

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 10 01 2009 through 10 31 2009

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 11 19 2009

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

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

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

Write or Type Committee Name  
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		205280.78
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	87883.25									
(c) Total Receipts (from Line 19) .....	257276.72	309408.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	345159.97	514689.02								
7. Total Disbursements (from Line 31) .....	23082.95	192612.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	322077.02	322077.02								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	155175.00	180412.50
(ii) Unitemized .....	102094.00	126376.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	257269.00	306788.50
(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) .....	257269.00	306788.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	7.72	619.74
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)) .....	257276.72	309408.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	257276.72	309408.24

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	237.95	6667.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	237.95	6667.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	155000.00
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 .....	1595.00	1595.00
(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)) .....	1595.00	1595.00
29. Other Disbursements.....	250.00	29350.00
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))..	23082.95	192612.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23082.95	192612.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	257269.00	306788.50
34. Total Contribution Refunds (from Line 28(d)) .....	1595.00	1595.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	255674.00	305193.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	237.95	6667.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	237.95	6667.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Trey Abshier

Mailing Address 2801 Live Oak St #8104

City State Zip Code  
Dallas TX 75204

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

Name of Employer Medical Ctr of Arlington Occupation Asst Admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 21 / 2009  
Transaction ID: SA11AI.20869  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Alice Adams

Mailing Address 2105 Sand Mist Circle

City State Zip Code  
League City TX 77573

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

Name of Employer Texas Orthopedic Hospital Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 02 / 2009  
Transaction ID: SA11AI.19669  
Amount of Each Receipt this Period: 750.00

**C.** Full Name (Last, First, Middle Initial)  
Jennifer Adams

Mailing Address 340 NW Commerce Dr

City State Zip Code  
Lake City FL 32055

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

Name of Employer Lake City Med Ctr Occupation COO/CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 08 / 2009  
Transaction ID: SA11AI.20523  
Amount of Each Receipt this Period: 350.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 112

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jenny Dian Adams

Mailing Address 3216 San Simeon Way

City State Zip Code  
Plano TX 75023

FEC ID number of contributing federal political committee. C

Name of Employer: Medical Center of Arlington  
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  
1 0 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.20870

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark Adams

Mailing Address 5475 S 500 E

City State Zip Code  
Ogden UT 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 ▼  
350.00

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

**Transaction ID:** SA11AI.20972

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
William Adams

Mailing Address 10350 Carol Street

City State Zip Code  
Great Falls VA 22066

FEC ID number of contributing federal political committee. C

Name of Employer: Reston 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  
1 0 / 0 2 / 2 0 0 9

**Transaction ID:** SA11AI.19445

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Minta Albietz		Date of Receipt MM / DD / YYYY 10 / 08 / 2009	
	Mailing Address PO Box 193		<b>Transaction ID:</b> SA11AI.20777	
	City	State	Zip Code	Amount of Each Receipt this Period
	Blue Diamond	NV	89004	500.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Sunrise Hosp		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) Dale Alward		Date of Receipt MM / DD / YYYY 10 / 08 / 2009	
	Mailing Address 1602 Skipwith Rd		<b>Transaction ID:</b> SA11AI.20647	
	City	State	Zip Code	Amount of Each Receipt this Period
	Richmond	VA	23229	350.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Henrico Doctors' Hospital		Occupation Asst Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan Andrews		Date of Receipt MM / DD / YYYY 10 / 27 / 2009	
	Mailing Address 15845 El Socorro Loop		<b>Transaction ID:</b> SA11AI.21163	
	City	State	Zip Code	Amount of Each Receipt this Period
	Corpus Christi	TX	78418	500.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Corpus Christi 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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 112

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Greg Angle

Mailing Address 2800 Dewdrop Place

City State Zip Code  
Westlake Village CA 91362

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

Name of Employer Occupation  
Los Robles Hosp & MC 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 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.20393

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 Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.20778

Amount of Each Receipt this Period

500.00

**C.**

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

Mailing Address 4624 Appleridge Dr

City State Zip Code  
Richardson TX 75082

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

Name of Employer Occupation  
Medical Center of Arlington CFO (Interim)

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 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.20875

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 / 112  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
HCA INC. GOOD GOVERNMENT FUND

**A.**

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

Mailing Address 4000 Spencer Hwy

City Pasadena State TX Zip Code 77504

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

Name of Employer Bayshore Medical Ctr Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 27 / 2009

