

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="281662.61"/>	<input type="text" value="281662.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="295199.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="110434.31"/>	<input type="text" value="275494.53"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="405633.69"/>	<input type="text" value="557157.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19813.66"/>	<input type="text" value="171337.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="385820.03"/>	<input type="text" value="385820.03"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	71882.95	173505.20
(ii) Unitemized	38548.00	96912.29
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	110430.95	270417.49
(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)	110430.95	270417.49
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3.36	77.04
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	110434.31	275494.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	110434.31	275494.53

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	313.66	17237.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	313.66	17237.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	154500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	-400.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19813.66	171337.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19813.66	171337.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	110430.95	270417.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	110430.95	270417.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	313.66	17237.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	313.66	17237.11

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

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

FOR LINE NUMBER: PAGE 6 OF 58
(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

Full Name (Last, First, Middle Initial)
A. Kimball Anderson

Mailing Address 9300 W Sunset Rd

City Las Vegas State NV Zip Code 89148

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

Name of Employer Southern Hills Hosp Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.28867

Amount of Each Receipt this Period
500.00

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

Mailing Address 7101 SPID

City Corpus Christi State TX Zip Code 78412

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

Name of Employer Corpus Christi Med Ctr 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
 11 / 04 / 2013
Transaction ID : SA11AI.29122

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2800 Dewdrop Pl

City WLV State CA Zip Code 91362

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

Name of Employer Los Robles Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29002

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Luanne Ansaldo		Date of Receipt MM / DD / YYYY 11 / 04 / 2013 Transaction ID : SA11AI.29469
Mailing Address 634 Lake Point		Amount of Each Receipt this Period 250.00
City Irving	State TX	Zip Code 75039
FEC ID number of contributing federal political committee. C		
Name of Employer Las Colinas Med Ctr	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Jeff Ardemagni		Date of Receipt MM / DD / YYYY 11 / 04 / 2013 Transaction ID : SA11AI.29186
Mailing Address 8728 Trailwood Ct		Amount of Each Receipt this Period 500.00
City Keller	State TX	Zip Code 76248
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center of Arlington	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mark Atchley		Date of Receipt MM / DD / YYYY 11 / 04 / 2013 Transaction ID : SA11AI.29360
Mailing Address 2732 Newcastle		Amount of Each Receipt this Period 250.00
City Grapevine	State TX	Zip Code 76051
FEC ID number of contributing federal political committee. C		
Name of Employer Medical City Dallas	Occupation CFO	
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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 58
<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. LaShandra Barbarin
 Full Name (Last, First, Middle Initial)
 Mailing Address 8004 Craftsbury Lane
 City McKinney State TX Zip Code 75071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Med Center of McKinney Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29193
 Amount of Each Receipt this Period
 500.00

B. JT Barnhart
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 S 23rd St
 City Ft. Pierce State FL Zip Code 34950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lawnwood Regional Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.28935
 Amount of Each Receipt this Period
 250.00

C. Regina Bartlett
 Full Name (Last, First, Middle Initial)
 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 ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29275
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3 S. Skimmer St.

City La Marque State TX Zip Code 77568

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

Name of Employer The Woman's Hospital of Tx Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29090

Amount of Each Receipt this Period
 500.00

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

Mailing Address 6107 Mustang Trail

City Colleyville State TX Zip Code 76034

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

Name of Employer Medical Center Arlington Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29185

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 6619 SW 37th Way

City Gainesville State FL Zip Code 32608

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

Name of Employer North Florida Reg Med Ctr Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29054

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Charles Briscoe		Date of Receipt
Mailing Address 144 Bradford Drive		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Macon	GA	31210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Coliseum Health System	CEO-CHS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : SA11AI.29335
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. Robin Broughman		Date of Receipt
Mailing Address 1 ARH Lane		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Low Moor	VA	24457
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
LewisGale Alleghany Regional	CNO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	
		Transaction ID : SA11AI.28849
		Amount of Each Receipt this Period
		<input type="text" value="350.00"/>

Full Name (Last, First, Middle Initial) C. William Brown		Date of Receipt
Mailing Address 3710 Altamira		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Brownsville	TX	78520
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Valley Regional Medical Center	Director of Cath Lab	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Transaction ID : SA11AI.29180
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1550.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 58
	<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. Gina Bullington
Full Name (Last, First, Middle Initial)

Mailing Address 232 Black Road

City Dickson State TN Zip Code 37055

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

Name of Employer Horizon Medical Center Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29296

Amount of Each Receipt this Period
 100.00

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

Mailing Address 106 Harpers Row

City Summerville State SC Zip Code 29483

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

Name of Employer Trident Health System Occupation CEO Summerville

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1312.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29268

Amount of Each Receipt this Period
 750.00

c. Alex Chang
Full Name (Last, First, Middle Initial)

Mailing Address 311 Goldstein St

City Punta Gorda State FL Zip Code 33950

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

Name of Employer Fawcett Memorial Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.28912

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 12 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Tom Collins

Mailing Address 3320 Lovers Lane

City State Zip Code
Dallas TX 75225

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

Name of Employer Occupation
Green Oaks Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29210

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mary Ann Conroy

Mailing Address 3901 S 7th St

City State Zip Code
Terre Haute IN 47802

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

Name of Employer Occupation
Terre Haute Regional CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29247

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
C. Kathleen A. Dassler

Mailing Address 101 E. Ridge Rd.

