

# 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 (12S)  
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 23 2010 through 12 31 2010

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 24 2011

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	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		317383.25
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	134705.83									
(c) Total Receipts (from Line 19) .....	142897.79	228670.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	277603.62	546053.87								
7. Total Disbursements (from Line 31) .....	16205.71	284655.96								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	261397.91	261397.91								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	97790.00	149127.50
(ii) Unitemized .....	44097.30	77377.30
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	141887.30	226504.80
(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) .....	141887.30	226504.80
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 .....	1000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	10.49	165.82
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 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)) .....	142897.79	228670.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	142897.79	228670.62

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	455.71	3353.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	455.71	3353.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	215750.00
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 .....	250.00	250.00
(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)) .....	250.00	250.00
29. Other Disbursements.....	4500.00	65302.00
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))..	16205.71	284655.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16205.71	284655.96

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 72

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) .....	141887.30	226504.80
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	141637.30	226254.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	455.71	3353.96
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	455.71	3353.96

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

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

FOR LINE NUMBER: PAGE 6 / 72  
(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)  
Mark Adams

Mailing Address 5475 S 500 E

City Ogden State UT Zip Code 84405

FEC ID number of contributing federal political committee. C

Name of Employer Ogden Regional Med Ctr Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 01 / 2010

**Transaction ID:** SA11AI.22768

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Minta Albietz

Mailing Address PO Box 193

City Blue Diamond State NV Zip Code 89004

FEC ID number of contributing federal political committee. C

Name of Employer Sunrise Hosp 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  
12 / 09 / 2010

**Transaction ID:** SA11AI.23099

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Kimball Anderson

Mailing Address 9300 W Sunset Rd

City Las Vegas State NV Zip Code 89148

FEC ID number of contributing federal political committee. C

Name of Employer Southern Hills Hosp Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 09 / 2010

**Transaction ID:** SA11AI.22827

Amount of Each Receipt this Period 350.00

**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: PAGE 7 / 72  
(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)  
Greg Angle

Mailing Address 215 W Janss Rd

City State Zip Code  
Thousand Oaks CA 91360

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Los Robles CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 09 / 2010

**Transaction ID:** SA11AI.22834

Amount of Each Receipt this Period 750.00

**B.** Full Name (Last, First, Middle Initial)  
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 / D D / Y Y Y Y  
12 / 09 / 2010

**Transaction ID:** SA11AI.23100

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
James Ayersman

Mailing Address 832 Amaryllis Lane

City State Zip Code  
Venice FL 34292

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Englewood Community Hosp 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 / 01 / 2010

**Transaction ID:** SA11AI.22800

Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Roxanne Baden

Mailing Address 215 W Janss Rd

City State Zip Code  
Thousand Oaks CA 91360

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

Name of Employer Occupation  
Los Robles Director Surgical Svcs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** SA11AI.22839

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Regina Bartlett

Mailing Address 164 Ashland Pt

City State Zip Code  
Hendersonville TN 37075

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

Name of Employer Occupation  
Hendersonville Med Ctr CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

**Transaction ID:** SA11AI.22890

Amount of Each Receipt this Period  
750.00

**C.**

Full Name (Last, First, Middle Initial)  
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 / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

**Transaction ID:** SA11AI.22933

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 9 / 72  
(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)  
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 / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

**Transaction ID:** SA11AI.23271

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Damond Boatwright

Mailing Address 4809 W 149th St

City State Zip Code  
Leawood KS 66224

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

Name of Employer Occupation  
Lee's Summit Med Ctr CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

**Transaction ID:** SA11AI.23410

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
Joe Bowman

Mailing Address 9017 Grey Pointe Ct

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
StoneCrest Medical Center CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

**Transaction ID:** SA11AI.22991

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Wendy Brandon		Date of Receipt
	Mailing Address 5005 Maple Glen Place		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sanford	FL	32771
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Central FL Regional Hospital		Occupation CEO	<b>Transaction ID:</b> SA11AI.22607
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Vicki Briggs		Date of Receipt
	Mailing Address 112 Oak Alley		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Regional Med Ctr of Acadia		Occupation CEO	<b>Transaction ID:</b> SA11AI.22773
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Terry Brown		Date of Receipt
	Mailing Address 1796 Hwy 441 N		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Okeechobee	FL	34972
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Raulerson Hospital		Occupation CFO	<b>Transaction ID:</b> SA11AI.22640
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="350.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2350.00"/>
<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: PAGE 11 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Clifford Buell		Date of Receipt MM / DD / YYYY 12 / 01 / 2010
Mailing Address 1833 Halstead Blvd. #1501		<b>Transaction ID:</b> SA11AI.22651
City Tallahassee	State FL	Zip Code 32309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Capital Regional Medical Ctr	Occupation Director of Oncology Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**B.**

Full Name (Last, First, Middle Initial) Deborah Burbridge		Date of Receipt MM / DD / YYYY 12 / 09 / 2010
Mailing Address 7400 Fannin Street		<b>Transaction ID:</b> SA11AI.23080
City Houston	State TX	Zip Code 77054
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Gulf Coast Division	Occupation VP Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Anna Burke		Date of Receipt MM / DD / YYYY 12 / 01 / 2010
Mailing Address 109 Fountainview Dr		<b>Transaction ID:</b> SA11AI.22770
City Youngsville	State LA	Zip Code 70592
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer The Regional Med Ctr of Acadia	Occupation CNO	
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) .....	<b>800.00</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: PAGE 12 / 72

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Susan Burroughs

Mailing Address 1000 Bonieta Harrold Drive

City State Zip Code  
Charleston SC 29414

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

Name of Employer Occupation  
Trident Medical Ctr Associate Administrator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.23553

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Timothy Burroughs

Mailing Address 17249 Breeders Cup Dr

City State Zip Code  
Odessa FL 33556

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

Name of Employer Occupation  
West FL Division CFO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.23407

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Gary Cantrell

Mailing Address 1800 SE Tiffany Ave

City State Zip Code  
Pt St Lucie FL 34952

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

Name of Employer Occupation  
St Lucie Medical Center CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.23186

