



**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="2011"/>	<input type="text" value="261397.91"/>	<input type="text" value="261397.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="131350.37"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="182952.36"/>	<input type="text" value="284818.57"/>
(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="314302.73"/>	<input type="text" value="546216.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21389.98"/>	<input type="text" value="253303.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="292912.75"/>	<input type="text" value="292912.75"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	107375.00	168720.00
(ii) Unitemized .....	75573.75	112370.75
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	182948.75	281090.75
(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) .....	182948.75	281090.75
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	129.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3.61	98.82
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))..... ▶	182952.36	284818.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	182952.36	284818.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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 .....	364.98	2914.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	364.98	2914.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	190350.00
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 .....	525.00	565.00
(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)).....	525.00	565.00
29. Other Disbursements .....	12000.00	59474.39
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)) ..	21389.98	253303.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21389.98	253303.73

**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) .....	182948.75	281090.75
34. Total Contribution Refunds (from Line 28(d)) .....	525.00	565.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	182423.75	280525.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	364.98	2914.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	129.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	364.98	2785.34

**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 84
	(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

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) <b>A. Chris Accashian</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2011 <b>Transaction ID : SA11AI.25528</b>		
Mailing Address 4311 Stuart Avenue			Amount of Each Receipt this Period 500.00		
City Richmond	State VA	Zip Code 23221			
FEC ID number of contributing federal political committee. C					
Name of Employer Henrico Doctors Hospital		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) <b>B. Erol Akdamar</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2011 <b>Transaction ID : SA11AI.25146</b>		
Mailing Address 6042 Lakehurst Avenue			Amount of Each Receipt this Period 1000.00		
City Dallas	State TX	Zip Code 75230			
FEC ID number of contributing federal political committee. C					
Name of Employer Medical City Dallas		Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>C. Minta Albietz</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2011 <b>Transaction ID : SA11AI.25767</b>		
Mailing Address 3186 S Maryland Pkwy			Amount of Each Receipt this Period 500.00		
City Las Vegas	State NV	Zip Code 89158			
FEC ID number of contributing federal political committee. C					
Name of Employer Sunrise Hosp		Occupation CNO RN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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 7 OF 84
	(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

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. Susan Andrews**

Mailing Address 7101 SPID

City State Zip Code  
Corpus Christi TX 78412

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

Name of Employer Occupation  
Corpus Christi Med Ctr 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 / 08 / 2011  
**Transaction ID : SA11AI.24878**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2800 Dewdrop Pl

City State Zip Code  
WLV CA 91362

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

Name of Employer Occupation  
Los Robles Administrator

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  
12 / 27 / 2011  
**Transaction ID : SA11AI.25703**

Amount of Each Receipt this Period  
750.00

Full Name (Last, First, Middle Initial)  
**C. Lana Arad**

Mailing Address 2313 Flower Spring St

City State Zip Code  
Las Vegas NV 89134

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

Name of Employer Occupation  
Sunrise Hospital 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  
12 / 08 / 2011  
**Transaction ID : SA11AI.25769**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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 8 OF 84
	(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

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. Jeff Ardemagni**  
Full Name (Last, First, Middle Initial)

Mailing Address 8728 Trailwood Ct

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:  
 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	/	08	/	2011

**Transaction ID : SA11AI.24970**

Amount of Each Receipt this Period  
500.00

**B. Mark Atchley**  
Full Name (Last, First, Middle Initial)

Mailing Address 2732 Newcastle

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:  
 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
12	/	13	/	2011

**Transaction ID : SA11AI.25148**

Amount of Each Receipt this Period  
350.00

**C. Sharon Barbarin**  
Full Name (Last, First, Middle Initial)

Mailing Address 8004 Craftsbury Ln

City McKinney	State TX	Zip Code 75071
------------------	-------------	-------------------

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

Name of Employer Medical Ctr Arlington	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	/	08	/	2011

**Transaction ID : SA11AI.24968**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<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 9 OF 84  
(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. Brian Baumgardner**

Mailing Address 2202 Coral Dr

City State Zip Code  
Lynn Haven FL 32444

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

Name of Employer Occupation  
Gulf Coast Med Ctr 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  
 12 / 08 / 2011  
**Transaction ID : SA11AI.24825**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 18715 DUke Lake Dr

City State Zip Code  
Spring TX 77388

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

Name of Employer Occupation  
Conroe Regional Med Ctr 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 / 13 / 2011  
**Transaction ID : SA11AI.25446**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Michael Belanger**

Mailing Address 7056 Buck Lake Rd

City State Zip Code  
Tallahassee FL 32317

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

Name of Employer Occupation  
Capital Reg Med Ctr CV Service Line Admin

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  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24621**

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 10 OF 84  
(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. Scott Bentley**

Mailing Address 3 S. Skimmer St.

City State Zip Code  
 La Marque TX 77568

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

Name of Employer Occupation  
 The Woman's Hospital of Tx 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  
 12 / 13 / 2011

**Transaction ID : SA11AI.25049**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Jonathan Berke**

Mailing Address 3620 Patrick Henry Place

City State Zip Code  
 Agoura Hills CA 91301

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

Name of Employer Occupation  
 Los Robles Hosp & MC Dir - Labor Relations

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 / 27 / 2011

**Transaction ID : SA11AI.25706**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**C. Robert Billings**

Mailing Address 2890 Swan Circle

City State Zip Code  
 Dunedin FL 34698

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

Name of Employer Occupation  
 Largo Medical Center 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  
 12 / 13 / 2011

**Transaction ID : SA11AI.25570**

Amount of Each Receipt this Period  
 500.00

**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 11 OF 84
	<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

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. 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  
12 / 08 / 2011  
**Transaction ID : SA11AI.24961**  
Amount of Each Receipt this Period  
1000.00

**B. Ward Boston**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4929 SW 91st Dr  
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 ▼ 1000.00

Date of Receipt  
12 / 13 / 2011  
**Transaction ID : SA11AI.25418**  
Amount of Each Receipt this Period  
1000.00

**C. Wendy Brandon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5005 Maple Glen Place  
City Sanford State FL Zip Code 32771  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Central FL Regional Hospital Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
12 / 05 / 2011  
**Transaction ID : SA11AI.24786**  
Amount of Each Receipt this Period  
1000.00

**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 12 OF 84
	<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	

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. Tim Breslin**  
Full Name (Last, First, Middle Initial)

Mailing Address 4901 Dreyfous Ave

City Metairie State LA Zip Code 70006

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

Name of Employer Lakeview Regional Medical Cent Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2011  
**Transaction ID : SA11AI.24993**

Amount of Each Receipt this Period  
**350.00**

**B. Charles Briscoe**  
Full Name (Last, First, Middle Initial)

Mailing Address 340 NW Commerce

City Lake City State FL Zip Code 32055

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

Name of Employer Lake City Med Ctr Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24643**

Amount of Each Receipt this Period  
**750.00**

**C. Terry Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 1796 Hwy 441 N

City Okeechobee State FL Zip Code 34972

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

Name of Employer Raulerson Hospital 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  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24732**

Amount of Each Receipt this Period  
**350.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1450.00**

**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 13 OF 84
	<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	

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) <b>A. Todd Caliva</b>			Date of Receipt		
Mailing Address 15422 Pinenut Bay Court			M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2011		
City State Zip Code Houston TX 77059			<b>Transaction ID : SA11AI.25011</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 1000.00		
Name of Employer West Houston Med Ctr		Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>B. Gary Cantrell</b>			Date of Receipt		
Mailing Address 1800 SE Tiffany Ave			M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2011		
City State Zip Code Pt St Lucie FL 34952			<b>Transaction ID : SA11AI.24529</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 250.00		
Name of Employer St Lucie Medical Center		Occupation CEO			
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>C. Ginger Carroll</b>			Date of Receipt		
Mailing Address 4600 SW 46th Ct			M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2011		
City State Zip Code Ocala FL 34474			<b>Transaction ID : SA11AI.24848</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 750.00		
Name of Employer Ocala Reg Med Ctr		Occupation CEO West Marion			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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 14 OF 84  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. David Cashwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8802 Grey Hawk Point  
 City Orlando State FL Zip Code 32836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Osceola Reg Med Ctr Occupation 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  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24597**  
 Amount of Each Receipt this Period  
 500.00