City State Zip Code
McAllen TX 78503

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

Name of Employer Occupation
Rio Grande Regional CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29141

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2007 154th Street E

City Bradenton State FL Zip Code 34212

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

Name of Employer Northside Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.28934

Amount of Each Receipt this Period
1000.00

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

Mailing Address 9461 Woodlands Dr

City Biloxi State MS Zip Code 39532

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

Name of Employer Garden Park Med Ctr Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29073

Amount of Each Receipt this Period
100.00

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

Mailing Address 22999 US Hwy 59 N

City Kingwood State TX Zip Code 77339

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

Name of Employer Kingwood Medical Ctr Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.28953

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 14 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dan Davis
Full Name (Last, First, Middle Initial)
Mailing Address 22999 US Hwy 59 N
City Kingwood State TX Zip Code 77339
FEC ID number of contributing federal political committee. **C**
Name of Employer Kingwood Medical Ctr Occupation CFO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **600.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2013
Transaction ID : SA11AI.29274
Amount of Each Receipt this Period
100.00

B. Daniela Decell
Full Name (Last, First, Middle Initial)
Mailing Address 701 Snowhill Trail
City Coppell State TX Zip Code 75019
FEC ID number of contributing federal political committee. **C**
Name of Employer Las Colinas Medical Ctr Occupation CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2013
Transaction ID : SA11AI.29460
Amount of Each Receipt this Period
500.00

C. Jody Dial
Full Name (Last, First, Middle Initial)
Mailing Address 750 W 800 N
City Orem State UT Zip Code 84057
FEC ID number of contributing federal political committee. **C**
Name of Employer Timpanogos Regional Occupation CFO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **350.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2013
Transaction ID : SA11AI.29489
Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Julie Dircks		Date of Receipt
Mailing Address 2851 NW 88th Terr		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Coral Springs	FL	33065
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29014
Name of Employer	Occupation	Amount of Each Receipt this Period
University Hosp/Med Ctr	CFO	<input type="text" value="350.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) B. Justin Doss		Date of Receipt
Mailing Address 12536 Natureview Circle		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bradenton	FL	34212
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29295
Name of Employer	Occupation	Amount of Each Receipt this Period
Blake Med Ctr	COO	<input type="text" value="45.45"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="454.50"/>	

Full Name (Last, First, Middle Initial) C. Steven Downs		Date of Receipt
Mailing Address 1 ARH Lane		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Low Moor	VA	24457
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.28848
Name of Employer	Occupation	Amount of Each Receipt this Period
LewisGale Hospital	CFO	<input type="text" value="350.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="745.45"/>
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 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Brenda DuPree			Date of Receipt
Mailing Address 3895 58th Avenue			<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.28919
Vero Beach	FL	32966	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Lawnwood Reg Med Ctr	CNO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Angela Ellis			Date of Receipt
Mailing Address 3901 S 7th St			<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.29254
Terre Haute	IN	47802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="350.00"/>
Name of Employer	Occupation		
Terre Haute Reg Hosp	CNO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Sandra Emeott			Date of Receipt
Mailing Address 1727 NE 27th Drive			<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : SA11AI.29013
Wilton Manors	FL	33334	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="350.00"/>
Name of Employer	Occupation		
University Hospital	CNO		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Tom Enlow		Date of Receipt
Mailing Address 6500 Newberry Rd		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Gainesville	FL	32605
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29060
Name of Employer	Occupation	Amount of Each Receipt this Period
North Florida Reg Med Ctr	Director	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Eric Evans		Date of Receipt
Mailing Address 2619 Braer Ridge Dr		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Katy	TX	77494
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29095
Name of Employer	Occupation	Amount of Each Receipt this Period
The Woman's Hospital TX	COO	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. James Eyler		Date of Receipt
Mailing Address PO Box 7287		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Macon	GA	31209
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29329
Name of Employer	Occupation	Amount of Each Receipt this Period
Coliseum Psychiatric Center	CEO-CCBH	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Alan Fabian			Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2013 Transaction ID : SA11AI.29045		
Mailing Address 216 Cresthill Drive			Amount of Each Receipt this Period 750.00		
City Youngsville	State LA	Zip Code 70592			
FEC ID number of contributing federal political committee. C					
Name of Employer Dauterive Hospital		Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

Full Name (Last, First, Middle Initial) B. Clayton Franklin			Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2013 Transaction ID : SA11AI.29498		
Mailing Address 628 Fairway View err			Amount of Each Receipt this Period 1500.00		
City Southlake	State TX	Zip Code 76092			
FEC ID number of contributing federal political committee. C					
Name of Employer Plaza Medical Ctr of Ft Worth		Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