Amount of Each Receipt this Period  
1000.00

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

1800.00

**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 13 / 72  
(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)  
Louis Caputo

Mailing Address 295 Midland Pkwy

City State Zip Code  
Summerville SC 29485

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

Name of Employer Occupation  
Trident Health System CEO Summerville

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

**Transaction ID:** SA11AI.23539

Amount of Each Receipt this Period  
750.00

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

Mailing Address 3700 South Main Street

City State Zip Code  
Blacksburg VA 24060

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

Name of Employer Occupation  
Montgomery Regional Hospital COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

**Transaction ID:** SA11AI.23365

Amount of Each Receipt this Period  
350.00

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

Mailing Address 311 Goldstein St

City State Zip Code  
Punta Gorda FL 33950

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

Name of Employer Occupation  
Fawcett Memorial COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

**Transaction ID:** SA11AI.23382

Amount of Each Receipt this Period  
250.00

**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 14 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Lee Chaykin		Date of Receipt MM / DD / YYYY 12 / 09 / 2010
Mailing Address 6764 Lakeside Cir S		<b>Transaction ID:</b> SA11AI.22957
City Davie	State Zip Code FL 33314	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University Hospital	Occupation CEO	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Scott Cihak		Date of Receipt MM / DD / YYYY 12 / 01 / 2010
Mailing Address 11043 NW 3rd Street		<b>Transaction ID:</b> SA11AI.22822
City Coral Springs	State Zip Code FL 33071	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Columbia Hospital	Occupation CEO	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Patsy Coghill		Date of Receipt MM / DD / YYYY 12 / 01 / 2010
Mailing Address 2430 Mt Blanco Rd		<b>Transaction ID:</b> SA11AI.22758
City Chester	State Zip Code VA 23836	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer John Randolph Medical Center	Occupation CNO	Aggregate Year-to-Date ▼ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 15 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Ann Conroy	Date of Receipt MM / DD / YYYY 12 / 01 / 2010
	Mailing Address 220 West Einds Drive	<b>Transaction ID:</b> SA11AI.22803
	City State Zip Code Palm Harbor FL 34683	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Englewood Community 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>B.</b>	Full Name (Last, First, Middle Initial) Brian Cook	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 1371 Quiet Pond Drive	<b>Transaction ID:</b> SA11AI.23207
	City State Zip Code Chattanooga TN 37415	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Parkridge East 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>C.</b>	Full Name (Last, First, Middle Initial) Kevin Corcoran	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 7965 NW 110th Dr	<b>Transaction ID:</b> SA11AI.23267
	City State Zip Code Parkland FL 33076	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1650.00
<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 16 / 72

(check only one)

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

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

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

**A.**

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

Mailing Address 3100 Channing Way

City State Zip Code  
Idaho Falls ID 83404

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

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

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.22814

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Wayne Dalton

Mailing Address 630 E Medical Drive

City State Zip Code  
Bountiful UT 84010

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

Name of Employer Lakeview Hospital Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.22903

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen Daugherty

Mailing Address 2007 154th Street E

City State Zip Code  
Bradenton FL 34212

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

Name of Employer Northside 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  
1 2 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.22623

Amount of Each Receipt this Period

1000.00

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

2350.00

**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 17 / 72  
(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)  
Bryce DeHaven  
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 ▼ 750.00  
Date of Receipt 12 / 14 / 2010  
Transaction ID: SA11AI.23343  
Amount of Each Receipt this Period 750.00

**B.** Full Name (Last, First, Middle Initial)  
Bridget Denzik  
Mailing Address 9304 Harroway Road  
City Summerville State SC Zip Code 29485  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Trident Health System Occupation Assoc - CNO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 12 / 20 / 2010  
Transaction ID: SA11AI.23540  
Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Ruth DePalantino  
Mailing Address 924 Myakka Ct Ne  
City St. Petersburg State FL Zip Code 33702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Edward White Hospital Occupation CNO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 12 / 14 / 2010  
Transaction ID: SA11AI.23352  
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 18 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenneth Donahey		Date of Receipt
	Mailing Address 1028 Crimson Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 09 / 2010
	City	State	Zip Code
	Hendersonville	TN	37075
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.22892
Name of Employer Hendersonville Med Ctr		Occupation COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00
		<input type="text"/> 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brenda DuPree		Date of Receipt
	Mailing Address 3895 58th Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 01 / 2010
	City	State	Zip Code
	Vero Beach	FL	32966
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.22734
Name of Employer Lawnwood Reg Med Ctr		Occupation CNO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Dye		Date of Receipt
	Mailing Address 3006 Golden Eagle Drive E		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 01 / 2010
	City	State	Zip Code
	Tallahassee	FL	32312
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.22603
Name of Employer North Florida Division Of- fice		Occupation CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1350.00
<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 19 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Avelva Earle-Descalzi		Date of Receipt	
	Mailing Address 2811 W. Morison Ave.		M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.22618
	Tampa	FL	33629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Northside Hospital		Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Marsha Easley		Date of Receipt	
	Mailing Address 11758 Wordsworth Court		M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.23348
	Jacksonville	FL	32223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Orange Park Medical Center		Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Nancy Edgar		Date of Receipt	
	Mailing Address 7400 Fannin St #650		M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.23047
	Houston	TX	77054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Gulf Coast Division		Occupation VE HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<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 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Steve Edgar

Mailing Address 550 N Hillside

City State Zip Code  
Wichita KS 67214

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

Name of Employer Occupation  
Wesley Medical Ctr COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 01 / 2010

**Transaction ID:** SA11AI.22599

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Todd Evans

Mailing Address 7400 Fannin St #650

City State Zip Code  
Houston TX 77054

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

Name of Employer Occupation  
Gulf Coast Division VP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 09 / 2010

**Transaction ID:** SA11AI.23052

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 340 Hospital Dr

City State Zip Code  
Macon GA 31217

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

Name of Employer Occupation  
Coliseum Psychiatric Center Hospital 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  
12 / 09 / 2010