**B. Tim Cerullo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 14th St SW  
 City Atlantis State FL Zip Code 33462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JFK Med Ctr Occupation 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25579**  
 Amount of Each Receipt this Period  
 500.00

**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 / D D / Y Y Y Y Y  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25123**  
 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: (check only one)	PAGE 15 OF 84
	<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. Lee Chaykin**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 East Las Olas Blvd

City Ft. Lauderdale    State FL    Zip Code 33301

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

Name of Employer East FI Div Offc    Occupation Special Projects

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 05 / 2011  
**Transaction ID : SA11AI.24730**

Amount of Each Receipt this Period  
1000.00

**B. Robert Jacob Cintron**  
Full Name (Last, First, Middle Initial)

Mailing Address 6308 Franklin Vista

City El Paso    State TX    Zip Code 79912

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

Name of Employer Del Sol Medical    Occupation CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 05 / 2011  
**Transaction ID : SA11AI.24697**

Amount of Each Receipt this Period  
1000.00

**C. Jean Clason**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Mar Walt Dr

City FWB    State FL    Zip Code 32547

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

Name of Employer Ft Walton Beach Med Ctr    Occupation Director HIM

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
12 / 13 / 2011  
**Transaction ID : SA11AI.25483**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2300.00
<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 16 OF 84
	<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	

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) <b>A. Jason Cobb</b>		Date of Receipt
Mailing Address 201 South Tallowood Drive		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City	State	Zip Code
Covington	LA	70433
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.25007</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Lakeview Regional	CEO	<input type="text" value="750.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Tom Collins</b>		Date of Receipt
Mailing Address 3320 Lovers Lane		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code
Dallas	TX	75225
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.24894</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Green Oaks Hospital	CEO	<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>C. Mary Ann Conroy</b>		Date of Receipt
Mailing Address 1701 Beach Rd		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code
Englewood	FL	34223
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.24863</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Englewood Community Hospital	CEO	<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"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1600.00"/>
<b>TOTAL</b> 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 84
	<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	

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. Robert Conroy**  
Full Name (Last, First, Middle Initial)

Mailing Address 6500 38th Ave N

City St. Petersburg State FL Zip Code 33710

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

Name of Employer St. Petersburg General 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  
 12 / 05 / 2011

**Transaction ID : SA11AI.24560**

Amount of Each Receipt this Period  
 500.00

**B. Brian Cook**  
Full Name (Last, First, Middle Initial)

Mailing Address 1371 Quiet Pond Drive

City Chattanooga State TN Zip Code 37415

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

Name of Employer Parkridge East Hospital 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  
 12 / 05 / 2011

**Transaction ID : SA11AI.24738**

Amount of Each Receipt this Period  
 500.00

**C. Scott Cook**  
Full Name (Last, First, Middle Initial)

Mailing Address 1112 Whispering Oaks

City Keller State TX Zip Code 76248

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

Name of Employer Green Oaks Hosp 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  
 12 / 08 / 2011

**Transaction ID : SA11AI.24886**

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 18 OF 84
	(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

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) <b>A. Kevin Corcoran</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011
Mailing Address 7965 NW 110th Dr		<b>Transaction ID : SA11AI.25552</b>
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer Westside Regional	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Toni Cotton</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011
Mailing Address 3238 Golden Eye		<b>Transaction ID : SA11AI.25434</b>
City Katy	State TX	Zip Code 77493
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Kingwood Med Ctr	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Kathleen A. Dassler</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011
Mailing Address 101 E. Ridge Rd.		<b>Transaction ID : SA11AI.25515</b>
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Rio Grande Regional	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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 19 OF 84
<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. 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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2011

**Transaction ID : SA11AI.24693**

Amount of Each Receipt this Period  
350.00

**B. Bryce DeHaven**  
Full Name (Last, First, Middle Initial)

Mailing Address 2001 Kingsley Ave

City Orange Park	State FL	Zip Code 32073
---------------------	-------------	-------------------

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

Name of Employer Orange Park 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
12	/	27	/	2011

**Transaction ID : SA11AI.25700**

Amount of Each Receipt this Period  
500.00

**C. Nancy Dodson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16302

City PCB	State FL	Zip Code 32406
-------------	-------------	-------------------

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

Name of Employer Gulf Coast Med Ctr	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
12	/	08	/	2011

**Transaction ID : SA11AI.24828**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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 20 OF 84
	(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

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. Brenda DuPree**

Mailing Address 3895 58th Avenue

City Vero Beach State FL Zip Code 32966

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

Name of Employer Lawnwood Reg Med Ctr 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  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24516**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Marsha Easley**

Mailing Address 11758 Wordsworth Court

City Jacksonville State FL Zip Code 32223

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

Name of Employer Orange Park Medical Center 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  
 12 / 27 / 2011  
**Transaction ID : SA11AI.25689**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**C. David Elgarico**

Mailing Address 101 E. Ridge Road

City McAllen State TX Zip Code 78503

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

Name of Employer Rio Grande Regional Hospital 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 / 13 / 2011  
**Transaction ID : SA11AI.25519**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<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 21 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) <b>A. Eric Evans</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011
Mailing Address 2619 Braer Ridge Dr		<b>Transaction ID : SA11AI.25057</b>
City Katy	State TX	Zip Code 77494
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer The Woman's Hospital TX	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) <b>B. James Eyler</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011
Mailing Address PO Box 7287		<b>Transaction ID : SA11AI.25533</b>
City Macon	State GA	Zip Code 31209
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Coliseum Psychiatric Center	Occupation Hospital 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>C. Alan Fabian</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011
Mailing Address 216 Cresthill Drive		<b>Transaction ID : SA11AI.25234</b>
City Youngsville	State LA	Zip Code 70592
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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 22 OF 84
	(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

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) <b>A. Patrick Farrell</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011
Mailing Address 11157 Sherwood Farms Ln		<b>Transaction ID : SA11AI.25529</b>
City Glen Allen	State VA	Zip Code 23059
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Henrico Doctors Hospital	Occupation Hospital Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Larry Feinman</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011
Mailing Address 14047 Jennifer Terrace		<b>Transaction ID : SA11AI.25567</b>
City Largo	State FL	Zip Code 33774
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Largo Med Ctr	Occupation CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Mike Fencel</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011
Mailing Address 8822 Stillwaters Landing Dr		<b>Transaction ID : SA11AI.25401</b>
City Riverview	State FL	Zip Code 33569
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Brandon Regional Hospital	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<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 23 OF 84
	(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

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) <b>A. Jake Fisher</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011 <b>Transaction ID : SA11AI.25562</b>
Mailing Address 201 14th St SW			Amount of Each Receipt this Period 500.00
City Largo	State FL	Zip Code 33770	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00	
Name of Employer Largo Med Ctr		Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Robert Foreman</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011 <b>Transaction ID : SA11AI.25087</b>
Mailing Address 4201 Tampico Trail			Amount of Each Receipt this Period 250.00
City Spring Hill	State FL	Zip Code 34607	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer Oak Hill Hospital		Occupation VP Physician Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Brennan Francois</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2011 <b>Transaction ID : SA11AI.24742</b>
Mailing Address 5002 Howardsville Rd			Amount of Each Receipt this Period 750.00
City Apison	State TN	Zip Code 37302	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 750.00	
Name of Employer Parkridge Valley		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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 24 OF 84
	<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

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. Richard Frank**  
Full Name (Last, First, Middle Initial)