Transaction ID: SA11AI.21184

Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark Atchley

Mailing Address 2732 Newcastle

City Grapevine State TX Zip Code 76051

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

Name of Employer Medical City Dallas Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 14 / 2009

Transaction ID: SA11AI.20122

Amount of Each Receipt this Period: 500.00

**C.**

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

Mailing Address 832 Amaryllis Lane

City Venice State FL Zip Code 34292

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

Name of Employer Englewood Community Hosp Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 02 / 2009

Transaction ID: SA11AI.19658

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 11 / 112  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Jeanna Barrard

Mailing Address 13211 Windy Oaks St

City State Zip Code  
Beach City TX 77523

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

Name of Employer Bayshore Med Ctr Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2009

Transaction ID: SA11AI.21192

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Lynn Barrett

Mailing Address 19600 E 39th St

City State Zip Code  
Independence MO 64057

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

Name of Employer Centerpoint Med Ctr Occupation CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2009

Transaction ID: SA11AI.21146

Amount of Each Receipt this Period  
500.00

**C.**

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 Hendersonville Med Ctr Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

Transaction ID: SA11AI.19641

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Baumgardner	Date of Receipt MM / DD / YYYY 10 / 14 / 2009
	Mailing Address 2202 Coral Dr	<b>Transaction ID:</b> SA11AI.20347
	City State Zip Code Lynn Haven FL 32444	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Gulf Coast 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) Paul Beaupre	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 16178 Greenwood Road	<b>Transaction ID:</b> SA11AI.19691
	City State Zip Code Monte Sereno CA 95030	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Good Samaritan Hosp COO/CMO	
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) Eric Becker	Date of Receipt MM / DD / YYYY 10 / 21 / 2009
	Mailing Address 18715 DUke Lake Dr	<b>Transaction ID:</b> SA11AI.20916
	City State Zip Code Spring TX 77388	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Conroe Regional Med Ctr 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) .....	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 13 / 112  
(check only one)

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

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

**A.**

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

Mailing Address 3 S. Skimmer St.

City State Zip Code  
La Marque TX 77568

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

Name of Employer Occupation  
Mainland 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 0 / 0 5 / 2 0 0 9

**Transaction ID:** SA11AI.19800

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Britt Berrett

Mailing Address 7777 Forest Lane

City State Zip Code  
Dallas TX 75230

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

Name of Employer Occupation  
Medical City Dallas 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 Y  
1 0 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.21313

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Fatima Bialon

Mailing Address 22335 Hayworth Court

City State Zip Code  
Corona CA 92883

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

Name of Employer Occupation  
Riverside Community Hospital VP PCS

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 0 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.20438

Amount of Each Receipt this Period  
250.00

**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 14 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Janelle Biernbaum		Date of Receipt MM / DD / YYYY 10 / 14 / 2009
Mailing Address 1362 Brompton Lane		<b>Transaction ID:</b> SA11AI.20250
City Raymore	State MO	Zip Code 64083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Research Belton Hosp	Occupation Director Bus. Dev.	
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) Jill Birdsong		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 26203 Salt Creek Lane		<b>Transaction ID:</b> SA11AI.19668
City Katy	State TX	Zip Code 77494
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Texas Orthopedic Hospital	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**C.**

Full Name (Last, First, Middle Initial) Diamond Boatwright		Date of Receipt MM / DD / YYYY 10 / 08 / 2009
Mailing Address 4809 W 149th St		<b>Transaction ID:</b> SA11AI.20688
City Leawood	State KS	Zip Code 66224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Lee's Summit 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) .....	<b>1600.00</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 15 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kathy Bobbs

Mailing Address 109 East Peck Blvd

City State Zip Code  
Lafayette LA 70508

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

Name of Employer Women's & Children's Hospital  
Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

**Transaction ID:** SA11AI.19610

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)  
Ward Boston

Mailing Address 4929 SW 91st Dr

City State Zip Code  
Gainesville FL 32608

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

Name of Employer North Florida Reg Med Ctr  
Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2009

**Transaction ID:** SA11AI.20651

Amount of Each Receipt this Period  
1100.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephanie Boudreaux

Mailing Address 2411 Snapper Rd

City State Zip Code  
New Iberia LA 70560

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

Name of Employer Dauterive Hospital  
Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2009

**Transaction ID:** SA11AI.21080

Amount of Each Receipt this Period  
350.00

**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 16 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Leona Boullion