**Transaction ID:** SA11AI.23327

Amount of Each Receipt this Period  
500.00

**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: PAGE 21 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Patrick Farrell		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	1	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	1	/	2	0	1	0													
Mailing Address 11157 Sherwood Farms Ln		<b>Transaction ID:</b> SA11AI.22776																				
City Glen Allen	State VA	Zip Code 23059																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>	1000.00																			
1000.00																						
Name of Employer Henrico Doctors Hospital	Occupation CEO																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>	1000.00																				
1000.00																						

**B.**

Full Name (Last, First, Middle Initial) Mike Fencil		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	9	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	9	/	2	0	1	0													
Mailing Address 8822 Stillwaters Landing Dr		<b>Transaction ID:</b> SA11AI.23284																				
City Riverview	State FL	Zip Code 33569																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>	1000.00																			
1000.00																						
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 ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>	1000.00																				
1000.00																						

**C.**

Full Name (Last, First, Middle Initial) Jake Fisher		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	0	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	2	0	/	2	0	1	0													
Mailing Address 40 Woodburn Street		<b>Transaction ID:</b> SA11AI.23490																				
City Frankfort	State KY	Zip Code 40601																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>350.00</td></tr> </table>	350.00																			
350.00																						
Name of Employer Frankfort Reg Med Ctr	Occupation COO																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>350.00</td></tr> </table>	350.00																				
350.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td>2350.00</td></tr></table>	2350.00
2350.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

**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 22 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Foreman	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 4201 Tampico Trail	<b>Transaction ID:</b> SA11AI.23420
	City State Zip Code Spring Hill FL 34607	Amount of Each Receipt this Period 265.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Oak Hill Hospital Physician Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sarah Forsythe	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 700 W Oak Street	<b>Transaction ID:</b> SA11AI.23226
	City State Zip Code Kissimmee FL 34741	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Osceola Regional Med Ctr CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brennan Francois	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 5002 Howardsville Rd	<b>Transaction ID:</b> SA11AI.23205
	City State Zip Code Apison TN 37302	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Parkridge Valley 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) .....	1515.00
<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 / 72  
(check only one)

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

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

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

**A.**

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

Mailing Address 2844 67th Way No

City State Zip Code  
St Petersburg FL 33710

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

Name of Employer Occupation  
Edward White Hospital VP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 14 / 2010

**Transaction ID:** SA11AI.23353

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dan Friedrich

Mailing Address 7208 19th Ave NW

City State Zip Code  
Bradenton FL 34209

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

Name of Employer Occupation  
Blake Medical Center CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2010

**Transaction ID:** SA11AI.22784

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Todd Gallati

Mailing Address 9330 Medical Plaza Drive

City State Zip Code  
Charleston SC 29406

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

Name of Employer Occupation  
Trident Health Systems CEO-Trident

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 20 / 2010

**Transaction ID:** SA11AI.23542

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 24 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Martha Garcia		Date of Receipt MM / DD / YYYY 12 / 09 / 2010
Mailing Address 13900 Cypress Court		<b>Transaction ID:</b> SA11AI.22928
City Miami Lake	State FL	Zip Code 33014
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Kendall Regional 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	

**B.**

Full Name (Last, First, Middle Initial) Shayne George		Date of Receipt MM / DD / YYYY 12 / 09 / 2010
Mailing Address 1825 Champions Circle		<b>Transaction ID:</b> SA11AI.23165
City Evans	State GA	Zip Code 30809
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Doctors Hospital	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Kathryn Gillette		Date of Receipt MM / DD / YYYY 12 / 09 / 2010
Mailing Address 1410 Celebration Avenue		<b>Transaction ID:</b> SA11AI.23223
City Celebration	State FL	Zip Code 34747
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Osceola Regional	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<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 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Beverly Gilmore	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 7300 Medical Center Drive	<b>Transaction ID:</b> SA11AI.23380
	City State Zip Code West Hills CA 91307	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer West Hills Hospital Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Cindy Glover	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 1226 S 23rd Street	<b>Transaction ID:</b> SA11AI.23145
	City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Reston 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>C.</b>	Full Name (Last, First, Middle Initial) Cheryl Goforth	Date of Receipt MM / DD / YYYY 12 / 20 / 2010
	Mailing Address 501 Hickory Lake Drive	<b>Transaction ID:</b> SA11AI.23543
	City State Zip Code Brandon FL 33511	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Trident Med Ctr Occupation CNO-Trident 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) .....	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 26 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dianne Goldenberg

Mailing Address 610 N Lakeside Dr

City State Zip Code  
Lake Worth FL 33460

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

Name of Employer Northwest Med Ctr Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** SA11AI.22799

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Allen Golson

Mailing Address 350 Hospital Drive

City State Zip Code  
Macon GA 31216

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

Name of Employer Coliseum Medical Ctr. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** SA11AI.23330

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Aurello Gonzalez

Mailing Address PO Box 110880

City State Zip Code  
Hialeah FL 33011

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

Name of Employer University Hosp 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
1	2	/	0	9	/	2	0	1	0

**Transaction ID:** SA11AI.22958

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 27 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael Gordian

Mailing Address 7107 Atascadero Ln

City State Zip Code  
Tallahassee FL 32317

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

Name of Employer Capital Regional Medical Ctr 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  
1 2 / 0 1 / 2 0 1 0

**Transaction ID:** SA11AI.22654

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Karl Gorrell

Mailing Address 9330 Medical Plaza Dr

City State Zip Code  
North Charleston SC 29406

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

Name of Employer Trident Health System 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  
1 2 / 2 0 / 2 0 1 0

**Transaction ID:** SA11AI.23544

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Maureen Greenway

Mailing Address 6107 8th Ave Dr NE

City State Zip Code  
Bradenton FL 34212

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

Name of Employer Blake Medical Center Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

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

**Transaction ID:** SA11AI.22786

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 28 / 72

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Shawn Gregory

Mailing Address 5912 Parkset Drive

City State Zip Code  
Lithia FL 33547

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
South Bay 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  
1 2 / 0 9 / 2 0 1 0