Mailing Address 2844 67th Way No

City St Petersburg State FL Zip Code 33710

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

Name of Employer Edward White Hospital Occupation VP Operations

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  
 12 / 27 / 2011

**Transaction ID : SA11AI.25640**

Amount of Each Receipt this Period  
 350.00

**B. Clayton Franklin**  
Full Name (Last, First, Middle Initial)

Mailing Address 628 Fairway View err

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : SA11AI.25681**

Amount of Each Receipt this Period  
 1500.00

**C. Diane Fulton**  
Full Name (Last, First, Middle Initial)

Mailing Address 4500 Queen Elizabeth Ct

City Alexandria State LA Zip Code 71303

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

Name of Employer Rapides Reg Med Ctr Occupation CNO

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  
 12 / 05 / 2011

**Transaction ID : SA11AI.24588**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<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 25 OF 84
	<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

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. Gregg Garrison**

Mailing Address 17314 Lonesome Dove

City Houston	State TX	Zip Code 77095
-----------------	-------------	-------------------

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

Name of Employer West Houston 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
12	/	13	/	2011

**Transaction ID : SA11AI.25027**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Todd Gibson**

Mailing Address 1827 Rockford Ct

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

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

Name of Employer Denton 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
12	/	05	/	2011

**Transaction ID : SA11AI.24629**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Kathryn Gillette**

Mailing Address 1410 Celebration Avenue

City Celebration	State FL	Zip Code 34747
---------------------	-------------	-------------------

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

Name of Employer Osceola Regional	Occupation CEO
--------------------------------------	-------------------

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
12	/	05	/	2011

**Transaction ID : SA11AI.24590**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<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 26 OF 84  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Victor Giovanetti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 Electric Rd  
 City Salem State VA Zip Code 24153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lewis-Gale Occupation President & 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  
 12 / 08 / 2011  
**Transaction ID : SA11AI.24805**  
 Amount of Each Receipt this Period  
 500.00

**B. Cindy Glover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1226 S 23rd Street  
 City Arlington State VA Zip Code 22202  
 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  
 12 / 08 / 2011  
**Transaction ID : SA11AI.24904**  
 Amount of Each Receipt this Period  
 500.00

**C. Eric Goldman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3625 University Blvd S  
 City Jacksonville State FL Zip Code 32216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Hospital Occupation 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  
 12 / 27 / 2011  
**Transaction ID : SA11AI.25737**  
 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 27 OF 84  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Sonia Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13624 Cooper Rd  
 City Spring Hill State FL Zip Code 34609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oak Hill Hospital Occupation 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25085**  
 Amount of Each Receipt this Period  
 500.00

**B. Robert Grace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 893 Bluff View Dr  
 City Myrtle Beach State SC Zip Code 29579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grand Strand Reg Med Ctr 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  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24556**  
 Amount of Each Receipt this Period  
 250.00

**C. 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  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25174**  
 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 28 OF 84
	(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

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) <b>A. Sandra Grimes</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2011 <b>Transaction ID : SA11AI.25736</b>		
Mailing Address 3625 University Blvd S			Amount of Each Receipt this Period 500.00		
City Jacksonville	State FL	Zip Code 32216			
FEC ID number of contributing federal political committee. C					
Name of Employer Memorial Hospital		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) <b>B. Randy Gross</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2011 <b>Transaction ID : SA11AI.25298</b>		
Mailing Address 1374 San Remo Ln			Amount of Each Receipt this Period 500.00		
City League City	State TX	Zip Code 77573			
FEC ID number of contributing federal political committee. C					
Name of Employer Clear Lake Reg Med Ctr		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) <b>C. Osman Gruhonjic</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2011 <b>Transaction ID : SA11AI.24932</b>		
Mailing Address 299 King's Daughters Drive			Amount of Each Receipt this Period 350.00		
City Frankfort	State KY	Zip Code 40601			
FEC ID number of contributing federal political committee. C					
Name of Employer Frankfort Regional		Occupation CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<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 29 OF 84
	(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

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. Mariluz Guzman**

Mailing Address 2323 SW 7 Avenue

City	State	Zip Code
Miami	FL	33129

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

Name of Employer	Occupation
Mercy Hospitals	CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		13		2011

**Transaction ID : SA11AI.25355**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mary Halverson**

Mailing Address 9137 Hunters Bend Circle

City	State	Zip Code
Ooltewah	TN	37363

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

Name of Employer	Occupation
Parkridge Valley Hospital	CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		05		2011

**Transaction ID : SA11AI.24743**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 6 Acre Ave

City	State	Zip Code
Richmond	VA	23775

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

Name of Employer	Occupation
Capital Division	CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		08		2011

**Transaction ID : SA11AI.24957**

Amount of Each Receipt this Period  
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 30 OF 84
	<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

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. David Handley**  
Full Name (Last, First, Middle Initial)

Mailing Address 713 Escandon Ave.

City Rancho Viejo State TX Zip Code 78575

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

Name of Employer Valley Regional Med Ctr 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25474**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 13774 W Rivera Dr

City Burleson State TX Zip Code 76028

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

Name of Employer Plaza Medical Center 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  
 12 / 27 / 2011  
**Transaction ID : SA11AI.25672**

Amount of Each Receipt this Period  
400.00

**C. Becky Harmon**  
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 Center 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25435**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1900.00

**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 84  
(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. Andrea Harrow**

Mailing Address 6522 Portugese Bend

City State Zip Code  
Missouri City TX 77459

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

Name of Employer Occupation  
West Houston Med 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25012**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Laurie Haynes**

Mailing Address 2809 Hawks Landing Blvd

City State Zip Code  
Panama City FL 32405

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

Name of Employer Occupation  
Gulf Coast 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  
 12 / 08 / 2011  
**Transaction ID : SA11AI.24830**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Robert Heifner**

Mailing Address 1848 Bending Stream

City State Zip Code  
League City TX 77573

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

Name of Employer Occupation  
Mainland Medical Center 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25283**

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 32 OF 84  
(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. Debra Herwaldt**  
 Mailing Address 2045 Roadrunner  
 City State Zip Code  
 Thousand Oaks CA 91320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Los Robles Hosp 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  
 12 / 27 / 2011  
**Transaction ID : SA11AI.25705**  
 Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Scott Hill**  
 Mailing Address 3700 S Main  
 City State Zip Code  
 Blacksburg VA 24060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lewis Gale Hosp- Montgomery 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25383**  
 Amount of Each Receipt this Period  
 750.00

Full Name (Last, First, Middle Initial)  
**C. Steve Hoelscher**  
 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25475**  
 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: (check only one)	PAGE 33 OF 84
	<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

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. Thomas Holt**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 N Mount Mariah Rd

City Montgomery State TX Zip Code 77356

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

Name of Employer Conroe Regional 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25454**

Amount of Each Receipt this Period  
 500.00

**B. Jill Howard**  
Full Name (Last, First, Middle Initial)

Mailing Address 821 Beech Bend

City Nashville State TN Zip Code 37221

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

Name of Employer Skyline Med Ctr Occupation Director

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  
 12 / 08 / 2011  
**Transaction ID : SA11AI.24925**

Amount of Each Receipt this Period  
 350.00

**C. Brent Hubbard**  
Full Name (Last, First, Middle Initial)

Mailing Address 6809 Stony Hill Rd

City McKinney State TX Zip Code 75070

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

Name of Employer Medical Ctr 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  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24667**

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 34 OF 84  
(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. Sharon Ikeler**

Mailing Address 3304 Bear Creek Dr.