Mailing Address 111 North Roelay

City State Zip Code  
Lafayette LA 70506

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

Name of Employer Occupation  
Women's & Children's Hospital 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 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.19609

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)  
Norene Bowers

Mailing Address 2201 Saratoga Lane

City State Zip Code  
Glendora CA 91765

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

Name of Employer Occupation  
Riverside Community Hosp. SVP/CNO

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.20440

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)  
Wendy Brandon

Mailing Address 5005 Maple Glen Place

City State Zip Code  
Sanford FL 32771

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

Name of Employer Occupation  
Central FL Regional 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 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.19928

Amount of Each Receipt this Period

1000.00

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

2100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tim Breslin	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 9
	Mailing Address 4901 Dreyfous Ave	<b>Transaction ID:</b> SA11AI.21314
	City State Zip Code Metairie LA 70006	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lakeview Regional Medical Cent CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia Bridenstine	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 9
	Mailing Address 8660 45th Street	<b>Transaction ID:</b> SA11AI.20437
	City State Zip Code Riverside CA 92509	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Riverside Community Hospital Director 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) Vicki Briggs	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 9
	Mailing Address 112 Oak Alley	<b>Transaction ID:</b> SA11AI.20742
	City State Zip Code Lafayette LA 70508	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Regional Med Ctr of Acadia 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) .....	▶	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: (check only one)	PAGE 18 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Patrick Brilliant

Mailing Address 901 Walnut Falls Cir

City Mansfield State TX Zip Code 76063

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

Name of Employer Medical Ctr of Arlington Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2009

Transaction ID: SA11AI.20878

Amount of Each Receipt this Period 1000.00

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

Mailing Address 3120 Bayhaven Dr

City Myrtle Beach State SC Zip Code 29579

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

Name of Employer Grand Strand Regional Med. Ctr Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2009

Transaction ID: SA11AI.19883

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Lisa Brodbeck

Mailing Address 1469 Brookside Drive

City Carrollton State TX Zip Code 75007

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

Name of Employer Medical Center of Lewisville Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 08 / 2009

Transaction ID: SA11AI.20555

Amount of Each Receipt this Period 300.00

**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 19 / 112

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jim Brown

Mailing Address 19600 E 39th St

City State Zip Code  
Independence MO 64057

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

Name of Employer Occupation  
Centerpoint Med Ctr 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 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.21145

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Nicole Bryan

Mailing Address 1046 Chesapeake Dr

City State Zip Code  
Mansfield KY 76063

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

Name of Employer Occupation  
Medical Ctr of Arlington Assoc Admin.

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

Date of Receipt

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

Transaction ID: SA11AI.20879

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Gina Bullington

Mailing Address 232 Black Road

City State Zip Code  
Dickson TN 37055

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

Name of Employer Occupation  
Horizon 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 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.19624

Amount of Each Receipt this Period

100.00

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

850.00

**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 20 / 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anna Burke	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 109 Fountainview Dr	<b>Transaction ID:</b> SA11AI.21077
	City State Zip Code Youngsville LA 70592	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Dauterive Hospital CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda Jo Burt	Date of Receipt MM / DD / YYYY 10 / 21 / 2009
	Mailing Address 144 East 500 South	<b>Transaction ID:</b> SA11AI.20975
	City State Zip Code Payson UT 84651	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ogden Regional Med Ctr CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Phillip Buttell	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 19600 E 39th St	<b>Transaction ID:</b> SA11AI.21143
	City State Zip Code Independence MO 64057	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Centerpoint Med Ctr 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) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Carolyn Caldwell  
 Mailing Address 19600 E 39th St  
 City Independence State MO Zip Code 64057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Centerpoint Medical Ctr Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt 10 / 27 / 2009  
**Transaction ID:** SA11AI.21142  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Todd Caliva  
 Mailing Address 15422 Pinenut Bay Court  
 City Houston State TX Zip Code 77059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Houston Med Ctr Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt 10 / 14 / 2009  
**Transaction ID:** SA11AI.20144  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Gary Cantrell  
 Mailing Address 1800 SE Tiffany Ave  
 City Pt St Lucie State FL Zip Code 34952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Lucie Medical Center Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt 10 / 27 / 2009  
**Transaction ID:** SA11AI.21133  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Louis Caputo		Date of Receipt MM / DD / YYYY 10 / 08 / 2009
Mailing Address 295 Midland Pkwy		<b>Transaction ID:</b> SA11AI.20757
City Summerville	State SC	Zip Code 29485
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Trident Health System	Occupation CEO Summerville	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**B.**

