

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street) PO BOX 500
ONE PARK PLAZA
 Check if different than previously reported. (ACC)
NASHVILLE TN 37203

2. **FEC IDENTIFICATION NUMBER** C00067231
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 26 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Anderson

Signature of Treasurer Electronically Filed by David Anderson Date 01 27 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From:

M	M
1	1

D	D
2	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		248699.32
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	212836.77									
(c) Total Receipts (from Line 19)	941.89	227168.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	213778.66	475867.55								
7. Total Disbursements (from Line 31)	8497.88	270586.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	205280.78	205280.78								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From:

M	M
1	1

D	D
2	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	0.00	132290.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	300.00	89709.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	300.00	221999.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	300.00	221999.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	641.89	5169.23
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	941.89	227168.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	941.89	227168.23

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	597.88	4436.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	597.88	4436.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	5000.00	227800.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	150.00	350.00
(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))	150.00	350.00
29. Other Disbursements.....	2750.00	38000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8497.88	270586.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8497.88	270586.77

DETAILED SUMMARY PAGE
of Disbursements

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)	300.00	221999.00
34. Total Contribution Refunds (from Line 28(d))	150.00	350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	150.00	221649.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	597.88	4436.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	597.88	4436.77

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

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

FOR LINE NUMBER: PAGE 6 / 10
(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. Full Name (Last, First, Middle Initial)
Suntrust Bank

Mailing Address P.O. Box 622227

City State Zip Code
Orlando FL 32862-2227

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4809.51

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 8

Transaction ID: SA17.18679

Amount of Each Receipt this Period
282.17

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

Mailing Address P.O. Box 622227

City State Zip Code
Orlando FL 32862-2227

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5169.23

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8

Transaction ID: SA17.18680

Amount of Each Receipt this Period
359.72

SUBTOTAL of Receipts This Page (optional) ► **641.89**

TOTAL This Period (last page this line number only) ► **641.89**

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Suntrust Bank Mailing Address P.O. Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement account analysis fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.18684 Date of Disbursement 11 / 30 / 2008	Amount of Each Disbursement this Period 336.63
B.	Full Name (Last, First, Middle Initial) Suntrust Bank Mailing Address P.O. Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement imprinted check fees/deposit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.18685 Date of Disbursement 11 / 30 / 2008	Amount of Each Disbursement this Period 46.95
C.	Full Name (Last, First, Middle Initial) Suntrust Bank Mailing Address P.O. Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement account analysis fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.18686 Date of Disbursement 12 / 31 / 2008	Amount of Each Disbursement this Period 214.30

SUBTOTAL of Disbursements This Page (optional) ▶	597.88
TOTAL This Period (last page this line number only) ▶	597.88

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 / 10

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

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

A.

Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Transaction ID: SB23.18687

Date of Disbursement

Mailing Address 325 Seventh Street NW
Suite 700

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	8

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
fundraiser

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Bill Ketron for State Senate</p> <p>Mailing Address 805 South Church Street Suite 12</p> <p>City Murfreesboro State TN Zip Code 37130</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name Bill Ketron for State Senate</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.18691</p> <p>Date of Disbursement 11 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Committee to Elect Mike Stewart</p> <p>Mailing Address PO Box 60201</p> <p>City Nashville State TN Zip Code 37206</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name Committee to Elect Mike Stewart</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 52</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.18693</p> <p>Date of Disbursement 11 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Lowe Finney</p> <p>Mailing Address PO Box 1432</p> <p>City Jackson State TN Zip Code 38302</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name Friends of Lowe Finney</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 27</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.18692</p> <p>Date of Disbursement 11 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Thelma Harper	Transaction ID: SB29.18699 Date of Disbursement
	Mailing Address PO Box 24683	<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Nashville State TN Zip Code 37202	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="250.00"/>
	Candidate Name Friends of Thelma Harper	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TN District: 19	

B.	Full Name (Last, First, Middle Initial) MUMPAC	Transaction ID: SB29.18689 Date of Disbursement
	Mailing Address PO Box 2221	<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Bristol State TN Zip Code 37621	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Rusty Crowe Victory Fund	Transaction ID: SB29.18696 Date of Disbursement
	Mailing Address 808 East Eighth Ave	<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Johnson City State TN Zip Code 37601	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="250.00"/>
	Candidate Name Rusty Crowe Victory Fund	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TN District: 03	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2750.00"/>