

**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="2015"/> | <input type="text" value="487213.15"/> | <input type="text" value="487213.15"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="592734.65"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="10255.00"/> | <input type="text" value="323802.94"/> |
| (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="602989.65"/> | <input type="text" value="811016.09"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="38500.00"/> | <input type="text" value="246526.44"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="564489.65"/> | <input type="text" value="564489.65"/> |
| 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

FEC Form 3X (Rev. 06/2004)

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)..... | 7800.00 | 218710.80 |
| (ii) Unitemized | 2455.00 | 105092.14 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 10255.00 | 323802.94 |
| (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) | 10255.00 | 323802.94 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 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))..... ▶ | 10255.00 | 323802.94 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 10255.00 | 323802.94 |

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 | 0.00 | 4756.44 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 4756.44 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 18500.00 | 218500.00 |
| 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 | 1270.00 |
| (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 | 1270.00 |
| 29. Other Disbursements | 20000.00 | 22000.00 |
| 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)) .. | 38500.00 | 246526.44 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 38500.00 | 246526.44 |

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) | 10255.00 | 323802.94 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 1270.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10255.00 | 322532.94 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 4756.44 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 4756.44 |

**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 15
(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. Lana Arad

Mailing Address 2313 Flower Spring St

City Las Vegas State NV Zip Code 89134

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

Name of Employer Good Samaritan Hosp San Jose Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 11 / 13 / 2015
Transaction ID : SA11AI.33622

Amount of Each Receipt this Period
 500.00

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

Mailing Address 19816 Cobblestone Circle

City Venice State FL Zip Code 34292

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

Name of Employer Englewood Community Hospital Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 11 / 13 / 2015
Transaction ID : SA11AI.33667

Amount of Each Receipt this Period
 500.00

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

Mailing Address 840 Culpepper Street

City Bowling Green State KY Zip Code 42103

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

Name of Employer Greenview Regional Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 11 / 13 / 2015
Transaction ID : SA11AI.33652

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 7 OF 15 |
| | (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"/> 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. Patricia Bridenstine | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2015 Transaction ID : SA11AI.33615 |
| Mailing Address 8660 45th Street | | | Amount of Each Receipt this Period 300.00 |
| City Riverside | State CA | Zip Code 92509 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 300.00 | |
| Name of Employer Riverside Community Hospital | | Occupation Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Patrick Brilliant | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2015 Transaction ID : SA11AI.33623 |
| Mailing Address 4445 Magnolia Avenue | | | Amount of Each Receipt this Period 500.00 |
| City Riverside | State CA | Zip Code 92501 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 500.00 | |
| Name of Employer Riverside Community Hosp | | Occupation Hospital Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Louis Caputo | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2015 Transaction ID : SA11AI.33617 |
| Mailing Address 4415 Curtiswood Circle | | | Amount of Each Receipt this Period 750.00 |
| City Nashville | State TN | Zip Code 37204 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 750.00 | |
| Name of Employer StoneCrest Med Ctr | | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1550.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 15 |
| | <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. Kenneth Dozier | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2015 Transaction ID : SA11AI.33628 | | |
| Mailing Address 14298 Pear Street | | | Amount of Each Receipt this Period 500.00 | | |
| City Riverside | State CA | Zip Code 92508 | | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Riverside Community | | Occupation CMO | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|-------------|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. Brennan Francois | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2015 Transaction ID : SA11AI.33655 | | |
| Mailing Address 9754 Wilson Drive | | | Amount of Each Receipt this Period 750.00 | | |
| City Chattanooga | State TN | Zip Code 37363 | | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Parkridge Valley | | Occupation CEO | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 750.00 | | | |

| | | | | | |
|---|-------------|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mary Halverson | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2015 Transaction ID : SA11AI.33656 | | |
| Mailing Address 9137 Hunters Bend Circle | | | Amount of Each Receipt this Period 350.00 | | |
| City Ooltewah | State TN | Zip Code 37363 | | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Parkridge Valley Hospital | | Occupation CFO | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 350.00 | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 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 9 OF 15
(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. Bill Hawley
 Full Name (Last, First, Middle Initial)
 Mailing Address 21298 Olean Blvd
 City Pt Charlotte State FL Zip Code 33952
 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 / 13 / 2015
Transaction ID : SA11AI.33664
 Amount of Each Receipt this Period
 350.00