Full Name (Last, First, Middle Initial) Dean Carucci		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 41 High Street Unit #4		<b>Transaction ID:</b> SA11AI.19693
City Boston	State MA	Zip Code 02129
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Parkland Medical Center	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**C.**

Full Name (Last, First, Middle Initial) Alex Chang		Date of Receipt MM / DD / YYYY 10 / 21 / 2009
Mailing Address 311 Goldstein St		<b>Transaction ID:</b> SA11AI.20866
City Punta Gorda	State FL	Zip Code 33950
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Fawcett Memorial	Occupation COO	
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) .....	▶	1450.00
<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 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ravi Chari

Mailing Address 1209 Canterbury Drive

City State Zip Code  
Nashville TN 37205

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

Name of Employer Occupation  
Centennial Medical Center CMO

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 0 / 0 5 / 2 0 0 9

**Transaction ID:** SA11AI.19761

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Lee Chaykin

Mailing Address 6764 Lakeside Cir S

City State Zip Code  
Davie FL 33314

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

Name of Employer Occupation  
University 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 Y  
1 0 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.20423

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 6308 Franklin Vista

City State Zip Code  
El Paso TX 79912

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

Name of Employer Occupation  
Del Sol Medical 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 0 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.21229

Amount of Each Receipt this Period  
1000.00

**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: (check only one)	PAGE 24 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

Full Name (Last, First, Middle Initial)  
Jason Cobb

Mailing Address 201 South Tallowood Drive

City State Zip Code  
Covington LA 70433

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

Name of Employer Occupation  
Lakeview Regional CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2009

**Transaction ID:** SA11AI.21344

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)  
Patsy Coghill

Mailing Address 2430 Mt Blanco Rd

City State Zip Code  
Chester VA 23836

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

Name of Employer Occupation  
John Randolph Medical Center CNO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2009

**Transaction ID:** SA11AI.20235

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Shari Collier

Mailing Address 24260 W 113th Terr

City State Zip Code  
Olathe KS 66061

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

Name of Employer Occupation  
Overland Park Reg. Med. Center CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2009

**Transaction ID:** SA11AI.20225

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 25 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Tom Collins

Mailing Address 3320 Lovers Lane

City State Zip Code  
Dallas TX 75225

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

Name of Employer Green Oaks Hospital Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2009

**Transaction ID:** SA11AI.19969

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary Ann Conroy

Mailing Address 220 West Einds Drive

City State Zip Code  
Palm Harbor FL 34683

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

Name of Employer Englewood Community Hospital Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

**Transaction ID:** SA11AI.19661

Amount of Each Receipt this Period  
750.00

**C.**

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

Mailing Address 941 Spring Creek Road

City State Zip Code  
Chattanooga TN 37412

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

Name of Employer Parkridge East Hospital Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

**Transaction ID:** SA11AI.19684

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: PAGE 26 / 112

(check only one)

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

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

**A.**

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

Mailing Address 3778 Hunters Island Dr.

City State Zip Code  
Orlando FL 32837

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

Name of Employer Occupation  
Osceola Regional Medical 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 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.20509

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Caroline Corich

Mailing Address 10500 Quivira

City State Zip Code  
Overland Park KS 66221

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

Name of Employer Occupation  
Overland Park Regional CNO

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

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.21349

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Toni Cotton

Mailing Address 3238 Golden Eye

City State Zip Code  
Katy TX 77493

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

Name of Employer Occupation  
West Houston Medical Center Assit., CNO

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 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.20150

Amount of Each Receipt this Period

250.00

**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 27 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Wayne Dalton

Mailing Address 2795 East 25 South

City State Zip Code  
Layton UT 84040

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

Name of Employer Occupation  
Lakeview 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 Y  
1 0 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.21075

Amount of Each Receipt this Period  
350.00

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

Mailing Address 101 E. Ridge Rd.

City State Zip Code  
McAllen TX 78503

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

Name of Employer Occupation  
Rio Grande Regional CNO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.19975

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen Daugherty

Mailing Address 6000 49th St. N.