City State Zip Code  
Hurst TX 76054

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

Name of Employer Occupation  
Plaza Med 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  
 12 / 27 / 2011  
**Transaction ID : SA11AI.25671**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Edith Irving**

Mailing Address 5548 N Dietrich Ave

City State Zip Code  
Meridian ID 83646

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

Name of Employer Occupation  
West Valley Med ctr CNO

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  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24795**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Suzanne Jackson**

Mailing Address 9415 Rim Rock Ct

City State Zip Code  
Manassas VA 20112

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

Name of Employer Occupation  
Dominion Hospital 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25511**

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: PAGE 35 OF 84  
(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. Anne Jamieson**

Mailing Address PO Box 357

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:  
 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  
 12 / 05 / 2011

**Transaction ID : SA11AI.24959**

Amount of Each Receipt this Period  
 350.00

Full Name (Last, First, Middle Initial)  
**B. Ashley Johnson**

Mailing Address 3625 University Blvd S

City Jacksonville State FL Zip Code 32216

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

Name of Employer Memorial Hospital Occupation CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : SA11AI.25741**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Kevin Johnson**

Mailing Address 1000 E 100 N

City Payson State UT Zip Code 84651

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

Name of Employer Mountain View Hospital Occupation CEO

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  
 12 / 13 / 2011

**Transaction ID : SA11AI.25348**

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: (check only one)	PAGE 36 OF 84
	<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

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) <b>A. Anna Jonason</b>			Date of Receipt
Mailing Address PO Box 428			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24765</b>
Goose Creek	SC	29445	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		
Colleton Medical Center	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) <b>B. Stephen K Jones Jr.</b>			Date of Receipt
Mailing Address 1935 Fredrick Ln			<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.25303</b>
League City	TX	77573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Clearlake Regional Medical Ctr	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>C. Georgine Kamide</b>			Date of Receipt
Mailing Address 384 Hemlock Ridge Rd			<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24811</b>
Copper Hill	VA	24079	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Lewis Gale Med Ctr	Dir, Oncology		
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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1600.00"/>
<b>TOTAL</b> 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: (check only one)	PAGE 37 OF 84
	<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	

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. Don Karl**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1333 Calle Lago  
City El Paso State TX Zip Code 79912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Las Palmas Medical Occupation COO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt  
12 / 05 / 2011  
**Transaction ID : SA11AI.24698**  
Amount of Each Receipt this Period  
**250.00**

**B. Kevin Keeling**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3714 NE Indian River A-203  
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:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt  
12 / 05 / 2011  
**Transaction ID : SA11AI.24518**  
Amount of Each Receipt this Period  
**500.00**

**C. Jane Killian**  
Full Name (Last, First, Middle Initial)  
Mailing Address 333 SE Mojave Way  
City Lake City State FL Zip Code 32025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lake City Med Ctr Occupation Director of Pharmacy  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt  
12 / 05 / 2011  
**Transaction ID : SA11AI.24646**  
Amount of Each Receipt this Period  
**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 38 OF 84
	<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	

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. Susan Laber**  
Full Name (Last, First, Middle Initial)

Mailing Address 119 Oakfield Dr

City State Zip Code  
Brandon FL 33511

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

Name of Employer Occupation  
Brandon 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  
12 / 13 / 2011

**Transaction ID : SA11AI.25405**

Amount of Each Receipt this Period  
125.00

**B. Charles Laird**  
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Post Oak Blvd #407

City State Zip Code  
Houston TX 77056

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

Name of Employer Occupation  
West Houston Med Ctr 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 / 13 / 2011

**Transaction ID : SA11AI.25026**

Amount of Each Receipt this Period  
500.00

**C. Ann Latstetter**  
Full Name (Last, First, Middle Initial)

Mailing Address 42625 Highgate Terr

City State Zip Code  
Ashburn VA 20148

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

Name of Employer Occupation  
Capital Division VPQ

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  
12 / 08 / 2011

**Transaction ID : SA11AI.24956**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	975.00
<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 39 OF 84
	<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

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. Jeffery Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3209 Clymer Drive  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24630**  
 Amount of Each Receipt this Period  
 500.00

**B. Eric Lawson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8582 SW 12th Lane  
 City Gainesville State FL Zip Code 32607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Florida Regional Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25419**  
 Amount of Each Receipt this Period  
 500.00

**C. Bryan Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22999 US Hwy 59 N  
 City Kingwood State TX Zip Code 77345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kingwood Medical Center Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25429**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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 40 OF 84
	(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

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) <b>A. Robbin Lee</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2011
Mailing Address 101 Sedona Way			<b>Transaction ID : SA11AI.24517</b>
City Palm Beach Gardens	State FL	Zip Code 33418	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lawnwood 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) <b>B. Robert Lee</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2011
Mailing Address 756 SE 25th Street			<b>Transaction ID : SA11AI.24514</b>
City Okeechobee	State FL	Zip Code 34972	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Raulerson Hospital	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>C. Trent Lind</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 13 / 2011
Mailing Address 1004 Pauline Ave			<b>Transaction ID : SA11AI.25472</b>
City Bellaire	State TX	Zip Code 77401	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C			
Name of Employer Texas Orthopedic	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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 41 OF 84
	<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	

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. Ernest Lynch**  
Full Name (Last, First, Middle Initial)

Mailing Address 3329 Laurel Fork Dr

City McKinney State TX Zip Code 75070

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

Name of Employer Medical Center of McKinney 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  
 12 / 05 / 2011

**Transaction ID : SA11AI.24670**

Amount of Each Receipt this Period  
 1000.00

**B. Greg Madsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Buckhorn Trail

City Clifton Forge State VA Zip Code 24422

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

Name of Employer LewisGale Hospital Occupation CEO

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 / 13 / 2011

**Transaction ID : SA11AI.25225**

Amount of Each Receipt this Period  
 300.00

**C. Chuck Mallon**  
Full Name (Last, First, Middle Initial)

Mailing Address 4205 Southfork

City Edinburg State TX Zip Code 78542

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

Name of Employer Rio Grande Reg Hosp 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  
 12 / 13 / 2011

**Transaction ID : SA11AI.25514**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<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 42 OF 84  
(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. Megan Marietta**  
 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 Center 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 / 13 / 2011  
**Transaction ID : SA11AI.25428**  
 Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Richard Marietta**  
 Mailing Address 15426 Driftwood Oak  
 City Houston State TX Zip Code 77059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clear Lake Regional 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25310**  
 Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Leigh Massengill**  
 Mailing Address 15319 Lake Maurvine Dr  
 City Odessa State FL Zip Code 33556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25382**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 84
	(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

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) <b>A. Matt Mathias</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011 <b>Transaction ID : SA11AI.25385</b>		
Mailing Address 3700 South Main St			Amount of Each Receipt this Period 250.00		
City Blacksburg	State VA	Zip Code 24060			
FEC ID number of contributing federal political committee. C					
Name of Employer LewisGale Hosp		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>B. Elizabeth Matish</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011 <b>Transaction ID : SA11AI.25512</b>		
Mailing Address 7700 E Parham Rd			Amount of Each Receipt this Period 350.00		
City Richmond	State VA	Zip Code 23294			
FEC ID number of contributing federal political committee. C					
Name of Employer Henrico Doctors Hospital		Occupation COO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

Full Name (Last, First, Middle Initial) <b>C. Nancy Maysilles</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011 <b>Transaction ID : SA11AI.25373</b>		
Mailing Address 6134 Oakridge Avenue			Amount of Each Receipt this Period 500.00		
City New Port Richey	State FL	Zip Code 34653			
FEC ID number of contributing federal political committee. C					
Name of Employer Community Hospital		Occupation CNO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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 44 OF 84  
(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. Molly McComas**

Mailing Address 14811 Ashford Springs Ln

City State Zip Code  
 Humble TX 77396

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

Name of Employer Occupation  
 The Woman's Hospital of TX 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  
 12 / 13 / 2011

**Transaction ID : SA11AI.25070**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Bobby McCullough**

Mailing Address 1374 Anna Catherine Dr

City State Zip Code  
 Orlando FL 32828

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

Name of Employer Occupation  
 Central Florida Regional Hosp Chief Operating Officer

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 / 05 / 2011

**Transaction ID : SA11AI.24790**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Benny McDonald**

Mailing Address 131 River Lane SW

City State Zip Code  
 Rome GA 30165

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

Name of Employer Occupation  
 Cartersville Med Ctr CFO

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  
 12 / 13 / 2011

**Transaction ID : SA11AI.25415**

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 45 OF 84  
(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. Tim McManus**

