



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		205280.78
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	322077.02									
(c) Total Receipts (from Line 19) .....	21967.59	331375.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	344044.61	536656.61								
7. Total Disbursements (from Line 31) .....	24435.43	217047.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	319609.18	319609.18								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	12300.00	192712.50
(ii) Unitemized .....	9648.50	136024.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	21948.50	328737.00
(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) .....	21948.50	328737.00
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	19.09	638.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	21967.59	331375.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21967.59	331375.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	485.43	7152.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	485.43	7152.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11250.00	166250.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	700.00	2295.00
(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)) .....	700.00	2295.00
29. Other Disbursements.....	12000.00	41350.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	24435.43	217047.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24435.43	217047.43

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	21948.50	328737.00
34. Total Contribution Refunds (from Line 28(d)) .....	700.00	2295.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21248.50	326442.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	485.43	7152.43
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	485.43	7152.43

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 24  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

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

Mailing Address 0465 Waterford Oaks Drive

City State Zip Code  
Winter Haven FL 33884

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

Name of Employer Occupation  
Lawnwood Reg. Medical Ctr COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

**Transaction ID:** SA11AI.21546

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Alisa Bert

Mailing Address 11520 NW 35th Street

City State Zip Code  
Sunrise FL 33323

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

Name of Employer Occupation  
Westside Regional CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

**Transaction ID:** SA11AI.21423

Amount of Each Receipt this Period  
350.00

**C.**

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

Mailing Address 1008 Woodhaven Drive

City State Zip Code  
McKinney TX 75070

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

Name of Employer Occupation  
The Medical Center of Plano COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

**Transaction ID:** SA11AI.21476

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 24  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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

Mailing Address 4039 Swift Way

City State Zip Code  
Tallahassee FL 32311

FEC ID number of contributing federal political committee. C

Name of Employer Capital Regional Medical Ctr. Occupation VP of Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
11 / 06 / 2009

**Transaction ID:** SA11AI.21545

Amount of Each Receipt this Period 150.00

**B.**

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

Mailing Address 11043 NW 3rd Street

City State Zip Code  
Coral Springs FL 33071

FEC ID number of contributing federal political committee. C

Name of Employer Westside Regional Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** SA11AI.21424

Amount of Each Receipt this Period 350.00

**C.**

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

Mailing Address 2484 S. Foothill Rd.

City State Zip Code  
Idaho Falls ID 83404

FEC ID number of contributing federal political committee. C

Name of Employer Eastern Idaho Reg. Med. Ctr. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** SA11AI.21418

Amount of Each Receipt this Period 1000.00

**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 8 / 24
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brenda DuPree	Date of Receipt MM / DD / YYYY 11 / 06 / 2009
	Mailing Address 3895 58th Avenue	<b>Transaction ID:</b> SA11AI.21549
	City State Zip Code Vero Beach FL 32966	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lawnwood Reg Med Ctr CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Debbie Gafford	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 12804 W 132nd Street	<b>Transaction ID:</b> SA11AI.21454
	City State Zip Code Overland Park KS 66213	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Menorah Medical Center CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Shayne George	Date of Receipt MM / DD / YYYY 11 / 06 / 2009
	Mailing Address 1825 Champions Circle	<b>Transaction ID:</b> SA11AI.21556
	City State Zip Code Evans GA 30809	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Doctors Hospital President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> 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 / 24
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Otis Lee Gray, Jr.		Date of Receipt	
	Mailing Address 720 Rincon Abbey Court		M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.21558
	Martinez	GA	30907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		350.00	
Name of Employer Doctors Hosp. Augusta		Occupation VP Medical Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Sandra Haire		Date of Receipt	
	Mailing Address 3708 Wilshire		M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.21496
	Plano	TX	75023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Medical Center of Plano		Occupation Chief Nursing Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Ellen Hinz		Date of Receipt	
	Mailing Address 3503 Stevens Way		M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.21559
	Martinez	GA	30907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		200.00	
Name of Employer Doctors Augusta		Occupation Director Quality/Phy Ser		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 24  
(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)  
Ann Holt  
Mailing Address 7141 Crooked Tree Dr.  
City Anchorage State AK Zip Code 99507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Alaska Regional Hospital Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 11 / 17 / 2009  
Transaction ID: SA11AI.21657  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
James Miller  
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 The Regional Med Ctr of Acadia Occupation CFO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt 11 / 17 / 2009  
Transaction ID: SA11AI.21641  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Paul Morris  
Mailing Address 17603 Shasta Cir  
City Eagle River State AK Zip Code 99577  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Alaska Regional Occupation CFO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 11 / 17 / 2009  
Transaction ID: SA11AI.21655  
Amount of Each Receipt this Period 350.00