City State Zip Code  
St. Petersburg FL 33709

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

Name of Employer Occupation  
Northside 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 Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.19951

Amount of Each Receipt this Period  
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 28 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Pamela Davis

Mailing Address 209 Patrick Avenue

City State Zip Code  
Franklin TN 37064

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

Name of Employer Occupation  
Centennial Med Ctr Bariatric Program Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2009

**Transaction ID:** SA11AI.19777

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Daniela Decell

Mailing Address 701 Snowhill Trail

City State Zip Code  
Coppell TX 75019

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

Name of Employer Occupation  
Las Colinas Medical Ctr CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

**Transaction ID:** SA11AI.19585

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1661 Whie Owl Rd

City State Zip Code  
Fleming Island FL 32003

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

Name of Employer Occupation  
Orange Park Med Ctr CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2009

**Transaction ID:** SA11AI.20817

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 29 / 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Jackie DeSouza		Date of Receipt MM / DD / YYYY 10 / 08 / 2009
Mailing Address 4541 Washington St		<b>Transaction ID:</b> SA11AI.20693
City Kansas City	State MO	Zip Code 64111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Research Med Ctr	Occupation COO	
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) Owen Dewitt		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 8610 Oak Valley Ct.		<b>Transaction ID:</b> SA11AI.19588
City Irving	State TX	Zip Code 35063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Las Colinas Medical Center	Occupation Dir Marketing/Business	
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) Nancy Dodson		Date of Receipt MM / DD / YYYY 10 / 14 / 2009
Mailing Address 3617 Bay Tree Rd		<b>Transaction ID:</b> SA11AI.20351
City Lynn Haven	State FL	Zip Code 32444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Gulf Coast 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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Catherine Duffy

Mailing Address 276 Noah Drive

City State Zip Code  
Franklin TN 37064

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

Name of Employer Occupation  
Centennial Medical Center CNO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2009

**Transaction ID:** SA11AI.19758

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Avelva Earle-Descalzi

Mailing Address 2811 W. Morison Ave.

City State Zip Code  
Tampa FL 33629

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

Name of Employer Occupation  
Northside Hospital COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2009

**Transaction ID:** SA11AI.19952

Amount of Each Receipt this Period  
500.00

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

Mailing Address 101 E. Ridge Road

City State Zip Code  
McAllen TX 78503

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

Name of Employer Occupation  
Rio Grande Regional Hospital COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2009

**Transaction ID:** SA11AI.19978

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Sandra Emeott		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 5313 Cougar Circle		<b>Transaction ID:</b> SA11AI.19419
City Dublin	State VA	Zip Code 24084
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Pulaski Community 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) Bland Eng		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 11692 S Breeze Place		<b>Transaction ID:</b> SA11AI.19403
City Wellington	State FL	Zip Code 33449
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Palms West Hosp	Occupation 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) Rex Etheredge		Date of Receipt MM / DD / YYYY 10 / 27 / 2009
Mailing Address 1371 SW 43rd Place		<b>Transaction ID:</b> SA11AI.21175
City Ocala	State FL	Zip Code 34474
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ocala Regional/West Marion	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Joann Ettien

Mailing Address 1216 Beddington Park

City Nashville State TN Zip Code 37215

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

Name of Employer Centennial Med Ctr Occupation Women's Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2009

Transaction ID: SA11AI.19779

Amount of Each Receipt this Period 500.00

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

Mailing Address 109 Grande Mansion

City Mandeville State LA Zip Code 70471

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

Name of Employer Lakeview Reg Med Ctr Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 05 / 2009

Transaction ID: SA11AI.21315

Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Alan Fabian

Mailing Address 216 Cresthill Drive

City Youngsville State LA Zip Code 70592

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

Name of Employer Dauterive Hospital Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 27 / 2009

Transaction ID: SA11AI.21079

Amount of Each Receipt this Period 750.00

**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 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Patrick Farrell

Mailing Address 11157 Sherwood Farms Ln

City State Zip Code  
Glen Allen VA 23059

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

Name of Employer Occupation  
Henrico Doctors Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2009

**Transaction ID:** SA11AI.20643

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mike Fencil

Mailing Address 8822 Stillwaters Landing Dr

City State Zip Code  
Riverview FL 33569

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

Name of Employer Occupation  
Brandon Regional Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2009

**Transaction ID:** SA11AI.21100

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Teresa Finch

Mailing Address 1400 McKinney #1204

City State Zip Code  
Houston TX 77010

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

Name of Employer Occupation  
The Woman's Hosp of TX CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2009

**Transaction ID:** SA11AI.20985

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 34 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jake Fisher

Mailing Address 299 King's Daughters Drive

City State Zip Code  
Frankfort KY 40601

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

Name of Employer Occupation  
Frankfort Reg Med Ctr COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.20007