Full Name (Last, First, Middle Initial) C. Todd Gallati			Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2013 Transaction ID : SA11AI.29283		
Mailing Address 9330 Medical Plaza Drive			Amount of Each Receipt this Period 750.00		
City Charleston	State SC	Zip Code 29406			
FEC ID number of contributing federal political committee. C					
Name of Employer Trident Health Systems		Occupation CEO-Trident			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Nick Galt
 Full Name (Last, First, Middle Initial)
 Mailing Address 4401 Booth Calloway Rd
 City State Zip Code
 NRH TX 76180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North Hills Hospital Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29468
 Amount of Each Receipt this Period
 250.00

B. Todd Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1827 Rockford Ct
 City State Zip Code
 Allen TX 75013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Denton Reg Med Ctr CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29440
 Amount of Each Receipt this Period
 500.00

C. Michael Gingras
 Full Name (Last, First, Middle Initial)
 Mailing Address 1523 Wando Landing Street
 City State Zip Code
 Charleston SC 29492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Trident Medical Center CFO Trident Health System
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29284
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 12172 Tryton Way

City Reston State VA Zip Code 20190

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

Name of Employer Reston Hospital Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29304

Amount of Each Receipt this Period
 500.00

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

Mailing Address 13001 Southern Blvd

City Loxahatchee State FL Zip Code 33470

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

Name of Employer Palms West Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29137

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 8624 Wild Bird Ct.

City North Charleston State SC Zip Code 29420

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

Name of Employer Doctors Hospital Augusta Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29508

Amount of Each Receipt this Period
 250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 58
	<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. Dustin Greene
Full Name (Last, First, Middle Initial)

Mailing Address 3441 Dickerson Pike

City Nashville State TN Zip Code 37207

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

Name of Employer Skyline Med Ctr Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 04 / 2013
Transaction ID : SA11AI.28869

Amount of Each Receipt this Period
 500.00

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

Mailing Address 7777 Forest Lane

City Dallas State TX Zip Code 75230

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

Name of Employer Medical City Dallas Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 04 / 2013
Transaction ID : SA11AI.29359

Amount of Each Receipt this Period
 500.00

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

Mailing Address 6241 Boca Raton Dr

City Dallas State TX Zip Code 75230

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

Name of Employer Medical City Dallas Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 04 / 2013
Transaction ID : SA11AI.29353

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 58
<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. Tim Haasken
Full Name (Last, First, Middle Initial)

Mailing Address 3700 S Main Street

City Blacksburg State VA Zip Code 24060

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

Name of Employer Lewis-Gale Montgomery Regional Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 04 / 2013
Transaction ID : SA11AI.29046

Amount of Each Receipt this Period 350.00

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

Mailing Address 3708 Wilshire

City Plano State TX Zip Code 75023

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

Name of Employer Medical Center of Plano Occupation Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2013
Transaction ID : SA11AI.29243

Amount of Each Receipt this Period 500.00

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

Mailing Address 7600 Paint Brush Trail

City Plano State TX Zip Code 75024

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

Name of Employer The Medical Center of Plano Occupation VP Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 04 / 2013
Transaction ID : SA11AI.29242

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Cheryl Harrison		Date of Receipt
Mailing Address 5604 Creekside Ct		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Colleyville	TX	76034
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Plaza Medical Center	VP of Cardiovascular Services	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) B. Andrea Harrow		Date of Receipt
Mailing Address 6115 Duke Trail Ln		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Sugar Land	TX	77479
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
The Woman's Hospital of Texas	CNO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) C. Kimberly Hatchel		Date of Receipt
Mailing Address 2600 Westpoint Drive		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Melissa	TX	75454
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Medical Center McKinney	CNO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2 Duncannon Court

City Dallas State TX Zip Code 75225

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

Name of Employer Medical City Dallas Occupation CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013

Transaction ID : SA11AI.29351

Amount of Each Receipt this Period
 500.00

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

Mailing Address 13001 Southern Blvd

City Loxahatchee State FL Zip Code 33470

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

Name of Employer Palms West Hospital Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013

Transaction ID : SA11AI.29140

Amount of Each Receipt this Period
 500.00

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

Mailing Address 5655 Frist Blvd

City Hermitage State TN Zip Code 37076

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

Name of Employer Summit Medical Center Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013

Transaction ID : SA11AI.29079

Amount of Each Receipt this Period
 400.00

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

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

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

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

FOR LINE NUMBER: PAGE 25 OF 58
(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. Steve Hoelscher
 Full Name (Last, First, Middle Initial)
 Mailing Address 1273 Cedar Ridge Dr
 City State Zip Code
 Brownsville TX 78570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley Regional Medical Center COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29129
 Amount of Each Receipt this Period
 500.00

B. Thomas Holt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 N Mount Mariah Rd
 City State Zip Code
 Montgomery TX 77356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Conroe Regional CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29166
 Amount of Each Receipt this Period
 500.00