Mailing Address 1230 Colvin Meadows Lane

City State Zip Code  
 Great Falls VA 22066

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

Name of Employer Occupation  
 Reston Hospital CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 12 / 08 / 2011  
**Transaction ID : SA11AI.24907**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1308 40th Ave NE

City State Zip Code  
 St. Petersburg FL 33670

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

Name of Employer Occupation  
 St. Petersburg General Hosp COO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24561**

Amount of Each Receipt this Period  
 87.50

Full Name (Last, First, Middle Initial)  
**C. Randall McVay**

Mailing Address 4900 SW 46th Ct Apt 2010

City State Zip Code  
 Ocala FL 34474

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

Name of Employer Occupation  
 Ocala Reg Med Ctr CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 12 / 08 / 2011  
**Transaction ID : SA11AI.24854**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1587.50

**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 46 OF 84  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. 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  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24574**  
 Amount of Each Receipt this Period  
 750.00

**B. Gina Melby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 135 Remo Place  
 City Palm Beach Gardens State FL Zip Code 33418  
 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25588**  
 Amount of Each Receipt this Period  
 1000.00

**C. Brian Melear**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1674 SW 22nd Terrace  
 City Okeechobee State FL Zip Code 34974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Raulerson Hospital 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  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24508**  
 Amount of Each Receipt this Period  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00  
**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 47 OF 84
	<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	

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. Roland Metivier**  
Full Name (Last, First, Middle Initial)

Mailing Address 10076 Waltzing Lane

City Seminole State FL Zip Code 33778

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

Name of Employer Edward White 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  
 12 / 27 / 2011

**Transaction ID : SA11AI.25631**

Amount of Each Receipt this Period  
 750.00

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

Mailing Address 5714 Spicewood

City Harlingen State TX Zip Code 78552

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

Name of Employer Valley Regional Medical Center 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  
 12 / 13 / 2011

**Transaction ID : SA11AI.25476**

Amount of Each Receipt this Period  
 500.00

**C. 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 ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2011

**Transaction ID : SA11AI.24581**

Amount of Each Receipt this Period  
 350.00

<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: (check only one)	PAGE 48 OF 84
	<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

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) <b>A. Jamie Molbert</b>		Date of Receipt
Mailing Address 13725 Northwest Blvd		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code
Corpus Christi	TX	78410
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.24873</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Corpus Christi Med Ctr	Director	
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>B. Mitchell Mongell</b>		Date of Receipt
Mailing Address 12 Fairway Ct		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
City	State	Zip Code
Waltersboro	SC	29488
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.24775</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="750.00"/>
Name of Employer	Occupation	
Colleton 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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Darrell Moore</b>		Date of Receipt
Mailing Address 3201 Enclave Bay Drive		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
City	State	Zip Code
Chattanooga	TN	37415
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.24733</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Parkridge Medical Center	Market Pres & 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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
<b>TOTAL</b> 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 49 OF 84
<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**

Full Name (Last, First, Middle Initial)  
**A. Christopher Mowan**

Mailing Address 9716 Gavin Stone Ave

City Las Vegas State NV Zip Code 89145

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

Name of Employer Sunrise Hospital 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 / 08 / 2011

**Transaction ID : SA11AI.25771**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 215 W Janss Rd

City Thousand Oaks State CA Zip Code 91360

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

Name of Employer Los Robles Hosp & MC 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 / 27 / 2011

**Transaction ID : SA11AI.25711**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Rick Naegler**

Mailing Address 1661 Vintage Ridge Ct

City Tallahassee State FL Zip Code 32312

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

Name of Employer Capital Regional Med Ctr Occupation ACNO

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 / 05 / 2011

**Transaction ID : SA11AI.24610**

Amount of Each Receipt this Period  
**300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1300.00</b>
<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 50 OF 84
	<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

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. Jerry Nash**  
Full Name (Last, First, Middle Initial)

Mailing Address 3114 Hunters Glen Way

City Montgomery State TX Zip Code 77385

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

Name of Employer Conroe Regional Medical Center Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
12 / 13 / 2011  
Transaction ID : SA11AI.25460

Amount of Each Receipt this Period  
1000.00

**B. Kelli Nations**  
Full Name (Last, First, Middle Initial)

Mailing Address 4401 Champions Court

City League City State TX Zip Code 77573

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

Name of Employer Mainland Medical Center Occupation Associate CNO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
12 / 13 / 2011  
Transaction ID : SA11AI.25261

Amount of Each Receipt this Period  
350.00

**C. Dale Neely**  
Full Name (Last, First, Middle Initial)

Mailing Address 8988 Eagles Ridge Dr

City Tallahassee State FL Zip Code 32312

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

Name of Employer Capital Regional Med Ctr Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
12 / 05 / 2011  
Transaction ID : SA11AI.24609

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 51 OF 84
	<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	

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) <b>A. Dia Nichols</b>		Date of Receipt
Mailing Address 736 Colony Forest Dr		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
City	State	Zip Code
Midlothian	VA	23113
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
John Randolph Med Ctr	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="850.00"/>	
		Transaction ID : SA11AI.25708
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>B. Chris Nicosia</b>		Date of Receipt
Mailing Address 204 Walden Dr		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code
Portland	TX	78374
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Corpus Christi Med Ctr	CFO	
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.24870
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. John O'Neill</b>		Date of Receipt
Mailing Address 6528 Shady Point Dr		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City	State	Zip Code
Plano	TX	75024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Medical City Dallas	CEO MCCH	
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"/>	
		Transaction ID : SA11AI.25192
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
<b>TOTAL</b> 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 52 OF 84  
(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. Caleb O'Rear**

Mailing Address 804 King Ban Dr

City Lewisville State TX Zip Code 75056

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

Name of Employer Denton Regional 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  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24632**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Art Osberg**

Mailing Address PO Box 5699

City Ocala State FL Zip Code 34478

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

Name of Employer Ocala Reg Med Ctr Occupation CMO

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  
 12 / 08 / 2011  
**Transaction ID : SA11AI.24853**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**C. Steve Otto**

Mailing Address 506 Bay Point Drive

City Gallatin State TN Zip Code 37066

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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : SA11AI.24926**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1850.00

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

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

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

FOR LINE NUMBER: PAGE 53 OF 84  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Marcia Patterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 Whooping Crane Drive  
 City Laguna Vista State TX Zip Code 78578  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Valley Regional Medical Center 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25477**  
 Amount of Each Receipt this Period  
 500.00

**B. Larry Peal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 Wheeler Drive  
 City Frankfort State KY Zip Code 40601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Frankfort 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  
 12 / 08 / 2011  
**Transaction ID : SA11AI.24941**  
 Amount of Each Receipt this Period  
 750.00

**C. Thomas Pentz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 Kingsley Rd  
 City Orange Park State FL Zip Code 32073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orange Park Med Ctr 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  
 12 / 27 / 2011  
**Transaction ID : SA11AI.25699**  
 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 54 OF 84
	(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

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. Julie Hayes Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4475 Honey Willow Way  
 City El Paso State TX Zip Code 79922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Las Palmas Del Sol 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  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24699**  
 Amount of Each Receipt this Period  
 500.00

**B. Robert Peterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2895 Greystone Dr.  
 City Pace State FL Zip Code 32571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Florida Healthcare Occupation COO  
 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25389**  
 Amount of Each Receipt this Period  
 250.00

**C. Chance Phillips**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 327 Oak Spring Drive  
 City Tarpon Springs State FL Zip Code 34689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oak Hill 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25086**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<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 55 OF 84
	<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	