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Brennan Francois

Mailing Address 2200 Morris Hill Road

City State Zip Code  
Chattanooga TN 37421

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

Name of Employer Occupation  
Parkridge Valley 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 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.19627

Amount of Each Receipt this Period  
750.00

**C.**

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  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.19896

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 35 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 628 Fairway View err

City State Zip Code  
Southlake TX 76092

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

Name of Employer Plaza Medical Ctr of Ft Worth  
Occupation CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

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

**Transaction ID:** SA11AI.21022

Amount of Each Receipt this Period  
1500.00

**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 Blake Medical Center  
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 0 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.20728

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 Trident Health Systems  
Occupation CEO-Trident

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 0 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.20764

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

**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 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Lisa Gann  
 Mailing Address 116 Lancaster Ct  
 City State Zip Code  
 Gallatin TN 37066  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 2 / 2 0 0 9  
**Transaction ID:** SA11AI.19643  
 Amount of Each Receipt this Period  
 350.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hendersonville Med. Ctr CNO  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 350.00

**B.** Full Name (Last, First, Middle Initial)  
Bradley Garcia  
 Mailing Address 2819 Sweetholly Drive  
 City State Zip Code  
 Jacksonville FL 32223  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 2 / 2 0 0 9  
**Transaction ID:** SA11AI.19545  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Memorial Hospital SVP Marketing  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Gregg Garrison  
 Mailing Address 17314 Lonesome Dove  
 City State Zip Code  
 Houston TX 77095  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 9  
**Transaction ID:** SA11AI.20146  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 West Houston Med Ctr CFO  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 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 37 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1827 Rockford Ct

City State Zip Code  
Allen TX 75013

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

Name of Employer Occupation  
Las Colinas Medical 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 0 / 0 2 / 2 0 0 9

**Transaction ID:** SA11AI.19587

Amount of Each Receipt this Period  
350.00

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

Mailing Address 3199 Sterling Street

City State Zip Code  
Tarpon Springs FL 34688

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

Name of Employer Occupation  
Community 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 0 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.20616

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Beverly Gilmore

Mailing Address 7300 Medical Center Drive

City State Zip Code  
West Hills CA 91307

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

Name of Employer Occupation  
West Hills Hospital President & 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 0 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.21061

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 38 / 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Victor Giovanetti

Mailing Address 1900 Electric Rd

City Salem State VA Zip Code 24153

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

Name of Employer Lewis-Gale Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 14 / 2009

Transaction ID: SA11AI.20325

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Cindy Glover

Mailing Address 12034 Edgemere Circle

City Reston State VA Zip Code 20190

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

Name of Employer Reston Hospital Occupation CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2009

Transaction ID: SA11AI.19456

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Cheryl Goforth

Mailing Address 501 Hickory Lake Drive

City Brandon State FL Zip Code 33511

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

Name of Employer Trident Med Ctr Occupation CNO-Trident

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2009

Transaction ID: SA11AI.20765

Amount of Each Receipt this Period 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 39 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 ▼  
750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.20260

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)  
Eric Goldman

Mailing Address 6321 Cherry Lake Drive North

City State Zip Code  
Jacksonville FL 32258

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

Name of Employer Memorial Hospital Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

Transaction ID: SA11AI.19546

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 ▼  
350.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	0	9

Transaction ID: SA11AI.20425

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 40 / 112  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph G. Gonzalez

Mailing Address 8005 Rockcrest Dr

City State Zip Code  
Corpus Christi TX 78414

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

Name of Employer Occupation  
Corpus Christi Med Ctr Director of Lab

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2009

**Transaction ID:** SA11AI.21150

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Sonia Gonzalez

Mailing Address 13624 Cooper Rd

City State Zip Code  
Spring Hill FL 34609

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

Name of Employer Occupation  
Oak Hill Hospital COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2009

**Transaction ID:** SA11AI.20466

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mary Jo Goodman

Mailing Address 8850 Long Point Drive

City State Zip Code  
Houston TX 77055

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

Name of Employer Occupation  
Spring Branch Med Ctr COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2009

**Transaction ID:** SA11AI.19752

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: (check only one)	PAGE 41 / 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Gordian

Mailing Address 7107 Atascadero Ln

City Tallahassee State FL Zip Code 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 10 / 02 / 2009

Transaction ID: SA11AI.19508

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Karl Gorrell

Mailing Address 9330 Medical Plaza Dr

City North Charleston State SC Zip Code 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 10 / 08 / 2009