**Transaction ID:** SA11AI.23181

Amount of Each Receipt this Period 350.00

**B.**

Full Name (Last, First, Middle Initial)  
Osman Gruhonjic

Mailing Address 131 Tuscany Lane

City State Zip Code  
Frankfort KY 40601

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Frankfort Regional CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** SA11AI.23491

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
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  
1 2 / 0 9 / 2 0 1 0

**Transaction ID:** SA11AI.23206

Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... 950.00

**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 29 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Hanshaw	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 12518 S Bear Cub Circle	<b>Transaction ID:</b> SA11AI.22994
	City State Zip Code Draper UT 84020	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mountain Division Division President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Debra Herwaldt	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 215 W Janss Rd	<b>Transaction ID:</b> SA11AI.22836
	City State Zip Code Thousand Oaks CA 91360	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Los Robles Hosp CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kathryn Hester	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 1962 Bridgewood Dr	<b>Transaction ID:</b> SA11AI.23344
	City State Zip Code Orange Park FL 32065	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Orange Park Med Ctr CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	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 30 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Holly Hill

Mailing Address 1608 Rachel's Retreat Circle

City State Zip Code  
Hermitage TN 37076

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

Name of Employer Occupation  
Summit Medical Center Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.23320

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
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- Montgome- ry CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.23371

Amount of Each Receipt this Period  
750.00

**C.**

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

Mailing Address 7400 Fannin Street

City State Zip Code  
Houston TX 77054

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

Name of Employer Occupation  
Gulf Coast Div VP Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.23051

Amount of Each Receipt this Period  
250.00

**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 31 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael Houston

Mailing Address 11340 NW 77 PL

City State Zip Code  
Parkland FL 33076

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

Name of Employer Occupation  
East Florida Division 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  
1 2 / 0 1 / 2 0 1 0

**Transaction ID:** SA11AI.22798

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
David Hughes

Mailing Address 21 Jasmine Ct

City State Zip Code  
Plantation FL 33317

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

Name of Employer Occupation  
Plantation General CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

**Transaction ID:** SA11AI.23273

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Brian Hutcheson

Mailing Address 2001 Kingsley Ave

City State Zip Code  
Orange Park FL 32073

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

Name of Employer Occupation  
Orange Park Med Ctr Associate Admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** SA11AI.23339

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 32 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Suzanne Jackson

Mailing Address 2960 Sleepy Hollow Rd

City Falls Church State VA Zip Code 22044

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

Name of Employer Dominion Hospital Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 7 / 2 0 1 0

**Transaction ID:** SA11AI.23554

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)  
Theresa Jefferson

Mailing Address 1011 Tranquiview Lane

City Valrico State FL Zip Code 33594

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

Name of Employer South Bay Hospital Occupation CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

**Transaction ID:** SA11AI.23180

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Marie Johnson

Mailing Address 8549 262nd Tr

City Bradford State FL Zip Code 32008

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

Name of Employer Capital Regional Medical Ctr Occupation Chief Nursing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** SA11AI.22658

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 72

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Tedrick Johnson

Mailing Address 3600 Riverdowns N Drive

City State Zip Code  
Midlothian VA 23113

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

Name of Employer Occupation  
Capital Division VP Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.23199

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Jane Johnston

Mailing Address PO Box 9697

City State Zip Code  
Panama City Bch FL 32417

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

Name of Employer Occupation  
Gulf Coast Med. Ctr. CNO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.22941

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Anna Jonason

Mailing Address PO Box 428

City State Zip Code  
Goose Creek SC 29445

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

Name of Employer Occupation  
Colleton Medical Center CNO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.23000

Amount of Each Receipt this Period

350.00

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

1150.00

**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 / 72  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Alexander Jonathan

Mailing Address 7400 Fannin St

City State Zip Code  
Houston TX 77054

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

Name of Employer Occupation  
Gulf Coast Division Sr VP Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.23058

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Joseph

Mailing Address 450 East Los Olas Blvd

City State Zip Code  
Ft. Lauderdale FL 33307

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

Name of Employer Occupation  
East Florida President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
12 / 27 / 2010

**Transaction ID:** SA11AI.23558

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 3714 NE Indian River A-203

City State Zip Code  
Jensen Beach FL 34957

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

Name of Employer Occupation  
St. Lucie Medical Ctr CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.23187

Amount of Each Receipt this Period  
500.00

**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 35 / 72  
(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)  
Tracy Kemp Stallings

Mailing Address 1505 West Ave

City Richmond State VA Zip Code 23220

FEC ID number of contributing federal political committee. C

Name of Employer CJW Medical Center Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.22871

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Rand Kerr

Mailing Address 630 E Medical Drive

City Bountiful State UT Zip Code 84010

FEC ID number of contributing federal political committee. C

Name of Employer Lakeview Hospital Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.22905

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Don King

Mailing Address 905 Dogwood Drive

City Raymore State MO Zip Code 64083

FEC ID number of contributing federal political committee. C

Name of Employer Lees' Summit Med Ctr Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY  
12 / 14 / 2010

**Transaction ID:** SA11AI.23411

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 36 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Larry Kloess

Mailing Address 1416 Willowbrooke Circle

City State Zip Code  
Franklin TN 37069

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

Name of Employer Occupation  
TriStar Division Division President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2010

**Transaction ID:** SA11AI.22602

Amount of Each Receipt this Period  
1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Matthew Leary

Mailing Address 550 N Hillside

City State Zip Code  
Wichita KS 67214

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

Name of Employer Occupation  
Wesley Medical Center CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2010

**Transaction ID:** SA11AI.22596

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Robbin Lee

Mailing Address 101 Sedona Way

City State Zip Code  
Palm Beach Gardens FL 33418

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

Name of Employer Occupation  
Lawnwood Regional COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2010

**Transaction ID:** SA11AI.22735

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**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 37 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Robert Lee

