

**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" style="display: inline-table; border-collapse: collapse;"><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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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	38325.00	60365.00
(i) Itemized (use Schedule A)		
(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)

Page 4

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)	0.00	0.00
(i) Federal Share.....		
(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

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 136 Ferrum Dr

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 Surgical Svc

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 721 SE 11th St

City State Zip Code
Lee's Summit MO 64081

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: PAGE 7 / 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

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

A.

Full Name (Last, First, Middle Initial)
Regina Bartlett

Mailing Address 164 Ashland Pt

City Hendersonville State TN Zip Code 37075

FEC ID number of contributing federal political committee. C

Name of Employer Hendersonville 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
10 / 01 / 2008

Transaction ID: SA11AI.17398

Amount of Each Receipt this Period 750.00

B.

Full Name (Last, First, Middle Initial)
Sharon Black

Mailing Address 2810 Ambassador Caffery Pkwy

City Lafayette State LA Zip Code 70506

FEC ID number of contributing federal political committee. C

Name of Employer Southwest Medical Center Occupation RN - 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 / 07 / 2008

Transaction ID: SA11AI.17171

Amount of Each Receipt this Period 350.00

C.

Full Name (Last, First, Middle Initial)
Jim Brown

Mailing Address 5200 Mansfield Lane

City Shawnee Mission State KS Zip Code 66203

FEC ID number of contributing federal political committee. C

Name of Employer Centerpoint 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
10 / 15 / 2008

Transaction ID: SA11AI.17648

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: PAGE 8 / 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

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

A.

Full Name (Last, First, Middle Initial)
Carolyn Caldwell

Mailing Address 2321 NE Lake Breeze Ln

City State Zip Code
Lees Summit MO 64036

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

Name of Employer Centerpoint Medical Ctr Occupation 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.17647

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Wayne Campbell

Mailing Address 1601 Gum Creek Cove

City State Zip Code
Niceville FL 32578

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

Name of Employer Ft Walton Beach Med Ctr Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: SA11AI.17478

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Louis Caputo

Mailing Address 3312 N San Miguel Street

City State Zip Code
Tampa FL 33629

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
MM / DD / YYYY
10 / 15 / 2008

Transaction ID: SA11AI.17599

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **2350.00**

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 / 34
(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. 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 M M / D D / Y Y Y Y
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 355 New Shackle Island Road

City State Zip Code
Hendersonville TN 37075

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Hendersonville Medical Center COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
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 M M / D D / Y Y Y Y
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: PAGE 10 / 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

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

A.

Full Name (Last, First, Middle Initial)
Doug Crabtree

Mailing Address 3100 Channing Way

City State Zip Code
Idaho Falls ID 83404

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

Name of Employer Eastern Idaho Reg. 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 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.17698

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Stephen Daugherty

Mailing Address 2007 154th St SE

City State Zip Code
Bradenton FL 34121

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

Name of Employer South Bay Hospital Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: SA11AI.17600

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
John Deardorff

Mailing Address 195 SW Lucille Ct

City State Zip Code
Lake City FL 32024

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

Name of Employer Lake City Med Ctr Occupation CEO

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 6 / 2 0 0 8

Transaction ID: SA11AI.17346

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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 11 / 34
(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. 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 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 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 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 - CPC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y 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: (check only one)	PAGE 12 / 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	

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

A.	Full Name (Last, First, Middle Initial) Aimie Flickinger		Date of Receipt
	Mailing Address 3310 Rosa Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Macon	GA	31216
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17426
Name of Employer Coliseum Northside		Occupation Director of Nursing	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 ▼ 250.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) Sarah Forsythe		Date of Receipt
	Mailing Address 543 Viterra Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Kissimmee	FL	34759
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17696
Name of Employer Osceola Regional Med Ctr		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 ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Mark Foust		Date of Receipt
	Mailing Address 7300 Beaufont Springs Dr #101		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Richmond	VA	23225
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17308
Name of Employer Capital Division		Occupation VP of Communications	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 ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 850.00
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 13 / 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

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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)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Victor Giovanetti

Mailing Address 1628 Strawberry Mtn Dr

City State Zip Code
Roanoke VA 24018

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

Name of Employer Occupation
Lewis-Gale President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
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 6231 Cherry Lake Drive North

City State Zip Code
Jacksonville FL 32258

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

Name of Employer Occupation
Memorial Hospital SVP/COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
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 State Zip Code
Forsyth GA 31029

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

Name of Employer Occupation
Coliseum Medical Ctr. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
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"/> 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.

Full Name (Last, First, Middle Initial)
Kevin Hicks

Mailing Address 10115 Howe Drive

City State Zip Code
Leawood KS 66206

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

Name of Employer Occupation
Research Medical Center CEO

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

Date of Receipt

M M / D D / Y Y Y Y
10 / 07 / 2008

Transaction ID: SA11AI.17198

Amount of Each Receipt this Period

1000.00

B.