C. Lisa Hoyle
 Full Name (Last, First, Middle Initial)
 Mailing Address 22999 US Hwy 59 N
 City State Zip Code
 Kingwood TX 77339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kingwood Medical Ctr CNO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.28958
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 58
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Anne Jamieson			Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2013 Transaction ID : SA11AI.28989		
Mailing Address PO Box 357			Amount of Each Receipt this Period 500.00		
City Portsmouth	State NH	Zip Code 03857			
FEC ID number of contributing federal political committee. C					
Name of Employer Portsmouth Regional		Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) B. Cynthia Johnson			Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2013 Transaction ID : SA11AI.28993		
Mailing Address 620 E.Gregory Blvd.			Amount of Each Receipt this Period 500.00		
City Kansas City	State MO	Zip Code 64131			
FEC ID number of contributing federal political committee. C					
Name of Employer Research Medical Ctr		Occupation CNO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) C. Kevin Keeling			Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2013 Transaction ID : SA11AI.28929		
Mailing Address 3714 NE Indian River A-203			Amount of Each Receipt this Period 500.00		
City Jensen Beach	State FL	Zip Code 34957			
FEC ID number of contributing federal political committee. C					
Name of Employer Lawnwood Regional		Occupation CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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 27 OF 58
(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. Bret G. Kolman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 State Street
 City Lexington State MO Zip Code 64067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lafayette Regional Hlt Ctr Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.28971
 Amount of Each Receipt this Period
 750.00

B. Robert Krieger
 Full Name (Last, First, Middle Initial)
 Mailing Address 11939 Marbon Meadows Drive
 City Jacksonville State FL Zip Code 32223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orange Park Medical Center Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29038
 Amount of Each Receipt this Period
 1000.00

C. Richard Lauve
 Full Name (Last, First, Middle Initial)
 Mailing Address 648 Spinner Circle
 City Mt. Pleasant State SC Zip Code 29464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trident Medical Center Occupation CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29288
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2050.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Richard Lauve		Date of Receipt MM / DD / YYYY 11 / 04 / 2013 Transaction ID : SA11AI.29292
Mailing Address 648 Spinner Circle		Amount of Each Receipt this Period 450.00
City Mt. Pleasant	State SC	Zip Code 29464
FEC ID number of contributing federal political committee. C	Name of Employer Trident Medical Center	Occupation CMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Jeffery Lawrence		Date of Receipt MM / DD / YYYY 11 / 04 / 2013 Transaction ID : SA11AI.29455
Mailing Address 3209 Clymer Drive		Amount of Each Receipt this Period 500.00
City Plano	State TX	Zip Code 75025
FEC ID number of contributing federal political committee. C	Name of Employer Denton Regional	Occupation COO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Collier Long		Date of Receipt MM / DD / YYYY 11 / 04 / 2013 Transaction ID : SA11AI.28939
Mailing Address 164 Mission Grove Pkwy		Amount of Each Receipt this Period 1000.00
City Riverside	State CA	Zip Code 92506
FEC ID number of contributing federal political committee. C	Name of Employer Riverside Community	Occupation COO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ernest Lynch		Date of Receipt
Mailing Address 3329 Laurel Fork Dr		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
McKinney	TX	75070
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Medical Center of McKinney	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : SA11AI.29395
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. Greg Madsen		Date of Receipt
Mailing Address 1 ARH Lane		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Low Moor	VA	24457
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
LewisGale Hospital	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	
		Transaction ID : SA11AI.28847
		Amount of Each Receipt this Period
		<input type="text" value="750.00"/>

Full Name (Last, First, Middle Initial) C. Chuck Mallon		Date of Receipt
Mailing Address 4205 Southfork		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Edinburg	TX	78542
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Rio Grande Reg Hosp	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : SA11AI.29145
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
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 30 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Megan Marietta

Mailing Address 22999 US Hwy 59 N

City State Zip Code
 Kingwood TX 77339

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

Name of Employer Occupation
 Kingwood Medical Center COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.28962

Amount of Each Receipt this Period
 500.00

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

Mailing Address 919 Stuart Lane

City State Zip Code
 Brentwood TN 37027

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

Name of Employer Occupation
 Terre Haute Regional Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29252

Amount of Each Receipt this Period
 350.00

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

Mailing Address 3700 South Main St

City State Zip Code
 Blacksburg VA 24060

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

Name of Employer Occupation
 LewisGale Hosp COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29047

Amount of Each Receipt this Period
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Elizabeth Matish			Date of Receipt																						
Mailing Address 7700 E Parham Rd			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>04</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	11			04			2013			
M	M	/	D	D	/	Y	Y	Y	Y																
11			04			2013																			
City Richmond State VA Zip Code 23294			Transaction ID : SA11AI.28843																						
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period																						
Name of Employer Parham Doctors' Hospital Occupation COO			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>300.00</td><td></td><td></td><td></td> </tr> </table>																			300.00			
						300.00																			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼																						
			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>300.00</td><td></td><td></td><td></td> </tr> </table>																			300.00			
						300.00																			