Mailing Address 1796 Hwy 441 N

City State Zip Code  
Okeechobee FL 34972

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

Name of Employer Occupation  
Raulerson Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2010

**Transaction ID:** SA11AI.22638

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Kim Lelli

Mailing Address 7400 Fannin Street

City State Zip Code  
Houston TX 77054

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

Name of Employer Occupation  
Gulf Coast Div CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.23082

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Anne Leonard

Mailing Address 1293 Elrod Rd

City State Zip Code  
Bowling Green KY 42104

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

Name of Employer Occupation  
Greenview Regional CNO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.23230

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 38 / 72

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kristen Lindenboom-Watabe

Mailing Address 511 SE 5th Ave 2021

City State Zip Code  
Ft. Lauderdale FL 33301

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

Name of Employer Occupation  
University Hosp AVP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.22959

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)  
Nancy Littlefield

Mailing Address 13520 Pleasant Colony Dr

City State Zip Code  
Manasas VA 20112

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

Name of Employer Occupation  
Spotsylvania Regional CNO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.22869

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)  
JoAnn Manning

Mailing Address 4505 Timber Path Court

City State Zip Code  
Lilburn GA 30047

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

Name of Employer Occupation  
Emory Johns Creek Hosp CFO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.22963

Amount of Each Receipt this Period

350.00

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

1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Brian Marger		Date of Receipt MM / DD / YYYY 12 / 09 / 2010
Mailing Address 8603 Forest Run Ln		<b>Transaction ID:</b> SA11AI.23214
City Orlando	State FL	Zip Code 32836
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Osceola Regional 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	

**B.**

Full Name (Last, First, Middle Initial) Mark Marsh		Date of Receipt MM / DD / YYYY 12 / 09 / 2010
Mailing Address 1704 Lester Court		<b>Transaction ID:</b> SA11AI.23227
City Bowling Green	State KY	Zip Code 42103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Greenville Regional	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) John Marshall		Date of Receipt MM / DD / YYYY 12 / 14 / 2010
Mailing Address 111 Hwy 70 E		<b>Transaction ID:</b> SA11AI.23358
City Dickson	State TN	Zip Code 37055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Horizon Medical Center	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) .....	▶	1000.00
<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 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Leigh Massengill

Mailing Address 8981 SW 114 St

City Miami State FL Zip Code 33176

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: 12 / 09 / 2010  
**Transaction ID:** SA11AI.22932  
 Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth Matish

Mailing Address 206 Willetta Dr

City Richmond State VA Zip Code 23221

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

Name of Employer Henrico Doctors Hospital Occupation COO-Parham Campus

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 / 01 / 2010  
**Transaction ID:** SA11AI.22779  
 Amount of Each Receipt this Period: 350.00

**C.**

Full Name (Last, First, Middle Initial)  
Nancy Maysilles

Mailing Address 6134 Oakridge Avenue

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 09 / 2010  
**Transaction ID:** SA11AI.22907  
 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 41 / 72

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Terika Mbanu

Mailing Address 4345 Norbury Ct

City State Zip Code  
Woodbridge VA 22192

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

Name of Employer Spotsylvania Regional  
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  
1 2 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.22867

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)  
Zach mcCluskey

Mailing Address 2105 Eulas Way

City State Zip Code  
Nolensville TN 37135

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

Name of Employer StoneCrest Medical  
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  
1 2 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.22992

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)  
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 Central Florida Regional Hosp  
Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.22609

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: PAGE 42 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Benny McDonald

Mailing Address 960 JF Harris Pkwy

City State Zip Code  
Cartersville GA 30120

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 / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.22795

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
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

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

Transaction ID: SA11AI.23150

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Bob Meade

Mailing Address 1355 Bayshore Drive

City State Zip Code  
Englewood FL 34223

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

Name of Employer Occupation  
Doctors Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.23568

Amount of Each Receipt this Period

750.00

**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: (check only one)	PAGE 43 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Melear		Date of Receipt
	Mailing Address 1796 US 441 N		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Okeechobee	FL	34972
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Raulerson Hospital		Occupation CNO	<b>Transaction ID:</b> SA11AI.22639
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="350.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Pete Mercer		Date of Receipt
	Mailing Address 700 W Oak Street		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Kissimmee	FL	34741
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Osceola Regional Med. Ctr.		Occupation CFO	<b>Transaction ID:</b> SA11AI.23215
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Roland Metivier		Date of Receipt
	Mailing Address 10076 Waltzing Lane		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Seminole	FL	33778
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Edward White Hospital		Occupation CEO	<b>Transaction ID:</b> SA11AI.23355
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="750.00"/>	<input type="text" value="750.00"/>

<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: PAGE 44 / 72  
(check only one)

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

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

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

**A.**

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

Mailing Address 2810 Ambassador Caffery Pkwy

City State Zip Code  
Lafayette LA 70526

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

Name of Employer The Regional Med Ctr of Acadia Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.23138

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Trula Minton

Mailing Address 401 Winterslow Rd

City State Zip Code  
Richmond VA 23235

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

Name of Employer CJW Medical Center Occupation CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.22872

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mitchell Mongell

Mailing Address 501 Robertson Blvd

City State Zip Code  
Waltersboro SC 29488

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

Name of Employer Colleton Med Ctr Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.22995

Amount of Each Receipt this Period  
750.00

**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 45 / 72  
(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)  
Cassandra Moore

Mailing Address 3100 Channing Way

City State Zip Code  
Idaho Falls ID 83404

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

Name of Employer Eastern Idaho Regional Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 01 / 2010  
Transaction ID: SA11AI.22817  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Darrell Moore

Mailing Address 3201 Enclave Bay Drive

City State Zip Code  
Chattanooga TN 37415

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

Name of Employer Parkridge Medical Center Occupation Market Pres & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 09 / 2010  
Transaction ID: SA11AI.23200  
Amount of Each Receipt this Period 250.00

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

Mailing Address 1026 Wyndham Dr

City State Zip Code  
Gallatin TN 37066

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

Name of Employer Hendersonville Medical Center Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 09 / 2010  
Transaction ID: SA11AI.22891  
Amount of Each Receipt this Period 350.00