B. Anne Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1293 Elrod Rd
 City Bowling Green State KY Zip Code 42104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenview Regional Occupation CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2015
Transaction ID : SA11AI.33653
 Amount of Each Receipt this Period
 350.00

C. 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 / 13 / 2015
Transaction ID : SA11AI.33650
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 15 |
| | <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. Francine Paschall
 Full Name (Last, First, Middle Initial)
 Mailing Address 6573 Carioca Lane
 City Riverside State CA Zip Code 92506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverside Community Hosp Occupation CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2015
Transaction ID : SA11AI.33644
 Amount of Each Receipt this Period
 350.00

B. Richard Patterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Montclair Drive
 City Bowling Green State KY Zip Code 42103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenview Regional Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2015
Transaction ID : SA11AI.33654
 Amount of Each Receipt this Period
 350.00

C. Johnny Schablik
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Wheaton Hall Lane
 City Franklin State TN Zip Code 37069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer StoneCrest Med Ctr Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2015
Transaction ID : SA11AI.33618
 Amount of Each Receipt this Period
 350.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1050.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

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

A. Mike Sherrod
Full Name (Last, First, Middle Initial)

Mailing Address 145 Talbott Drive

City Bowling Green State KY Zip Code 42103

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

Name of Employer Greenview Regional Occupation CEO

Receipt For:
 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 / 13 / 2015
Transaction ID : SA11AI.33651

Amount of Each Receipt this Period
750.00

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

Mailing Address 200 Stonecrest Blvd

City Smyrna State TN Zip Code 37167

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

Name of Employer StoneCrest Med Ctr Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2015
Transaction ID : SA11AI.33620

Amount of Each Receipt this Period
400.00

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

Mailing Address 105 Holywell Court

City Smyrna State TN Zip Code 37167

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

Name of Employer StoneCrest Medical Center 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 / 13 / 2015
Transaction ID : SA11AI.33619

Amount of Each Receipt this Period
350.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | 7800.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. AHAPAC

Mailing Address 325 7th Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2015

Transaction ID : **SB23.33681**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DAVID VITTER FOR US SENATE

Mailing Address PO BOX 8175

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement campaign

Candidate Name

DAVID VITTER

Office Sought: House Senate President
State: LA District: 00

Disbursement For: 2016 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : **SB23.33671**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FORWARD TOGETHER PAC

Mailing Address 201 North Union Street Suite 300

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

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : **SB23.33676**

Amount of Each Disbursement this Period

5000.00

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

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

12500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DAVE BRAT INC.

Mailing Address PO BOX 5094

City State Zip Code
GLEN ALLEN VA 23058

Purpose of Disbursement
fund raiser

Candidate Name
DAVID ALAN MR. BRAT

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: VA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2015

Transaction ID : SB23.33678

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City State Zip Code
TEMPE AZ 85285

Purpose of Disbursement
fund raiser

Candidate Name
KYRSTEN SINEMA

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AZ District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2015

Transaction ID : SB23.33677

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City State Zip Code
SEATTLE WA 98124

Purpose of Disbursement
fund raiser

Candidate Name
PATTY MURRAY

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WA District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2015

Transaction ID : SB23.33675

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 11 | | 2015 |

Mailing Address P. O. Box 11586

Transaction ID : SB23.33672

City Washington State DC Zip Code 20008

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Purpose of Disbursement
fund raiser

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. WYDEN FOR SENATE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 11 | | 2015 |

Mailing Address 123 NE 3RD SUITE 321

Transaction ID : SB23.33674

City PORTLAND State OR Zip Code 97232

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement
fund raiser

| |
|--|
| |
|--|

Candidate Name

Category/
Type

RONALD LEE WYDEN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

City State Zip Code

Purpose of Disbursement

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

| |
|---------|
| 2500.00 |
|---------|

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

| |
|----------|
| 18500.00 |
|----------|

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. HCA Texas Good Government Fund

Mailing Address 6565 N MacArthur Blvd, Ste 350

City Irving State TX Zip Code 75039

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
11 / 20 / 2015

Transaction ID : SB29.33682

Amount of Each Disbursement this Period

20000.00

B.

Full Name (Last, First, Middle Initial)

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

C.

Full Name (Last, First, Middle Initial)

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)..... ▶

20000.00

20000.00