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) <b>A. Omar Pineda</b>		Date of Receipt
Mailing Address 2820 Plume Ct #2722		M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2011
City Cedar Hill	State TX	Zip Code 75104
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.24973</b>
Name of Employer Medical Center of Arlington		Amount of Each Receipt this Period
Occupation CNO		500.00
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>B. Joseph Pino</b>		Date of Receipt
Mailing Address 11240 SW Kingslake Circle		M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2011
City Port St. Lucie	State FL	Zip Code 34987
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.24531</b>
Name of Employer St. Lucie Medical		Amount of Each Receipt this Period
Occupation COO		50.00
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>C. David Portwood</b>		Date of Receipt
Mailing Address 520 Waverly Park Dr		M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2011
City Macon	State GA	Zip Code 31210
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.25537</b>
Name of Employer Coliseum Medical Centers		Amount of Each Receipt this Period
Occupation COO		350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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 56 OF 84
	<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	

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

Mailing Address 1888 Logan Dr

City Mandeville State LA Zip Code 70471

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

Name of Employer Lakeview Reg Med Ctr Occupation CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2011

**Transaction ID : SA11AI.24994**

Amount of Each Receipt this Period  
**350.00**

**B. Lori Rakes**  
Full Name (Last, First, Middle Initial)

Mailing Address 960 JF Harris Pkwy

City Cartersville State GA Zip Code 30120

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

Name of Employer Cartersville Medical Center 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  
 12 / 13 / 2011

**Transaction ID : SA11AI.25417**

Amount of Each Receipt this Period  
**250.00**

**C. Dwayne Ray**  
Full Name (Last, First, Middle Initial)

Mailing Address 3631 Amber Hills Dr

City Dallas State TX Zip Code 75287

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

Name of Employer Medical Center of McKinney 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 / 05 / 2011

**Transaction ID : SA11AI.24677**

Amount of Each Receipt this Period  
**300.00**

**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 57 OF 84
	(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

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. Jane Raymond**  
Full Name (Last, First, Middle Initial)

Mailing Address 20338 Clifton Points Street

City Potomac Falls State VA Zip Code 20165

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

Name of Employer Reston Hospital 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 / 08 / 2011  
**Transaction ID : SA11AI.24909**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 13130 Placida Pointe Ct

City Placida State FL Zip Code 33946

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

Name of Employer Fawcett Memorial 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25136**

Amount of Each Receipt this Period  
 250.00

**C. 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 ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25001**

Amount of Each Receipt this Period  
 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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 58 OF 84
	<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

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. Alex Romanchik**  
Full Name (Last, First, Middle Initial)

Mailing Address 10550-524 Baymeadows Road

City Jacksonville	State FL	Zip Code 32256
----------------------	-------------	-------------------

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

Name of Employer Memorial Hospital	Occupation CFO/Controller Dev. Assoc.
---------------------------------------	--

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	/	13	/	2011

**Transaction ID : SA11AI.25378**

Amount of Each Receipt this Period  
500.00

**B. 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
12	/	05	/	2011

**Transaction ID : SA11AI.24591**

Amount of Each Receipt this Period  
500.00

**C. Kathleen Rubano**  
Full Name (Last, First, Middle Initial)

Mailing Address 3315 S Alameda St

City Corpus Christi	State TX	Zip Code 78411
------------------------	-------------	-------------------

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

Name of Employer Corpus Christi Med Ctr	Occupation CNO
--	-------------------

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	/	08	/	2011

**Transaction ID : SA11AI.24883**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1300.00
<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 59 OF 84
	<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

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. 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 M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2011

**Transaction ID : SA11AI.25077**

Amount of Each Receipt this Period  
1000.00

**B. Keith Sandlin**  
Full Name (Last, First, Middle Initial)

Mailing Address 52 Comanche Trail

City	State	Zip Code
Cartersville	GA	30120

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

Name of Employer	Occupation
Cartersville Med. Ctr.	CEO

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  
 12 / 13 / 2011

**Transaction ID : SA11AI.25416**

Amount of Each Receipt this Period  
250.00

**C. Troy Sarver**  
Full Name (Last, First, Middle Initial)

Mailing Address 7754 Pine Center Dr

City	State	Zip Code
Houston	TX	77095

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

Name of Employer	Occupation
Texas Orthopedic Hosp	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  
 12 / 13 / 2011

**Transaction ID : SA11AI.25473**

Amount of Each Receipt this Period  
350.00

<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: (check only one)	PAGE 60 OF 84
	<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	

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) <b>A. Richard Satcher</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011
Mailing Address 1971 Muirfield Way			<b>Transaction ID : SA11AI.25561</b>
City Oldsmar	State FL	Zip Code 34677	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Largo 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		

Full Name (Last, First, Middle Initial) <b>B. Scott Schmidly</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011
Mailing Address 4236 Bobbitt Dr			<b>Transaction ID : SA11AI.25199</b>
City Dallas	State TX	Zip Code 75229	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer Medical City Dallas	Occupation COO/ECO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. Kristy Alicia Schulhof</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011
Mailing Address 2027 Abbey Trace Drive			<b>Transaction ID : SA11AI.25410</b>
City Dover	State FL	Zip Code 33527	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Brandon Regional	Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<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 61 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Chuck Schwaner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1198 Bayshore Drive  
 City Englewood State FL Zip Code 34223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Doctors of Sarasota Occupation CFO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **362.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24577**  
 Amount of Each Receipt this Period  
**87.50**

**B. Greg Seiler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 E. Ridge Road  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rio Grande Regional 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25518**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Todd Sklamberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11327 Winter Cottage Place  
 City Las Vegas State NV Zip Code 89135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunrise Occupation 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  
 12 / 08 / 2011  
**Transaction ID : SA11AI.25772**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1587.50</b>
<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 62 OF 84
	<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

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. Jeff Sliwinski**  
Full Name (Last, First, Middle Initial)

Mailing Address 3302 Redwood Grove Street

City	State	Zip Code
Pearland	TX	77581

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

Name of Employer	Occupation
Clear Lake 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
12	/	13	/	2011

**Transaction ID : SA11AI.25334**

Amount of Each Receipt this Period  
500.00

**B. Craig Smestad**  
Full Name (Last, First, Middle Initial)

Mailing Address 4233 Balington Dr

City	State	Zip Code
Valrico	FL	33596

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

Name of Employer	Occupation
Brandon Regional	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
12	/	13	/	2011

**Transaction ID : SA11AI.25411**

Amount of Each Receipt this Period  
500.00

**C. Rodney R. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 8201 Kiawah Trace

City	State	Zip Code
Port St. Lucie	FL	34986

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

Name of Employer	Occupation
Lawnwood Reg Med Ctr	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
12	/	05	/	2011

**Transaction ID : SA11AI.24515**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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 63 OF 84
	<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

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. Jay St. Pierre**  
Full Name (Last, First, Middle Initial)  
Mailing Address 595 Ohio Avenue  
City Signal Mtn State TN Zip Code 37377  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Parkridge Health System Occupation Market CFO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 05 / 2011**  
**Transaction ID : SA11AI.24734**  
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 **12 / 13 / 2011**  
**Transaction ID : SA11AI.25424**  
Amount of Each Receipt this Period **1000.00**

**C. Thomas Steslicki**  
Full Name (Last, First, Middle Initial)  
Mailing Address 501 Liverpool Cir  
City Chester State VA Zip Code 23836  
FEC ID number of contributing federal political committee. **C**  
Name of Employer John Randolph Med Ctr Occupation CFO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 27 / 2011**  
**Transaction ID : SA11AI.25710**  
Amount of Each Receipt this Period **350.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1850.00</b>
<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 64 OF 84
<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. Ed Stojakovich**  
Full Name (Last, First, Middle Initial)

Mailing Address 638 Nalls Farm Way

City State Zip Code  
Great Falls VA 22066

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

Name of Employer Occupation  
Reston Hospital CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 08 / 2011  
**Transaction ID : SA11AI.24913**

Amount of Each Receipt this Period  
500.00

**B. Cindy Stout**  
Full Name (Last, First, Middle Initial)

Mailing Address 1435 Hawthorne St

City State Zip Code  
El Paso TX 79902

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

Name of Employer Occupation  
Del Sol Medical CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 05 / 2011  
**Transaction ID : SA11AI.24700**