Transaction ID: SA11AI.20766

Amount of Each Receipt this Period 500.00

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

Mailing Address 7263 Hidden Cove Ct

City Spring Hill State FL Zip Code 34607

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

Name of Employer Oak Hill Hospital Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2009

Transaction ID: SA11AI.19880

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Ann Grannis

Mailing Address 3012 New Natchez Trace

City Nashville State TN Zip Code 37215

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

Name of Employer Centennial Medical Center Occupation Nutrition Svcs Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2009  
Transaction ID: SA11AI.19769  
Amount of Each Receipt this Period 250.00

**B.**

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

Mailing Address 6107 8th Ave Dr NE

City Bradenton State FL Zip Code 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 ▼ 575.00

Date of Receipt 10 / 08 / 2009  
Transaction ID: SA11AI.20730  
Amount of Each Receipt this Period 200.00

**C.**

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

Mailing Address 4016 Sun City Center Blvd

City Sun City Center State FL Zip Code 33573

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

Name of Employer South Bay Hospital Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 08 / 2009  
Transaction ID: SA11AI.20798  
Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 112

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Charles Gressle

Mailing Address 5638 Piping Rock Ln

City State Zip Code  
Houston TX 77056

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

Name of Employer Occupation  
The Woman's Hosp of TX COO

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

Date of Receipt

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

Transaction ID: SA11AI.20990

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Sandra Grimes

Mailing Address 10288 Stallion Run Court

City State Zip Code  
Jacksonville FL 32257

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

Name of Employer Occupation  
Memorial Hospital Director Womens' Services

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 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.19548

Amount of Each Receipt this Period

500.00

**C.**

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

Mailing Address 3700 South Main St

City State Zip Code  
Blacksburg VA 24060

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

Name of Employer Occupation  
Montgomery Regional 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 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.19676

Amount of Each Receipt this Period

500.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 112  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Joyce Hagen-Flint

Mailing Address 18249 Winding Oaks Blvd

City Hudson State FL Zip Code 34667

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

Name of Employer: Regional Med Ctr Bayonet Point  
Occupation: Dir. FANS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 08 / 2009  
Transaction ID: SA11AI.20705  
Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary Halverson

Mailing Address 2200 Morris Hill Rd.

City Chattanooga State TN Zip Code 37421

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

Name of Employer: Parkridge Valley Hospital  
Occupation: CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 02 / 2009  
Transaction ID: SA11AI.19629  
Amount of Each Receipt this Period: 350.00

**C.**

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

Mailing Address 713 Escandon Ave.

City Rancho Viejo State TX Zip Code 78575

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

Name of Employer: Valley Regional Med Ctr  
Occupation: CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 02 / 2009  
Transaction ID: SA11AI.19731  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00

**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 / 112

(check only one)

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

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

**A.**

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

Mailing Address 13774 W Rivera Dr

City State Zip Code  
Ft Worth TX 76028

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

Name of Employer Occupation  
Plaza Medical Center COO

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 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.21032

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)  
Becky Harmon

Mailing Address 22999 US Hwy 59 N

City State Zip Code  
Kingwood TX 77339

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

Name of Employer Occupation  
Kingwood 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 Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.21277

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)  
Anrea Hayes

Mailing Address 6522 Portugese Bend Dr

City State Zip Code  
Mo. City TX 77459

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

Name of Employer Occupation  
West Houston Med Ctr CNO

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

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.20149

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 46 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1848 Bending Stream

City State Zip Code  
League City TX 77573

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

Name of Employer Mainland Medical Center Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 05 / 2009  
Transaction ID: SA11AI.19844  
Amount of Each Receipt this Period: 750.00

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

Mailing Address 700 Peters Path

City State Zip Code  
Colleyville TX 76034

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

Name of Employer HCA North Texas Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 13 / 2009  
Transaction ID: SA11AI.19986  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Hank Hernandez

Mailing Address 1801 N Oregon

City State Zip Code  
El Paso TX 79902

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

Name of Employer Las Palmas Medical Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 14 / 2009  
Transaction ID: SA11AI.20278  
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 47 / 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Thomas Herron		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 9
Mailing Address 655 Bliss Road		<b>Transaction ID:</b> SA11AI.19757
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Centennial 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) Debra Herwaldt		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 9
Mailing Address 2045 Roadrunner Ave		<b>Transaction ID:</b> SA11AI.20407
City Thousand Oaks	State CA	Zip Code 91320
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Los Robles Hosp	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) Kathryn Hester		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 9
Mailing Address 2269 Links Dr		<b>Transaction ID:</b> SA11AI.20827
City Orange Park	State FL	Zip Code 32003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Orange Park Med Ctr	Occupation CNO	
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) .....	▶	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 48 / 112  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
HCA INC. GOOD GOVERNMENT FUND