Full Name (Last, First, Middle Initial) B. Lee Matthew			Date of Receipt																						
Mailing Address 7214 Covewood Drive			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>04</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	11			04			2013			
M	M	/	D	D	/	Y	Y	Y	Y																
11			04			2013																			
City Garland State TX Zip Code 75044			Transaction ID : SA11AI.29398																						
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period																						
Name of Employer Medical Center McKinney Occupation Director Acute Care			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>250.00</td><td></td><td></td><td></td> </tr> </table>																			250.00			
						250.00																			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼																						
			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>250.00</td><td></td><td></td><td></td> </tr> </table>																			250.00			
						250.00																			

Full Name (Last, First, Middle Initial) C. Terika Mbanu			Date of Receipt																						
Mailing Address 4600 Spotsylvania Pkw			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>04</td><td></td><td></td><td>2013</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	11			04			2013			
M	M	/	D	D	/	Y	Y	Y	Y																
11			04			2013																			
City Fredericksburg State VA Zip Code 22408			Transaction ID : SA11AI.29135																						
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period																						
Name of Employer Spotsylvania Med Ctr Occupation COO			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>350.00</td><td></td><td></td><td></td> </tr> </table>																			350.00			
						350.00																			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼																						
			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>350.00</td><td></td><td></td><td></td> </tr> </table>																			350.00			
						350.00																			

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>900.00</td><td></td><td></td><td></td> </tr> </table>																	900.00			
						900.00															
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 58
	<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. Bob Meade
Full Name (Last, First, Middle Initial)

Mailing Address 1355 Bayshore Drive

City Englewood State FL Zip Code 34223

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

Name of Employer Doctors Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.28880

Amount of Each Receipt this Period
 750.00

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

Mailing Address 7300 Medical Center Drive

City West Hills State CA Zip Code 91307

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

Name of Employer West Hills Hospital Occupation VP & CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.28940

Amount of Each Receipt this Period
 500.00

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

Mailing Address 5301 S Congress Ave

City Atlantis State FL Zip Code 33462

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

Name of Employer JFK Medical Center Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.28860

Amount of Each Receipt this Period
 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 33 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joseph Melchiodo			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2013 Transaction ID : SA11AI.29003		
Mailing Address 11764 Del Sur Avenue			Amount of Each Receipt this Period 750.00		
City Las Vegas	State NV	Zip Code 89138			
FEC ID number of contributing federal political committee. C					
Name of Employer Mountainview Hosp		Occupation COO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

Full Name (Last, First, Middle Initial) B. Ronnie Midgett			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2013 Transaction ID : SA11AI.28834		
Mailing Address 111 Earnie's Way			Amount of Each Receipt this Period 250.00		
City Summerville	State SC	Zip Code 29483			
FEC ID number of contributing federal political committee. C					
Name of Employer Capital Regional Med Ctr		Occupation CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. Andy Miller			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2013 Transaction ID : SA11AI.28913		
Mailing Address 4005 Crown Pointe Street			Amount of Each Receipt this Period 350.00		
City Daniel Island	State FL	Zip Code 29492			
FEC ID number of contributing federal political committee. C					
Name of Employer Fawcett Memorial		Occupation CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James (RMCA) Miller
Full Name (Last, First, Middle Initial)

Mailing Address 2810 Ambassador Caffery Pkwy

City Lafayette	State LA	Zip Code 70526
-------------------	-------------	-------------------

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

Name of Employer Regional Med Ctr Acadiana	Occupation CFO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2013

Transaction ID : SA11AI.28918

Amount of Each Receipt this Period

50.00

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

Mailing Address 4469 Caicos Court

City Sarasota	State FL	Zip Code 34233
------------------	-------------	-------------------

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

Name of Employer Doctors	Occupation CNO
-----------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2013

Transaction ID : SA11AI.28875

Amount of Each Receipt this Period

350.00

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

Mailing Address 504 Medical Ctr Blvd

City Conroe	State TX	Zip Code 77304
----------------	-------------	-------------------

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

Name of Employer Conroe Reg Med Ctr	Occupation COO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2013

Transaction ID : SA11AI.29174

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 35 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Morrison		Date of Receipt
Mailing Address 1026 Wyndham Dr		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Gallatin	TN	37066
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29276
Name of Employer	Occupation	Amount of Each Receipt this Period
Hendersonville Medical Center	CFO	<input type="text" value="350.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) B. Scarlott Mueller		Date of Receipt
Mailing Address 9211 SW 42nd Ln		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Gainesville	FL	32608
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29065
Name of Employer	Occupation	Amount of Each Receipt this Period
North Florida Reg Med Ctr	CNO	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Zach Mueller		Date of Receipt
Mailing Address 7777 Forest Ln		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dallas	TX	75230
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29356
Name of Employer	Occupation	Amount of Each Receipt this Period
Medical City Dallas	VP Nursing/Assoc CNO	<input type="text" value="350.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 215 W Janss Rd

City State Zip Code
Thousand Oaks CA 91360

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

Name of Employer Occupation
Los Robles Hosp & MC COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2013
Transaction ID : SA11AI.28990

Amount of Each Receipt this Period
500.00

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

Mailing Address 13001 Southern Blvd

City State Zip Code
Loxahatchee FL 33470

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

Name of Employer Occupation
Palms West Hospital COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2013
Transaction ID : SA11AI.29139