Amount of Each Receipt this Period  
500.00

**C. Mary Lynn Swartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 3683 W Lake Estate Dr

City State Zip Code  
Davie FL 33328

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

Name of Employer Occupation  
Westside Regional CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 13 / 2011  
**Transaction ID : SA11AI.25538**

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: (check only one)	PAGE 65 OF 84
	<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

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. Elizabeth Tapp**  
Full Name (Last, First, Middle Initial)  
Mailing Address 420 Hague  
City El Paso State TX Zip Code 79902  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Del Sol Med Ctr Occupation COO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 05 / 2011**  
**Transaction ID : SA11AI.24701**  
Amount of Each Receipt this Period **500.00**

**B. Dennis Taylor**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9490 Scenic Hwy  
City Pensacola State FL Zip Code 32514  
FEC ID number of contributing federal political committee. **C**  
Name of Employer West Florida Reg Med Ctr Occupation CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 13 / 2011**  
**Transaction ID : SA11AI.25388**  
Amount of Each Receipt this Period **300.00**

**C. 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 **500.00**

Date of Receipt **12 / 05 / 2011**  
**Transaction ID : SA11AI.24794**  
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).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 84
	(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

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) <b>A. Debbie Tedder</b>		Date of Receipt
Mailing Address 4643 Wild Iris Dr #201		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
City	State	Zip Code
Myrtle Beach	SC	29577
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.24550</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Grand Strand 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="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mike Terrell</b>		Date of Receipt
Mailing Address 101 South 12th Street #407		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City	State	Zip Code
Tampa	FL	33602
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.25413</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Brandon Regional	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) <b>C. Victoria Timmons</b>		Date of Receipt
Mailing Address 6500 Newberry Rd		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City	State	Zip Code
Gainesville	FL	32614
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.25422</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
North Florida Reg Med Ctr	Director	<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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<b>TOTAL</b> 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 67 OF 84
	(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

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) <b>A. Keith Tintle</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 27 / 2011
Mailing Address 54 Cascaoe Ave		<b>Transaction ID : SA11AI.25684</b>
City Alpine	State UT	Zip Code 84004
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Timpanogos Regional Med. Ctr.	Occupation Hosp. Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Karen Tomsu</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2011
Mailing Address 13246 Brookfield Ln		<b>Transaction ID : SA11AI.25468</b>
City Conroe	State TX	Zip Code 77302
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Conroe Regional	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) <b>C. Jerri Underwood</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2011
Mailing Address 6931 Lakeshore Drive		<b>Transaction ID : SA11AI.24735</b>
City Chattanooga	State TN	Zip Code 37416
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Parkridge Med. Ctr.	Occupation Market CNE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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 68 OF 84  
(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. Lisa Valentine**

Mailing Address 1602 Skipwith Rd

City Richmond State VA Zip Code 23024

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

Name of Employer Henrico Doctors Hospital Occupation COO Hospital Administrator

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 / 13 / 2011  
**Transaction ID : SA11AI.25527**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Tama Van Decar**

Mailing Address 128 Winding Waters Way

City Niceville State FL Zip Code 32578

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

Name of Employer FWB Medical Center 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25505**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Thiabaut Van Marcke**

Mailing Address 10438 Greendale

City Tampa State FL Zip Code 33626

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

Name of Employer Community Hospital 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 / 13 / 2011  
**Transaction ID : SA11AI.25379**

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 69 OF 84
	<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

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. Troy Villarreal**  
Full Name (Last, First, Middle Initial)  
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 ▼ 1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2011  
**Transaction ID : SA11AI.24761**  
Amount of Each Receipt this Period  
1000.00

**B. Barbara Walsh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4439 Harbour Island Dr  
City Jacksonville State FL Zip Code 32225  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Specialty Hospital Occupation CEO  
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  
12 / 05 / 2011  
**Transaction ID : SA11AI.24544**  
Amount of Each Receipt this Period  
350.00

**C. Barbara Watson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18745 Vista Del Sol Dr  
City Dallas State TX Zip Code 75287  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Plaza Med Ctr of Ft Worth Occupation Associate 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  
12 / 27 / 2011  
**Transaction ID : SA11AI.25665**  
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:	PAGE 70 OF 84
	(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

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. Bud Wethington**  
Full Name (Last, First, Middle Initial)

Mailing Address 3867 W. Millers Bridge Rd.

City Tallahassee	State FL	Zip Code 32312
---------------------	-------------	-------------------

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

Name of Employer Capital Regional Medical Ctr	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
12	/	05	/	2011

**Transaction ID : SA11AI.24603**

Amount of Each Receipt this Period  
1000.00

**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 M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2011

**Transaction ID : SA11AI.24897**

Amount of Each Receipt this Period  
350.00

**C. Billy Wilcox**  
Full Name (Last, First, Middle Initial)

Mailing Address 6650 Corporate Ctr Pkwy

City Jacksonville	State FL	Zip Code 32216
----------------------	-------------	-------------------

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

Name of Employer Specialty Hospital	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
12	/	05	/	2011

**Transaction ID : SA11AI.24538**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<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 71 OF 84
	(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

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. Carrie Wiles**

Mailing Address 941 NW Fresco Way #202

City Jensen Beach State FL Zip Code 34957

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

Name of Employer St. Lucie Med Ctr Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 05 / 2011  
**Transaction ID : SA11AI.24530**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mary Winters**

Mailing Address 8807 Village Terr

City Houston State TX Zip Code 77040

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

Name of Employer Clear Lake Reg Med Ctr Occupation CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 13 / 2011  
**Transaction ID : SA11AI.25346**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Ellen Witterstaeter**

Mailing Address 1000 Mar Walt Dr

City Ft. Walton Beach State FL Zip Code 32547

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

Name of Employer Ft. Walton Beach Med. Ctr. Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 13 / 2011  
**Transaction ID : SA11AI.25506**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1125.00

**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 72 OF 84  
(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. Jay Woodall**

Mailing Address 3315 S Alameda St

City State Zip Code  
 Corpus Christi TX 78411

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

Name of Employer Occupation  
 Corpus Christi Med Ctr 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  
 12 / 08 / 2011  
**Transaction ID : SA11AI.24868**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Brenda Woodcock**

Mailing Address 12485 Howards Mill Rd

City State Zip Code  
 Montpelier VA 23192

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

Name of Employer Occupation  
 Retreat Doctors Hospital ACNO

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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25522**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Vincent Wyatt**

Mailing Address 2030 Kildare Circle

City State Zip Code  
 Niceville FL 32578

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

Name of Employer Occupation  
 Ft. Walton Beach 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  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25507**

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 73 OF 84
	(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

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. Russ Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 Timacuan Oaks Court

City Lake Mary State FL Zip Code 32746

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

Name of Employer Central FL Regional 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  
 12 / 05 / 2011  
**Transaction ID : SA11AI.24793**

Amount of Each Receipt this Period  
500.00

**B. Sylvia Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 9513 Verlaine Ct

City Las Vegas State NV Zip Code 89145

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

Name of Employer Sunrise 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  
 12 / 08 / 2011  
**Transaction ID : SA11AI.25794**

Amount of Each Receipt this Period  
1000.00

**C. Keith Zimmerman**  
Full Name (Last, First, Middle Initial)

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 ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2011  
**Transaction ID : SA11AI.25218**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	107375.00

**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 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

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. Suntrust Bank**

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
check order

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2011

**Transaction ID : SB21B.25802**

Amount of Each Disbursement this Period

130.11
--------

Full Name (Last, First, Middle Initial)