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

Mailing Address 1608 Rachel's Retreat Circle

City State Zip Code
Hermitage TN 37076

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

Name of Employer Occupation
Summit Medical Center Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 01 / 2008

Transaction ID: SA11AI.17455

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Penny Hutson

Mailing Address 205 Fern Hollow

City State Zip Code
Youngsville LA 70592

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

Name of Employer Occupation
Southwest Medical Center 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 / 07 / 2008

Transaction ID: SA11AI.17174

Amount of Each Receipt this Period

350.00

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 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	

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

A.	Full Name (Last, First, Middle Initial) Joe Jeans	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 1801 Ashley Circle	Transaction ID: SA11AI.17178
	City State Zip Code Bowling Green KY 42104	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Greenview Regional CFO	
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) Theresa Jefferson	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1011 Tranquiview Lane	Transaction ID: SA11AI.17602
	City State Zip Code Valrico FL 34594	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation South Bay Hospital CNO	
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) Anna Jonason	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address PO Box 428	Transaction ID: SA11AI.17625
	City State Zip Code Goose Creek SC 29445	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Colleton Medical Center 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)	▶	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 17 / 34
(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. Full Name (Last, First, Middle Initial)
Katy Kirk

Mailing Address PO Box 759

City Pulaski State VA Zip Code 24301

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

Name of Employer Pulaski Community Hospital Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 06 / 2008
Transaction ID: SA11AI.17255
Amount of Each Receipt this Period: 350.00

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

Mailing Address 5294 Crossbow Drive

City Pulaski State VA Zip Code 24301

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

Name of Employer Pulaski Community Hospital Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 06 / 2008
Transaction ID: SA11AI.17279
Amount of Each Receipt this Period: 350.00

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

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: 10 / 07 / 2008
Transaction ID: SA11AI.17177
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 34
(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. Full Name (Last, First, Middle Initial)
Brian Marger
 Mailing Address 8603 Forest Run Ln
 City State Zip Code
 Orlando FL 32836
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 5 / 2 0 0 8
Transaction ID: SA11AI.17686
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Osceola Regional Med Ctr COO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

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

C. Full Name (Last, First, Middle Initial)
Mark Marsh
 Mailing Address 910 Montclair Drive
 City State Zip Code
 Bowling Green KY 42103
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 7 / 2 0 0 8
Transaction ID: SA11AI.17179
 Amount of Each Receipt this Period
 400.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greenview Regional CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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: (check only one)	PAGE 19 / 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	

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

A.	Full Name (Last, First, Middle Initial) Leigh Massengill	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 15319 Lake Maurine Drive	Transaction ID: SA11AI.17582
	City State Zip Code Odessa FL 33556	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 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) Nancy Maysilles	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 6134 Oakridge Avenue	Transaction ID: SA11AI.17628
	City State Zip Code New Port Richey FL 34653	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Community Hospital	Occupation CNO	
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) Pete Mercer	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 31 Dix Avenue	Transaction ID: SA11AI.17691
	City State Zip Code Ormond Bch FL 32174	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Osceola 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)	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)
 11a 11b 11c 12
 13 14 15 16 17

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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
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lewis-Gale Medical Center VP Behavioral Health & Rehab
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
Mitchell Mongell
 Mailing Address 205 Vertider St
 City State Zip Code
 Waltersboro SC 29488
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Colleton Med Ctr CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

C. Full Name (Last, First, Middle Initial)
Scott Montgomery
 Mailing Address 1701 N 1st St #7 B
 City State Zip Code
 Jax Beach FL 32250
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Memorial Hospital Sr VP
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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: (check only one)	PAGE 21 / 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	

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

A.	Full Name (Last, First, Middle Initial) Kathy Moore	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 14980 Oma St	Transaction ID: SA11AI.17418
	City State Zip Code Caldwell ID 83607	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation West Valley Med. Ctr. 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) Michael Morrison	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 1026 Wyndham Dr	Transaction ID: SA11AI.17397
	City State Zip Code Gallatin TN 37066	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Hendersonville Medical Center CFO	
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) Natalie Mussi	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1247 West 71st Terrace	Transaction ID: SA11AI.17649
	City State Zip Code Kansas City MO 64114	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Centerpoint Medical Center COO	
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)	▶	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)
 11a 11b 11c 12
 13 14 15 16 17

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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 Northside 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 1363 Panini Drive

City State Zip Code
Henderson NV 89052

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

Name of Employer Occupation
Sunrise Hospital 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 / 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: (check only one)	PAGE 23 / 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	

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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 State Zip Code St Petersburg FL 33707	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Blake Medical Center 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 State Zip Code Loxahatchee FL 33470	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Palms West Hosp. 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 State Zip Code Henderson NV 89052	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Sunrise Hospital 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: PAGE 24 / 34
(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. Full Name (Last, First, Middle Initial)
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 Coliseum Medical Centers Occupation COO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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.17509

Amount of Each Receipt this Period
350.00

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

Mailing Address 130 Lexington Drive

City State Zip Code
RPB FL 33411

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

Name of Employer Palms West Hospital 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 Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.17439

Amount of Each Receipt this Period
500.00

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

Mailing Address 14211 Elmo Ct

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 CNO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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.17589