**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:	PAGE 11 / 24
	(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

**A.** Full Name (Last, First, Middle Initial)  
Kathleen Sankovich

Mailing Address 10007 Millstone Drive

City Lenexa State KS Zip Code 66220

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

Name of Employer Menorah Medical Center Occupation Chief Nursing Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 02 / 2009

Transaction ID: SA11AI.21461

Amount of Each Receipt this Period 350.00

**B.** Full Name (Last, First, Middle Initial)  
Edward Short

Mailing Address 209 Earlwood Drive

City Dublin State GA Zip Code 31021

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

Name of Employer Fairview Park Hospital Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 17 / 2009

Transaction ID: SA11AI.21643

Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Mauricio Sirvent

Mailing Address 14701 Kirsten Court

City Davie State FL Zip Code 33325

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

Name of Employer Kendall Regional Med Ctr Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 17 / 2009

Transaction ID: SA11AI.21666

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 12 / 24
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rodney R. Smith	Date of Receipt MM / DD / YYYY 11 / 06 / 2009
	Mailing Address 8201 Kiawah Trace	<b>Transaction ID:</b> SA11AI.21553
	City State Zip Code Port St. Lucie FL 34986	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lawnwood Reg Med Ctr CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Spuhler	Date of Receipt MM / DD / YYYY 11 / 17 / 2009
	Mailing Address 950 S Medical Dr	<b>Transaction ID:</b> SA11AI.21646
	City State Zip Code Brigham UT 84402	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Brigham City Comm. Hosp. CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Lynn Swartz	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 3683 W Lake Estate Dr	<b>Transaction ID:</b> SA11AI.21442
	City State Zip Code Davie FL 33328	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Westside Regional CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> 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 / 24  
(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)  
Debra Taylor

Mailing Address 2801 Debarr Road

City Anchorage State AK Zip Code 99508

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

Name of Employer Alaska Regional Hospital Occupation CNO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 17 / 2009

Transaction ID: SA11AI.21653

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Troy Villarreal

Mailing Address 8277 Stone River Drive

City Frisco State TX Zip Code 75034

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

Name of Employer The Medical Center of Plano Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2009

Transaction ID: SA11AI.21537

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Patrick Whitmore

Mailing Address 615 Blanning

City Dallas State TX Zip Code 75218

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

Name of Employer The Medical Center of Plano Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2009

Transaction ID: SA11AI.21539

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 24  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Ken Wicker		Date of Receipt MM / DD / YYYY 11 / 06 / 2009
Mailing Address 121 Pond View Road		<b>Transaction ID:</b> SA11AI.21567
City Evans	State GA	Zip Code 30809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Doctors Hospital Augusta	Occupation VP-COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Norman Wilder		Date of Receipt MM / DD / YYYY 11 / 17 / 2009
Mailing Address 10201 Sidorof Ln		<b>Transaction ID:</b> SA11AI.21656
City Anchorage	State AK	Zip Code 99507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Alaska Reg Hosp	Occupation CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Steven Wilkinson		Date of Receipt MM / DD / YYYY 11 / 02 / 2009
Mailing Address 5721 West 119th Street		<b>Transaction ID:</b> SA11AI.21466
City Overland Park	State KS	Zip Code 66209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Menorah Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	12300.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 24  
(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)  
Suntrust Bank

Mailing Address P.O. Box 622227

City State Zip Code  
Orlando FL 32862-2227

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
638.83

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 9

Transaction ID: SA17.21609

Amount of Each Receipt this Period  
19.09

interest income

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	19.09
<b>TOTAL</b> This Period (last page this line number only) .....	▶	19.09

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 24

<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

A.