**B. 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2011

**Transaction ID : SB21B.25803**

Amount of Each Disbursement this Period

234.87
--------

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) ▼

Date of Disbursement

M M M	/	D 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)..... ▶

364.98
--------

364.98
--------

**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

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. AHAPAC**

Mailing Address 325 7th Street NW

City Washington State DC Zip Code 20004

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

/  /

**Transaction ID : SB23.25810**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. AUBUCHON FOR CONGRESS**

Mailing Address 133 SOUTH HARBOR DRIVE

City VENICE State FL Zip Code 34285

Purpose of Disbursement  
fundraiser

Candidate Name

**GARY AUBUCHON**

Office Sought:  House  Senate  President  
State: FL District: 14

Disbursement For: 2012  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.25806**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DINA TITUS FOR CONGRESS**

Mailing Address PO Box 50614

City Henderson State NV Zip Code 89016

Purpose of Disbursement  
campaign

Candidate Name

**DINA TITUS**

Office Sought:  House  Senate  President  
State: NV District: 03

Disbursement For: 2012  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.25848**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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. MENENDEZ FOR SENATE**

Mailing Address ONE GATEWAY CENTER SUITE 520

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement  
fund raiser

Candidate Name  
**ROBERT MENENDEZ**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NJ District: 00

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
12 / 14 / 2011

**Transaction ID : SB23.25811**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. The Next Century Fund**

Mailing Address 116 South Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
fund raiser

Candidate Name

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

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
12 / 14 / 2011

**Transaction ID : SB23.25809**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

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)..... ▶

1000.00

8500.00

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

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. Kristy Alicia Schulhof**

Mailing Address 2027 Abbey Trace Drive

City Dover State FL Zip Code 33527

Purpose of Disbursement  
NSF check returned

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

**Transaction ID : SB28A.25805**

Amount of Each Disbursement this Period

500.00
--------

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 M	/	D D D	/	Y Y 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 M	/	D 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)..... ▶

500.00
--------

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)

<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

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) <b>A. Beth Harwell Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2011
Mailing Address 42 Wyn Oak		<b>Transaction ID : SB29.25858</b>
City Nashville	State TN	
Zip Code 37205	Purpose of Disbursement fundraiser	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Beth Harwell</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: TN District: 56	

Full Name (Last, First, Middle Initial) <b>B. Bill Ketron for State Senate</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2011
Mailing Address 805 South Church Street Suite 12		<b>Transaction ID : SB29.25813</b>
City Murfreesboro	State TN	
Zip Code 37130	Purpose of Disbursement fund raiser	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Bill Ketron</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: TN District:	

Full Name (Last, First, Middle Initial) <b>C. Citizens for Joey Hensley</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2011
Mailing Address 855 Summertown Hwy		<b>Transaction ID : SB29.25839</b>
City Hohenwald	State TN	
Zip Code 38462	Purpose of Disbursement fund raiser	Amount of Each Disbursement this Period 250.00
Candidate Name <b>Dr. Joey Hensley</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: TN District: 70	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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) <b>A. Committee to Elect Linda Elam</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2011
Mailing Address 3005 S Waterford Ct		<b>Transaction ID : SB29.25835</b>
City Mt. Juliet	State TN	
Purpose of Disbursement fund raiser	Category/ Type	Amount of Each Disbursement this Period 250.00
Candidate Name <b>Linda Elam</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: TN District: 57	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Mike Bell</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2011
Mailing Address 261 County Rd		<b>Transaction ID : SB29.25815</b>
City Riceville	State TN	
Purpose of Disbursement fundraiser	Category/ Type	Amount of Each Disbursement this Period 500.00
Candidate Name <b>Mike Bell</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
State: TN District: 09	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Craig for State Representative</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2011
Mailing Address 135 South Alpine St		<b>Transaction ID : SB29.25830</b>
City Ripley	State TN	
Purpose of Disbursement fundraiser	Category/ Type	Amount of Each Disbursement this Period 500.00
Candidate Name <b>Craig Fitzhugh</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: TN District: 82	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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. David Shepard Campaign Committee**

Mailing Address 204 McCreary Heights

City Dickson State TN Zip Code 37055

Purpose of Disbursement  
fund raiser

Candidate Name

**David Shepard**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 69

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : SB29.25846**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Friends of Curtis Johnson**

Mailing Address 2599 Memorial Drive

City Clarksville State TN Zip Code 37043

Purpose of Disbursement  
fund raiser

Candidate Name

**Curtis Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 68

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : SB29.25827**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Friends of Doug Overby**

Mailing Address PO Box 5316

City Maryville State TN Zip Code 37802

Purpose of Disbursement  
fund raiser

Candidate Name

**Doug Overby**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : SB29.25814**

Amount of Each Disbursement this Period

500.00

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

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

1000.00

**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

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. Friends of Jim Gotto**

Mailing Address Box 954

City Hermitage State TN Zip Code 37076

Purpose of Disbursement

Candidate Name

**Jim Gotto**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 60

Date of Disbursement

MM / DD / YYYY  
12 / 27 / 2011

**Transaction ID : SB29.25850**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Friends of Jimmy Naifeh**

Mailing Address 3100 West End Ave Ste 905  
One American Building

City Nashville State TN Zip Code 37203

Purpose of Disbursement  
fund raiser

Candidate Name

**Jimmy Naifeh**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 81

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2011

**Transaction ID : SB29.25834**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Kerry Roberts**

Mailing Address Box 200

City Springfield State TN Zip Code 37172

Purpose of Disbursement  
fund raiser

Candidate Name

**Kerry Roberts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 18

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2011

**Transaction ID : SB29.25819**

Amount of Each Disbursement this Period

500.00

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

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

1250.00

**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

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. Friends of Kevin Brooks**

Mailing Address Box 4801

City Cleveland State TN Zip Code 37320

Purpose of Disbursement  
fund raiser

Candidate Name

**Kevin Brooks**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 24

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : SB29.25842**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Lowe Finney**

Mailing Address PO Box 1432

City Jackson State TN Zip Code 38302

Purpose of Disbursement  
fund raiser

Candidate Name

**Lowe Finney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 27

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : SB29.25822**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Friends of Sherry Jones**

Mailing Address 4947 Sherman Oaks Drive

City Nashville State TN Zip Code 37211

Purpose of Disbursement

Candidate Name

**Friends of Sherry Jones**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 59

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2011

**Transaction ID : SB29.25849**

Amount of Each Disbursement this Period

250.00

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

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

1000.00

**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

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. House Democratic Caucus**

Mailing Address PO Box 305172  
Dept 46

City Nashville State TN Zip Code 37219

Purpose of Disbursement  
fund raiser

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2011

Transaction ID : **SB29.25847**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Joe Haynes for State Senate**

Mailing Address PO Box 527

City Goodlettsville State TN Zip Code 37070

Purpose of Disbursement  
fund raiser

Candidate Name

**Joe Haynes**

Office Sought:  House  
 Senate  
 President  
State: TN District: 20

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2011

Transaction ID : **SB29.25825**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Judd Matheny Campaign**

Mailing Address 398 Vanguard Ln

City Tullahoma State TN Zip Code 37388

Purpose of Disbursement

Candidate Name

**Judd Matheny**

Office Sought:  House  
 Senate  
 President  
State: TN District: 47

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2011

Transaction ID : **SB29.25854**

Amount of Each Disbursement this Period

500.00

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

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

1500.00

**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

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. Ken Yager for State Senate**

Mailing Address Box 684

City Kingston State TN Zip Code 37763

Purpose of Disbursement  
fund raiser

Candidate Name  
**KEN YAGER**

Office Sought:  House  
 Senate  
 President  
State: TN District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : SB29.25823**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. RAAMPAC**

Mailing Address PO Box 158213

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
fund raiser

Candidate Name  
**RAAMPAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : SB29.25812**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Rick Womick Campaign Fund**

Mailing Address 6015 Hwy 99

City Rockvale State TN Zip Code 37153

Purpose of Disbursement

Candidate Name  
**Rick Womick**

Office Sought:  House  
 Senate  
 President  
State: TN District: 34

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2011

**Transaction ID : SB29.25859**

Amount of Each Disbursement this Period

250.00

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

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

2750.00

12000.00