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 25 / 34
(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. Full Name (Last, First, Middle Initial)
William Mark Rader

Mailing Address 1134 Camper Street

City Pulaski State VA Zip Code 24301

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

Name of Employer Pulaski Community Hosp Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 06 / 2008
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 Hudson State FL Zip Code 34667

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

Name of Employer Regional Med Ctr Bayonet Point Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 15 / 2008
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 Daleville State VA Zip Code 24083

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 ▼ 500.00

Date of Receipt: 10 / 06 / 2008
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"/> 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) Glenn Romig	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 10549 Greensprings Drive	Transaction ID: SA11AI.17627
	City State Zip Code Tampa FL 44626	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Community Hospital 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) Melanie Salsgiver	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 1309 Limestone Creek Cove	Transaction ID: SA11AI.17408
	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 Med Ctr CNO	
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) Keith Sandlin	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 52 Comanuhe Trail	Transaction ID: SA11AI.17194
	City State Zip Code Cartersville GA 30120	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Cartersville Med. Ctr. CEO	
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)	▶	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 27 / 34
(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. Full Name (Last, First, Middle Initial)
Kim Scoggins

Mailing Address 17 Meadowood Drive

City State Zip Code
Rome GA 30165

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

Name of Employer Polk Medical Center Occupation Director of Nursing

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

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

Transaction ID: SA11AI.17253

Amount of Each Receipt this Period
300.00

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

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 CFO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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.17591

Amount of Each Receipt this Period
500.00

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

Mailing Address 7263 Placid Oaks Drive

City State Zip Code
Jacksonville FL 32277

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

Name of Employer Memorial Hospital Occupation Director

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

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

Transaction ID: SA11AI.17555

Amount of Each Receipt this Period
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	

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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		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Leawood	KS	66224
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Research Medical Center		Occupation CFO	Transaction ID: SA11AI.17199
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="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Roger Simmons		Date of Receipt
	Mailing Address 116 Arlington Row		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Macon	GA	31210
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coliseum Medical Centers		Occupation CFO	Transaction ID: SA11AI.17510
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="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Danny Smith		Date of Receipt
	Mailing Address 1410 Dogwood Valley Road		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Tunnel Hill	GA	30755
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Redmond Regional Med Ctr		Occupation CFO	Transaction ID: SA11AI.17225
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="500.00"/>	<input type="text" value="500.00"/>

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 29 / 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
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NAME OF COMMITTEE (In Full)
HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)
Charlotte Tyson

Mailing Address 565 Frontier Way

City Fincastle State VA Zip Code 24090

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

Name of Employer Lewis-Gale Medical Center Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 06 / 2008
Transaction ID: SA11AI.17343
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Kyle Viator

Mailing Address 115 Augusta Dr

City Broussard State LA Zip Code 70518

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

Name of Employer Southwest Med. Ctr. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 07 / 2008
Transaction ID: SA11AI.17173
Amount of Each Receipt this Period: 750.00

C.

Full Name (Last, First, Middle Initial)
Melissa Waddey

Mailing Address 3605 Sperry Avenue

City Nashville State TN Zip Code 37215

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

Name of Employer Summit Medical Ctr Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 01 / 2008
Transaction ID: SA11AI.17461
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: PAGE 30 / 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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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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

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

Name of Employer Redmond Regional 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 6 / 2 0 0 8

Transaction ID: SA11AI.17224

Amount of Each Receipt this Period
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

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 ▼ 600.00

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

Transaction ID: SA11AI.17476

Amount of Each Receipt this Period
600.00

C.

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

Mailing Address 2914 Holly Ave

City State Zip Code
Jacksonville FL 32210

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

Name of Employer Memorial Hospital Occupation Senior VP

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 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.17559

Amount of Each Receipt this Period
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"/> 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.	Full Name (Last, First, Middle Initial) Ellen Witterstaeter		Date of Receipt	
	Mailing Address 392 Gardner Dr NE		M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.17479
	Ft. Walton Beach	FL	32548	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		125.00	
Name of Employer Ft. Walton Beach Med. Ctr.		Occupation 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	
	Mailing Address 2030 Kildare Circle		M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.17480
	Niceville	FL	32578	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Ft. Walton Beach 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		

C.	Full Name (Last, First, Middle Initial) Russ Young		Date of Receipt	
	Mailing Address 16113 Bridgedale Drive		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.17609
	Lithia	FL	33547	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		350.00	
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)	▶	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)

PAGE 32 / 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

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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

/ /

Amount of Each Disbursement this Period

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

/ /

Amount of Each Disbursement this Period

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

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<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

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
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

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Doug Overby <hr/> Mailing Address PO Box 5316 <hr/> City Maryville State TN Zip Code 37802 <hr/> 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 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Friends of Jimmy Naifeh <hr/> Mailing Address 3100 West End Ave Ste 905 One American Building <hr/> City Nashville State TN Zip Code 37203 <hr/> 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 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Kentucky Democratic Party <hr/> Mailing Address PO Box 694 <hr/> City Frankfort State KY Zip Code 40602 <hr/> 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 <hr/> Amount of Each Disbursement this Period 1000.00

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