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Caleb O'Rear

Mailing Address 804 King Ban Dr

City State Zip Code
Lewisville TX 75056

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

Name of Employer Occupation
Denton Regional CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2013
Transaction ID : SA11AI.29436

Amount of Each Receipt this Period
750.00

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

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

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

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

FOR LINE NUMBER: PAGE 37 OF 58
(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. Dana Oaks
 Full Name (Last, First, Middle Initial)
 Mailing Address 14768 Horseshoe Trace
 City Wellington State FL Zip Code 33414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Palm Hospital Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 11 / 04 / 2013
Transaction ID : SA11AI.28857
 Amount of Each Receipt this Period 500.00

B. Steve Otto
 Full Name (Last, First, Middle Initial)
 Mailing Address 3441 Dickerson Pike
 City Nashville State TN Zip Code 37207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skyline Medical Center Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 11 / 04 / 2013
Transaction ID : SA11AI.28872
 Amount of Each Receipt this Period 1000.00

C. Kathleen Pace
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Fiesole St
 City Venice State FL Zip Code 34285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doctors Hospital Occupation healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00
 Date of Receipt 11 / 04 / 2013
Transaction ID : SA11AI.28911
 Amount of Each Receipt this Period 350.00

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 38 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Marcia Patterson		Date of Receipt
Mailing Address 38 Whooping Crane Drive		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Laguna Vista	TX	78578
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29130
Name of Employer	Occupation	Amount of Each Receipt this Period
Valley Regional Medical Center	CFO	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Patricia Perrico		Date of Receipt
Mailing Address 140 Brookstone Way		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Macon	GA	31210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29324
Name of Employer	Occupation	Amount of Each Receipt this Period
Coliseum Health System	CNO CNH	<input type="text" value="350.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) C. Omar Pineda		Date of Receipt
Mailing Address 2820 Plume Ct #2722		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Cedar Hill	TX	75104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29192
Name of Employer	Occupation	Amount of Each Receipt this Period
Medical Center of Arlington	CNO	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 39 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 520 Waverly Park Dr

City State Zip Code
 Macon GA 31210

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

Name of Employer Occupation
 Coliseum Medical Centers COO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29319

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1888 Logan Dr

City State Zip Code
 Mandeville LA 70471

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

Name of Employer Occupation
 Lakeview Reg Med Ctr CNO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.28974

Amount of Each Receipt this Period
 350.00

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

Mailing Address 3901 S 7th St

City State Zip Code
 Terre Haute IN 47802

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

Name of Employer Occupation
 Terre Haute Regional COO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29253

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: (check only one)	PAGE 40 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Regina Ramazani		Date of Receipt
Mailing Address 14047 N White Swan Drive		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Gulfport	MS	39503
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29072
Name of Employer	Occupation	Amount of Each Receipt this Period
Garden Park Med Ctr	CFO	<input type="text" value="350.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dwayne Ray		Date of Receipt
Mailing Address 3631 Amber Hills Dr		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dallas	TX	75287
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29397
Name of Employer	Occupation	Amount of Each Receipt this Period
Medical Center of McKinney	CFO	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jane Raymond		Date of Receipt
Mailing Address 20338 Clifton Points Street		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Potomac Falls	VA	20166
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.29307
Name of Employer	Occupation	Amount of Each Receipt this Period
Reston Hospital	COO	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 58
	<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. Cristina Rivera
Full Name (Last, First, Middle Initial)

Mailing Address 101 E Ridge Rd

City McAllen State TX Zip Code 78503

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

Name of Employer Rio Grande Reg Hosp Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29144

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1029 Hesper Avenue

City Metairie State LA Zip Code 70005

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

Name of Employer Lakeview Regional Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.28975

Amount of Each Receipt this Period
 350.00

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

Mailing Address 7212 Sangalla Drive

City Windermere State FL Zip Code 34786

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

Name of Employer Osceola Reg Med Ctr Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29040

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 42 OF 58
	<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. Linda Russell
Full Name (Last, First, Middle Initial)

Mailing Address 4427 Champions Court

City State Zip Code
League City TX 77573

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

Name of Employer Occupation
The Woman's Hosp of TX CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2013
Transaction ID : SA11AI.29111

Amount of Each Receipt this Period
1000.00

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

Mailing Address 6500 Newberry Rd

City State Zip Code
Gainesville FL 32605

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

Name of Employer Occupation
North FI Reg Med Ctr AVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2013
Transaction ID : SA11AI.29064

Amount of Each Receipt this Period
200.00

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

Mailing Address 6500 Newberry Rd

City State Zip Code
Gainesville FL 32614

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

Name of Employer Occupation
North Florida Reg Med Ctr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2013
Transaction ID : SA11AI.29062

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Chuck Schwaner		Date of Receipt
Mailing Address 1198 Bayshore Drive		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City State Zip Code Englewood FL 34223		Transaction ID : SA11AI.28881
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="87.50"/>
Name of Employer Doctors of Sarasota	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="412.50"/>	