Full Name (Last, First, Middle Initial)

Suntrust Bank

Mailing Address P.O. Box 622227

City  
Orlando

State  
FL

Zip Code  
32862-2227

Purpose of Disbursement  
account analysis fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.21607

Date of Disbursement

/   /

Amount of Each Disbursement this Period

485.43

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

485.43

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

485.43

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**AMERIPAC: THE FUND FOR A GREATER AMERICA**

Mailing Address 607 14th Street, NW, Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement fundraiser

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB23.21580  
Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
**BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement fundraiser

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: CA District: 31

Transaction ID: SB23.21582  
Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
**DENTON COUNTY REPUBLICAN VICTORY FUND**

Mailing Address 1013 N ELM ST

City DENTON State TX Zip Code 76201

Purpose of Disbursement fundraiser

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB23.21578  
Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

250.00

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

10250.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 24

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

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

A.	Full Name (Last, First, Middle Initial) Ted Deutch for Congress		Transaction ID: SB23.21571	
	Mailing Address 20423 State Road 7, Ste F6-383		Date of Disbursement 11 / 17 / 2009	
	City Boca Raton	State FL	Zip Code 33498	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement fundraiser		Category/ Type	
	Candidate Name			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		
	State: FL	District: 19		

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

1000.00

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

11250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 24

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)  
Tim McManus

Transaction ID: SB28A.21568

Date of Disbursement

Mailing Address 5 Birch Cove

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 1	<sup>D</sup> 1	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 9
-------------------	-------------------	---	-------------------	-------------------	---	-------------------	-------------------	-------------------	-------------------

City State Zip Code  
Gulfport MS 39503

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
partial reimb of contribution

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

500.00
--------

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

500.00
--------

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 24

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Beshear/Abramson 2011</p> <p>Mailing Address P.O. Box 4227</p> <p>City Frankfort State KY Zip Code 40604</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.21603</p> <p>Date of Disbursement 11 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Campaign to Elect Joe Carr</p> <p>Mailing Address P.O. Box 192</p> <p>City Lascassas State TN Zip Code 37085</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 48</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.21588</p> <p>Date of Disbursement 11 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Gary Odum</p> <p>Mailing Address 119 Dunham Springs Lane</p> <p>City Nashville State TN Zip Code 37205</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 55</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.21599</p> <p>Date of Disbursement 11 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>

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

1750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 24

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

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

A.	Full Name (Last, First, Middle Initial) Committee to Elect Gerald McCormick	Transaction ID: SB29.21591 Date of Disbursement
	Mailing Address P.O. Box 4741	<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Chattanooga State TN Zip Code 37405	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Evans for State House	Transaction ID: SB29.21584 Date of Disbursement
	Mailing Address P.O. Box 743	<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Greenbrier State TN Zip Code 37073	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 66	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Craig Fitzhugh	Transaction ID: SB29.21595 Date of Disbursement
	Mailing Address 135 South Alpine St.	<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Ripley State TN Zip Code 38063	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 82	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 24

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Harry Tindell</p> <p>Mailing Address PO Box 27325</p> <p>City Knoxville State TN Zip Code 37927</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 13</p>	<p><b>Transaction ID:</b> SB29.21597</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>Category/Type</p> <p>Disbursement For: 2010</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Joe Armstrong</p> <p>Mailing Address PO Box 6597</p> <p>City Knoxville State TN Zip Code 37914</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 15</p>	<p><b>Transaction ID:</b> SB29.21596</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>Category/Type</p> <p>Disbursement For: 2010</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Joanne Favors for State Representative</p> <p>Mailing Address 2441 Meade Circle</p> <p>City Chattanooga State TN Zip Code 37406</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 29</p>	<p><b>Transaction ID:</b> SB29.21601</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p>Category/Type</p> <p>Disbursement For: 2010</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 24

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

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

A.

Full Name (Last, First, Middle Initial)  
Tim Barnes for State Senate

Transaction ID: SB29.21593

Date of Disbursement

Mailing Address 119 Franklin St

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	0	9

City State Zip Code  
Clarksville TN 37042

Amount of Each Disbursement this Period

500.00
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Purpose of Disbursement  
fundraiser

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TN District: 22

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

500.00
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TOTAL This Period (last page this line number only) ..... ►

12000.00
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