**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: PAGE 46 / 72  
(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)  
Sammie Mosier

Mailing Address 101 N Danbrook Way

City State Zip Code  
Frankfort KY 40601

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

Name of Employer Frankfort Regional      Occupation CNO

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

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

**Transaction ID:** SA11AI.23503

Amount of Each Receipt this Period  
250.00

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

Mailing Address 9716 Gavin Stone Ave

City State Zip Code  
Las Vegas NV 89145

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

Name of Employer Sunrise Hospital      Occupation COO

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

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

**Transaction ID:** SA11AI.23108

Amount of Each Receipt this Period  
500.00

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

Mailing Address 215 W Janss Rd

City State Zip Code  
Thousand Oaks CA 91360

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

Name of Employer Los Robles Hosp & MC      Occupation COO

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

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

**Transaction ID:** SA11AI.22833

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 47 / 72

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dale Neely

Mailing Address 8988 Eagles Ridge Dr

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer Occupation  
Capital Regional Med Ctr COO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.22663

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Kathleen Nelson

Mailing Address 3100 Channing Way

City State Zip Code  
Idaho Falls ID 83404

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

Name of Employer Occupation  
Eastern Idaho Regional Med Ctr CNO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.22815

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Stanley Nord

Mailing Address 844 W 52nd St

City State Zip Code  
Kansas City MO 64112

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

Name of Employer Occupation  
Lee's Summit Med Ctr CFO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.23413

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 48 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Steve Otto		Date of Receipt MM / DD / YYYY 12 / 20 / 2010
Mailing Address 506 Bay Point Drive		<b>Transaction ID:</b> SA11AI.23530
City Gallatin	State TN	Zip Code 37066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Skyline Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Priscilla Parrish		Date of Receipt MM / DD / YYYY 12 / 01 / 2010
Mailing Address 1898 Dolphin Blvd S		<b>Transaction ID:</b> SA11AI.22791
City St Petersburg	State FL	Zip Code 33707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Blake Medical Center	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Michael Patterson		Date of Receipt MM / DD / YYYY 12 / 09 / 2010
Mailing Address 13001 Southern Blvd		<b>Transaction ID:</b> SA11AI.23196
City Loxahatchee	State FL	Zip Code 33470
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Palms West Hosp.	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) .....	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 49 / 72

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard Patterson

Mailing Address 910 Montclair Drive

City State Zip Code  
Bowling Green KY 42103

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

Name of Employer Occupation  
Greenview Regional CFO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.23228

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)  
Ricardo Pavon

Mailing Address 5869 NW 108 Place

City State Zip Code  
Miami FL 33178

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

Name of Employer Occupation  
Kendall Reg Med Ctr 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  
1 2 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.22920

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Chip Peal

Mailing Address 112 Wheeler Drive

City State Zip Code  
Frankfort KY 40601

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

Name of Employer Occupation  
Frankfort Regional CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

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

Transaction ID: SA11AI.23506

Amount of Each Receipt this Period

750.00

**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 50 / 72

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Servando Pena

Mailing Address 7400 Fannin St #650

City State Zip Code  
Houston TX 77054

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

Name of Employer Occupation  
Gulf Coast Division Director, Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.23056

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Pentz

Mailing Address 142 Godfrey Rd

City State Zip Code  
Edgewater FL 32141

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

Name of Employer Occupation  
Orange Park Med Ctr CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.23345

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Chance Phillips

Mailing Address 327 Oak Spring Drive

City State Zip Code  
Tarpon Springs FL 34689

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

Name of Employer Occupation  
Oak Hill Hospital CFO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.23426

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 51 / 72

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John Porada

Mailing Address 2700 Bryant Rd

City State Zip Code  
Hixson TN 37343

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

Name of Employer Occupation  
Parkridge East Hosp CFO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

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

Transaction ID: SA11AI.22732

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
David Portwood

Mailing Address 520 Waverly Park Dr

City State Zip Code  
Macon GA 31210

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

Name of Employer Occupation  
Coliseum Medical Centers COO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.23336

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Valerie Powell-Stafford

Mailing Address 5570 Rock Dove Dr

City State Zip Code  
Sarasota FL 34241

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

Name of Employer Occupation  
Doctors Hospital COO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.23572

Amount of Each Receipt this Period  
350.00

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

1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 72

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
William Mark Rader

Mailing Address 225 Quail Valley Dr.

City State Zip Code  
Leesburg GA 31763

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

Name of Employer Occupation  
Palmyra Medical Center CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: SA11AI.22632

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)  
Lori Rakes

Mailing Address 960 JF Harris Pkwy

City State Zip Code  
Cartersville GA 30120

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

Name of Employer Occupation  
Cartersville Medical Center COO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.22794

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 20338 Clifton Points Street

City State Zip Code  
Potomac Falls VA 20165

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

Name of Employer Occupation  
Reston Hospital COO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.23153

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 53 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kay Rhodes	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 501 Redmond Rd	<b>Transaction ID:</b> SA11AI.23475
	City State Zip Code Rome GA 30165	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Redmond Regional Medical Ctr Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Tom Rice	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 13130 Placida Pointe Ct	<b>Transaction ID:</b> SA11AI.23398
	City State Zip Code Placida FL 33946	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Fawcett Memorial Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Robinson	Date of Receipt MM / DD / YYYY 12 / 20 / 2010
	Mailing Address 9330 Medical Plaza Dr	<b>Transaction ID:</b> SA11AI.23550
	City State Zip Code Charleston SC 29406	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Trident Health Systems 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) .....	▶	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 54 / 72  
(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)  
Glenn Romig  
Mailing Address 10549 Greensprings Drive  
City Tampa State FL Zip Code 44626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Community Hospital Occupation CFO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 12 / 01 / 2010  
Transaction ID: SA11AI.22809  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Sharon Roush  
Mailing Address 17920 Burnt Oak Lane  
City Lithia State FL Zip Code 33547  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Bay Hospital Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 12 / 09 / 2010  
Transaction ID: SA11AI.23177  
Amount of Each Receipt this Period 750.00

