

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

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

FOR LINE NUMBER: PAGE 9 OF 26  
(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. James Brown**

Mailing Address 5200 Mansfield Ln

City Shawnee State KS Zip Code 66203

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

Name of Employer Centerpoint Med Ctr Occupation CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2013

Transaction ID : **SA11AI.29641**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**B. James Burrell**

Mailing Address 6565 N MacArthur Blvd Ste 350

City Irving State TX Zip Code 75039

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

Name of Employer HCA N TX Div Occupation CMIO

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  
 12 / 09 / 2013

Transaction ID : **SA11AI.29716**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Phillip Buttell**

Mailing Address 3204 W 81 Terr

City Leawood State KS Zip Code 66206

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

Name of Employer Centerpoint 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  
 12 / 09 / 2013

Transaction ID : **SA11AI.29638**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

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