Full Name (Last, First, Middle Initial) B. Kevin Scoggin		Date of Receipt
Mailing Address 300 Forest Center Dr		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City State Zip Code Kingwood TX 77339		Transaction ID : SA11AI.28966
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Kingwood Med Ctr	Occupation Associate COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Jyric Sims		Date of Receipt
Mailing Address 11814 Fortune Park Dr		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City State Zip Code Houston TX 77047		Transaction ID : SA11AI.29049
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Clear Lake Reg Med Ctr	Occupation Assoc Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="837.50"/>
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 44 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jyrice Sims		Date of Receipt
Mailing Address 11814 Fortune Park Dr		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Houston	TX	77047
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.29118
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Clear Lake Reg Med Ctr	Assoc Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Karen Smith		Date of Receipt
Mailing Address 555 Kathryn Pl		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Appling	GA	30802
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.29511
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Doctors Hospital Augusta	CNO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anthony Spensieri		Date of Receipt
Mailing Address 162 Honey Locust		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Richmond	VA	23238
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.28874
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Henrico Doctors' Hospital	CMO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
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 45 OF 58
	<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. Jay St. Pierre
Full Name (Last, First, Middle Initial)

Mailing Address 10042 SW 48th Pl

City Gainesville State FL Zip Code 32608

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

Name of Employer N FI Reg Med Ctr Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2013
Transaction ID : SA11AI.29068

Amount of Each Receipt this Period 500.00

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

Mailing Address 22999 US Hwy 59 N

City Kingwood State TX Zip Code 77339

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

Name of Employer Kingwood Med Ctr Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 04 / 2013
Transaction ID : SA11AI.28968

Amount of Each Receipt this Period 1000.00

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

Mailing Address 638 Nalls Farm Way

City Great Falls State VA Zip Code 22066

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

Name of Employer Reston Hospital Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2013
Transaction ID : SA11AI.29310

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jenny Storm		Date of Receipt
Mailing Address 22999 US Hwy 59 N		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City Kingwood	State TX	Zip Code 77339
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.28969
Name of Employer Kingwood Med Ctr		Amount of Each Receipt this Period
Occupation Director		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) B. Sylvia Stradi		Date of Receipt
Mailing Address 13001 Southern Blvd L		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City N. Loxahatchee	State FL	Zip Code 33470
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.29138
Name of Employer Palms West Hosp		Amount of Each Receipt this Period
Occupation CNO		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) C. Maureen Tarrant-Fitzgerald		Date of Receipt
Mailing Address 65 Royal Ann Drive		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City Greenwood Village	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.29299
Name of Employer Sky Ridge Medical Center		Amount of Each Receipt this Period
Occupation CEO		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1000.00"/>		

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

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

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

FOR LINE NUMBER: PAGE 47 OF 58
(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. Julie (West Valley) Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 E Pat Lane
 City Caldwell State ID Zip Code 83607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Valley Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00
 Date of Receipt 11 / 04 / 2013
Transaction ID : SA11AI.28851
 Amount of Each Receipt this Period 750.00

B. Rice Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 13130 Placida Point Ct
 City Placida State FL Zip Code 33945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fawcett Memorial Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 11 / 04 / 2013
Transaction ID : SA11AI.28908
 Amount of Each Receipt this Period 250.00

C. Cheryl Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 89357 Diamondheard Dr. E
 City Diamondhead State MS Zip Code 39525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Garden Park Medical Occupation CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00
 Date of Receipt 11 / 04 / 2013
Transaction ID : SA11AI.29074
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00
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 48 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 8625 LaRogne Run Dr

City Fredricksburg State VA Zip Code 22408

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

Name of Employer Spotsylvania Regional Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29134

Amount of Each Receipt this Period
350.00

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

Mailing Address 4506 SW 95th Terr

City Gainesville State FL Zip Code 32608

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

Name of Employer North Florida Reg Med Ctr Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29055

Amount of Each Receipt this Period
300.00

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

Mailing Address 13246 Brookfield Ln

City Conroe State TX Zip Code 77302

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

Name of Employer Conroe Regional Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29178

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lee Tucker		Date of Receipt
Mailing Address 8416 Minturn Dr		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Ft Worth	TX	76131
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Plaza Med Ctr Ft Worth	VP Finance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>

Full Name (Last, First, Middle Initial) B. Holley Tyler		Date of Receipt
Mailing Address 2120 The Crossings Drive		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
McKinney	TX	75069
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
The Medical Center of Plano	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>

Full Name (Last, First, Middle Initial) C. Lisa Valentine		Date of Receipt
Mailing Address 1602 Skipwith Rd		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Richmond	VA	23024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Henrico Doctors Hospital	Hospital Administration	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
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 50 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Troy Villarreal		Date of Receipt
Mailing Address 8277 Stone River Drive		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Frisco	TX	75034
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.29362
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
The Medical Center of Plano	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William O. Wagon		Date of Receipt
Mailing Address 1602 Skipwith Road		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Richmond	VA	23229
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.28840
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Henrico Doctors' Hospital	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brenda Waltz		Date of Receipt
Mailing Address 13087 Lake Florence Rd		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Gulfport	MS	39503
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.29071
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="750.00"/>
Name of Employer	Occupation	
Garden Park Med Ctr	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 51 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Benjamin Warner