**C.** Full Name (Last, First, Middle Initial)  
Keith Sandlin  
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 Med. Ctr. Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 12 / 01 / 2010  
Transaction ID: SA11AI.22793  
Amount of Each Receipt this Period 250.00

**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 55 / 72  
(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)  
Shana Sappington

Mailing Address 1123 BE 18th Ave

City Ft. Lauderdale State FL Zip Code 33304

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

Name of Employer Westside Regional Occupation COO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 09 / 2010  
**Transaction ID:** SA11AI.23268  
 Amount of Each Receipt this Period 350.00

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

Mailing Address 1971 Muirfield Way

City Oldsmar State FL Zip Code 34677

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

Name of Employer Largo Medical Center Occupation CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 09 / 2010  
**Transaction ID:** SA11AI.23118  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Kristy Alicia Schulhof

Mailing Address 2027 Abbey Trace Drive

City Dover State FL Zip Code 33527

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

Name of Employer Brandon Regional Occupation COO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 09 / 2010  
**Transaction ID:** SA11AI.23295  
 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 56 / 72

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Chuck Schwaner

Mailing Address 1198 Bayshore Drive

City State Zip Code  
Englewood FL 34223

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

Name of Employer Occupation  
Doctors 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  
1 2 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.23574

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)  
Gary Searls

Mailing Address 10127 Paddock Oaks Dr.

City State Zip Code  
Riverview FL 33569

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

Name of Employer Occupation  
Northside Hospital CFO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.22619

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Beemal Shah

Mailing Address 405 S Tampania Ave

City State Zip Code  
Tampa FL 33609

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

Name of Employer Occupation  
South Bay Hosp COO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.23173

Amount of Each Receipt this Period

350.00

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

925.00

**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 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan Shreeve	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 4806 W 144th Terr	<b>Transaction ID:</b> SA11AI.23409
	City State Zip Code Leawood KS 66224	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Research Medical Center Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara Simmons	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 1961 SW 52nd Ave	<b>Transaction ID:</b> SA11AI.23272
	City State Zip Code Plantation FL 33317	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Plantation General 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>C.</b>	Full Name (Last, First, Middle Initial) Mauricio Sirvent	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 14701 Kirsten Court	<b>Transaction ID:</b> SA11AI.22916
	City State Zip Code Davie FL 33325	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kendall Regional Med Ctr 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) .....	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 58 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Dolores Skaare		Date of Receipt MM / DD / YYYY 12 / 09 / 2010
Mailing Address 5801 SW 16th Ct		<b>Transaction ID:</b> SA11AI.23274
City Plantation	State FL	Zip Code 33317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Plantation General Hospital	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**B.**

Full Name (Last, First, Middle Initial) Craig Smestad		Date of Receipt MM / DD / YYYY 12 / 09 / 2010
Mailing Address 119 Oakfield Drive		<b>Transaction ID:</b> SA11AI.23297
City Brandon	State FL	Zip Code 33511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Brandon Regional	Occupation CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Linda V. Smith		Date of Receipt MM / DD / YYYY 12 / 01 / 2010
Mailing Address 426 Palm Crest Lane		<b>Transaction ID:</b> SA11AI.22612
City Lake Mary	State FL	Zip Code 32746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Central Florida Regional Hosp.	Occupation VP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<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 59 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rodney R. Smith	Date of Receipt MM / DD / YYYY 12 / 01 / 2010
	Mailing Address 8201 Kiawah Trace	<b>Transaction ID:</b> SA11AI.22733
	City State Zip Code Port St. Lucie FL 34986	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lawnwood Reg Med Ctr CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sondra Smith	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 327 Sugarcreek Drive	<b>Transaction ID:</b> SA11AI.23039
	City State Zip Code Grovetown GA 30813	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Doctors Hospital VP Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William D. Smith	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 1410 Dogwood Valley Rd	<b>Transaction ID:</b> SA11AI.23451
	City State Zip Code Tummel Hill GA 30755	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Redmond Regional Med Ctr CFO	
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 60 / 72  
(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)  
Jay St. Pierre

Mailing Address 595 Ohio Avenue

City State Zip Code  
Signal Mtn TN 37377

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

Name of Employer Occupation  
Parkridge Health System Market 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  
1 2 / 0 9 / 2 0 1 0

**Transaction ID:** SA11AI.23201

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Timothy Stanfill

Mailing Address 5655 Frist Blvd

City State Zip Code  
Hermitage TN 37076

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

Name of Employer Occupation  
Summit Medical Center 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  
1 2 / 0 9 / 2 0 1 0

**Transaction ID:** SA11AI.23318

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ed Stojakovich

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

**Transaction ID:** SA11AI.23161

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: (check only one)	PAGE 61 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Lynn Swartz	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 3683 W Lake Estate Dr	<b>Transaction ID:</b> SA11AI.23264
	City State Zip Code Davie FL 33328	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Westside Regional Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen Swim	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 555 Kathryn Place Road	<b>Transaction ID:</b> SA11AI.23170
	City State Zip Code Appling GA 30802	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Doctors Hospital Augusta Occupation VP-CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Hugh Tappan	Date of Receipt MM / DD / YYYY 12 / 01 / 2010
	Mailing Address 550 N Hillside	<b>Transaction ID:</b> SA11AI.22601
	City State Zip Code Wichita KS 67214	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Wesley Medical Ctr Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	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 62 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dennis Taylor

Mailing Address 9490 Scenic Hwy

City State Zip Code  
Pensacola FL 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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.23127

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mike Terrell

Mailing Address 101 South 12th Street #407

City State Zip Code  
Tampa FL 33602

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

Name of Employer Brandon Regional Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.23301

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Thomson

Mailing Address 8625 LaRogne Run Dr

City State Zip Code  
Fredricksburg VA 22408

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

Name of Employer Spotsylvania Regional Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.22844

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 63 / 72

(check only one)

