. Ctr. COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Vincent Wyatt	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 2030 Kildare Circle	Transaction ID: SA11AI.17480
	City State Zip Code Niceville FL 32578	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ft. Walton Beach Med Ctr CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Russ Young	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 225 Timacuan Oaks Court	Transaction ID: SA11AI.17609
	City State Zip Code Lake Mary FL 32746	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Central FL Regional Hospital 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)	975.00
TOTAL This Period (last page this line number only)	38325.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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. CONGRESSMAN BART GORDON COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement campaign

Candidate Name CONGRESSMAN BART GORDON COMMITTEE

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: TN District: 06

Transaction ID: SB23.17706

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

2500.00

B. COOPER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address co Davidson & Golden P.O. Box 927

City Brentwood State TN Zip Code 37024

Purpose of Disbursement fundraiser

Candidate Name COOPER FOR CONGRESS COMMITTEE

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: TN District: 05

Transaction ID: SB23.17699

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

2000.00

C. LINCOLN DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 350

City JAMESTOWN State TN Zip Code 38556

Purpose of Disbursement campaign

Candidate Name LINCOLN DAVIS FOR CONGRESS

Category/Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: TN District: 04

Transaction ID: SB23.17707

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

**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)

PAGE 33 / 34

<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

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) SALAZAR FOR SENATE <hr/> Mailing Address PO Box 600 <hr/> City DENVER State CO Zip Code 80201 <hr/> Purpose of Disbursement fundraiser Candidate Name SALAZAR FOR SENATE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.17704 Date of Disbursement 10 / 07 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SALAZAR FOR SENATE <hr/> Mailing Address PO Box 600 <hr/> City DENVER State CO Zip Code 80201 <hr/> Purpose of Disbursement fundraiser Candidate Name SALAZAR FOR SENATE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.17705 Date of Disbursement 10 / 07 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	14000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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) Friends of Doug Overby Mailing Address PO Box 5316 City Maryville State TN Zip Code 37802 Purpose of Disbursement campaign Candidate Name Friends of Doug Overby Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 20 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.17702 Date of Disbursement 10 / 02 / 2008
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) Friends of Jimmy Naifeh Mailing Address 3100 West End Ave Ste 905 One American Building City Nashville State TN Zip Code 37203 Purpose of Disbursement fundraiser Candidate Name Friends of Jimmy Naifeh Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 81 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.17703 Date of Disbursement 10 / 06 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

C. Full Name (Last, First, Middle Initial) Kentucky Democratic Party Mailing Address PO Box 694 City Frankfort State KY Zip Code 40602 Purpose of Disbursement fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.17700 Date of Disbursement 10 / 02 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	2500.00