Mailing Address 1602 Skipwith Rd

City Richmond State VA Zip Code 23229

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

Name of Employer Henrico Doctors Hospital Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 11 / 04 / 2013
Transaction ID : SA11AI.28836

Amount of Each Receipt this Period
 250.00

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

Mailing Address 613 Invicto Avenue

City Evans State GA Zip Code 30809

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

Name of Employer Doctors Hospital Augusta Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 11 / 04 / 2013
Transaction ID : SA11AI.29507

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2372 Sylvan Grove Road

City Stanton State GA Zip Code 30823

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

Name of Employer Doctors Hospital Augusta Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 11 / 04 / 2013
Transaction ID : SA11AI.29506

Amount of Each Receipt this Period
 500.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 58
	<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. Jeffrey T. Whitehorn
Full Name (Last, First, Middle Initial)

Mailing Address 9442 Highwood Hill Road

City Brentwood State TN Zip Code 37027

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

Name of Employer Summit Medical Center Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29075

Amount of Each Receipt this Period
 500.00

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

Mailing Address 966 Rustic Cir.

City Dallas State TX Zip Code 75218

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

Name of Employer Green Oaks Hospital Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.29224

Amount of Each Receipt this Period
 350.00

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

Mailing Address 1200 Waterford Way

City Allen State TX Zip Code 75013

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

Name of Employer Medical City Dallas Occupation Associate CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013
Transaction ID : SA11AI.28890

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: (check only one)	PAGE 53 OF 58
	<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. William Windham
Full Name (Last, First, Middle Initial)

Mailing Address 420 Elmington Ave #1112

City Nashville	State TN	Zip Code 37205
-------------------	-------------	-------------------

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

Name of Employer Centennial Med Ctr	Occupation Assoc. Admin.
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2013

Transaction ID : SA11AI.29396

Amount of Each Receipt this Period
500.00

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

Mailing Address 101 E Ridge Rd

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer Rio Grande Reg Hosp	Occupation COO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2013

Transaction ID : SA11AI.29153

Amount of Each Receipt this Period
500.00

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

Mailing Address 879 Paradise Cir

City Allen	State TX	Zip Code 75013
---------------	-------------	-------------------

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

Name of Employer Medical City Dallas	Occupation VP Neuro & Ortho
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2013

Transaction ID : SA11AI.29372

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 54 OF 58
(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)
Keith Zimmerman

Mailing Address 6708 Park Lane

City Dallas State TX Zip Code 75225

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

Name of Employer Medical City Dallas Occupation CDO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2013

Transaction ID : SA11AI.29347

Amount of Each Receipt this Period
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	71882.95

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
account analysis fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2013			

Transaction ID : SB21B.29516

Amount of Each Disbursement this Period

313.66

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

313.66

313.66

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ALASKANS FOR BEGICH 2014

Mailing Address PO BOX 410

City PALMER State AK Zip Code 99645

Purpose of Disbursement
fund raiser

Candidate Name
MARK BEGICH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	1	3

Transaction ID : **SB23.29525**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. ALASKANS FOR BEGICH 2014

Mailing Address PO BOX 410

City PALMER State AK Zip Code 99645

Purpose of Disbursement
fund raiser

Candidate Name
MARK BEGICH

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	1	3

Transaction ID : **SB23.29526**

Amount of Each Disbursement this Period

3	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CAPITO FOR WEST VIRGINIA

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement
fund raiser

Candidate Name
CAPITO, SHELLEY MOORE

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: WV District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	3

Transaction ID : **SB23.29519**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

Mailing Address P.O. Box 11091
SUITE 1000 JAMES BUILDING

Transaction ID : SB23.29524

City Chattanooga State TN Zip Code 37401

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
fund raiser

Category/ Type

Candidate Name

CHARLES J FLEISCHMANN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 03

Full Name (Last, First, Middle Initial)

B. NANCY PELOSI FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2013

Mailing Address 235 Montgomery Street
Suite 610

Transaction ID : SB23.29528

City San Francisco State CA Zip Code 94104

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
fund raiser

Category/ Type

Candidate Name

NANCY PELOSI

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 12

Full Name (Last, First, Middle Initial)

C. NEIL RISER CAMPAIGN INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

Mailing Address PO BOX 1376

Transaction ID : SB23.29521

City WEST MONROE State LA Zip Code 71294

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
fund raiser

Category/ Type

Candidate Name

HARTWELL NEIL JR RISER

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: LA District: 05

Special-General

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. TENN PAC

Mailing Address 228 SOUTH WASHINGTON
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
fund raiser

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 14 / 2013

Transaction ID : SB23.29527

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS INC

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
fund raiser

Candidate Name

GREGORY P WALDEN

Office Sought: House
 Senate
 President
State: OR District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 14 / 2013

Transaction ID : SB23.29531

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

7500.00

19500.00