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

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

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

**A.**

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

Mailing Address 6325 Hospital Parkway

City State Zip Code  
Johns Creek GA 30097

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

Name of Employer Occupation  
Emory Johns Creek Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: SA11AI.22962

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)  
Mitch Tibbitts

Mailing Address 1017 Whisperwood Cove

City State Zip Code  
Kaysville UT 84037

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

Name of Employer Occupation  
Mountain Division Division CFO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.23379

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Keith Tintle

Mailing Address 750 W 800 North

City State Zip Code  
Orem UT 84057

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

Name of Employer Occupation  
Timpanogos Regional Med. Ctr. CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.23522

Amount of Each Receipt this Period

300.00

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

1550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 72

(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Timothy C. Tobin		Date of Receipt MM / DD / YYYY 12 / 09 / 2010		
	Mailing Address 2501 Wheatland Woods Dr		<b>Transaction ID:</b> SA11AI.22841		
	City Fredericksburg	State VA	Zip Code 22408	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 750.00		
	Name of Employer Spotsylvania Reg Med Ctr		Occupation President & CEO		

<b>B.</b>	Full Name (Last, First, Middle Initial) R. Carlton Ulmer		Date of Receipt MM / DD / YYYY 12 / 14 / 2010		
	Mailing Address 15 Nicklaus Drive		<b>Transaction ID:</b> SA11AI.23468		
	City Rome	State GA	Zip Code 30165	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 750.00		
	Name of Employer Redmond Regional Med Ctr		Occupation COO		

<b>C.</b>	Full Name (Last, First, Middle Initial) Jerr Underwood		Date of Receipt MM / DD / YYYY 12 / 09 / 2010		
	Mailing Address 6931 Lakeshore Drive		<b>Transaction ID:</b> SA11AI.23202		
	City Chattanooga	State TN	Zip Code 37416	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Parkridge Med. Ctr.		Occupation Market CNE		

**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 65 / 72  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Lisa Valentine

Mailing Address 18609 Dixie Belle Ln

City State Zip Code  
Bumpass VA 23024

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

Name of Employer Occupation  
Henrico Doctors Hospital COO - Forest Campus

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2010

**Transaction ID:** SA11AI.22778

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 10438 Greendale

City State Zip Code  
Tampa FL 33626

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

Name of Employer Occupation  
Community Hospital COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.22908

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Barbara Walsh

Mailing Address 4901 Richard Street

City State Zip Code  
Jacksonville FL 32207

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

Name of Employer Occupation  
Specialty Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** SA11AI.22876

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 66 / 72

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Maura Walsh

Mailing Address 7400 Fannin St #650

City State Zip Code  
Houston TX 77054

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

Name of Employer Occupation  
Gulf Coast Division President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11AI.23043

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Tracy Weintraub

Mailing Address 215 W Janss Rd

City State Zip Code  
Thousand Oaks CA 91360

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

Name of Employer Occupation  
Los Robles Hosp & MC CNO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.22831

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dorothy Weir

Mailing Address 11423 Willow Gardens Dr

City State Zip Code  
Windemere FL 34786

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

Name of Employer Occupation  
Osceola Reional Director Wound Care

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.23224

Amount of Each Receipt this Period

200.00

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

2200.00

**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 67 / 72  
(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)  
Steven West  
 Mailing Address 4107 Beckett Rd  
 City Tallahassee State FL Zip Code 32311  
 Date of Receipt MM / DD / YYYY 12 / 01 / 2010  
**Transaction ID:** SA11AI.22668  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Regional Med Ctr Occupation CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
Bud Wethington  
 Mailing Address 3867 W. Millers Bridge Rd.  
 City Tallahassee State FL Zip Code 32312  
 Date of Receipt MM / DD / YYYY 12 / 01 / 2010  
**Transaction ID:** SA11AI.22670  
 Amount of Each Receipt this Period 1000.00  
 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

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey T. Whitehorn  
 Mailing Address 9442 Highwood Hill Road  
 City Brentwood State TN Zip Code 37027  
 Date of Receipt MM / DD / YYYY 12 / 09 / 2010  
**Transaction ID:** SA11AI.23323  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Summit Medical Center Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**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 68 / 72

(check only one)

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

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

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

**A.**

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

Mailing Address 225 Timacuan Oaks Court

City State Zip Code  
Lake Mary FL 32746

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

Name of Employer Occupation  
Central FL Regional Hospital CFO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.22617

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Sylvia Young

Mailing Address 9513 Verlaine Ct

City State Zip Code  
Las Vegas NV 89145

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

Name of Employer Occupation  
Sunrise Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.23116

Amount of Each Receipt this Period

1000.00

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

1500.00

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

97790.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 69 / 72	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Henry for Senate 2010		Date of Receipt
	Mailing Address 226 Capitol Blvd Ste 200		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Nashville	TN	37219
	FEC ID number of contributing federal political committee.		Transaction ID: SA16.23584
	C		Amount of Each Receipt this Period
Name of Employer		Occupation	1000.00
Receipt For: 2010		Aggregate Year-to-Date ▼	stop payment on previous check
<input type="checkbox"/> Primary	<input checked="" 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="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="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)

PAGE 70 / 72

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Suntrust Bank <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement account fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.23578 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 228.21
<b>B.</b> Full Name (Last, First, Middle Initial) Suntrust Bank <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement account fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.23579 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 227.50

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	455.71
<b>TOTAL</b> This Period (last page this line number only) .....	▶	455.71



**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

A.	Full Name (Last, First, Middle Initial) Harwell PAC	Transaction ID: SB29.23585 Date of Disbursement
	Mailing Address 42 Wyn Oak	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Nashville State TN Zip Code 37205	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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) RAAMPAC	Transaction ID: SB29.23587 Date of Disbursement
	Mailing Address PO Box 158213	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Nashville State TN Zip Code 37215	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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Tennessee Republican Caucus	Transaction ID: SB29.23590 Date of Disbursement
	Mailing Address PO Box 190539	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Nashville State TN Zip Code 37219	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="4500.00"/>