**A.**

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

Mailing Address 10115 Howe Drive

City Leawood State KS Zip Code 66206

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

Name of Employer Research Medical Center Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 14 / 2009  
**Transaction ID:** SA11AI.20375  
 Amount of Each Receipt this Period: 1000.00

**B.**

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

Mailing Address 1608 Rachel's Retreat Circle

City Hermitage State TN Zip Code 37076

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

Name of Employer Summit Medical Center Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 05 / 2009  
**Transaction ID:** SA11AI.19741  
 Amount of Each Receipt this Period: 300.00

**C.**

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

Mailing Address 3700 S Main

City Blacksburg State VA Zip Code 24060

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

Name of Employer Montgomery Reg Hosp Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 02 / 2009  
**Transaction ID:** SA11AI.19677  
 Amount of Each Receipt this Period: 750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2050.00

**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 49 / 112  
(check only one)

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

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

**A.**

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

Mailing Address 100 Alton Gloor Blvd.

City State Zip Code  
Brownsville TX 78526

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

Name of Employer Valley Regional Medical Center  
Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

**Transaction ID:** SA11AI.19730

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Holland

Mailing Address 520 Birdsall St

City State Zip Code  
Houston TX 77007

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

Name of Employer Bayshore Medical Ctr  
Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2009

**Transaction ID:** SA11AI.21190

Amount of Each Receipt this Period  
1000.00

**C.**

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

Mailing Address 504 Medical Center Blvd

City State Zip Code  
Conroe TX 77304

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

Name of Employer Conroe Regional  
Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2009

**Transaction ID:** SA11AI.20927

Amount of Each Receipt this Period  
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 50 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dan Houghton

Mailing Address 1444 Matterhorn Dr

City State Zip Code  
Riverside CA 92506

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

Name of Employer Occupation  
Riverside Community Hosp CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2009

**Transaction ID:** SA11AI.20436

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1026 Gannett Road

City State Zip Code  
Hendersonville TN 37075

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

Name of Employer Occupation  
Centennial Medical Center Associate Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2009

**Transaction ID:** SA11AI.19794

Amount of Each Receipt this Period  
250.00

**C.** 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  
MM / DD / YYYY  
10 / 05 / 2009

**Transaction ID:** SA11AI.19890

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 51 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Penny Hutson

Mailing Address 4600 Ambassador Caffery Pkwy

City State Zip Code  
Lafayette LA 70508

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

Name of Employer Women's & Children's 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 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.19612

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Sharon Ikeler

Mailing Address 3304 Bear Creek Dr.

City State Zip Code  
Hurst TX 76054

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

Name of Employer Las Colinas Medical Center 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 Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.19596

Amount of Each Receipt this Period  
350.00

**C.**

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

Mailing Address 2960 Sleepy Hollow Rd

City State Zip Code  
Falls Church VA 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 Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.20444

Amount of Each Receipt this Period  
750.00

**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: PAGE 52 / 112  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

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

Mailing Address 333 Borthwick Ave

City Portsmouth State NH Zip Code 03801

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

Name of Employer Portsmouth Regional Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 08 / 2009  
**Transaction ID:** SA11AI.20443  
 Amount of Each Receipt this Period: 350.00

**B.**

Full Name (Last, First, Middle Initial)  
Joe Jeans

Mailing Address 3559 Fieldcrest

City Bowling Green State KY Zip Code 42104

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

Name of Employer Greenview Regional Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 02 / 2009  
**Transaction ID:** SA11AI.19634  
 Amount of Each Receipt this Period: 350.00

**C.**

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

Mailing Address 4016 Sun City Center Blvd

City Sun City Center State FL Zip Code 33573

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: 10 / 08 / 2009  
**Transaction ID:** SA11AI.20793  
 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 53 / 112  
(check only one)

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

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

**A.**

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

Mailing Address 620 E.Gregory Blvd.

City State Zip Code  
Kansas City MO 64131

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

Name of Employer Occupation  
Research Medical 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 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.20692

Amount of Each Receipt this Period

500.00

**B.**

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

Mailing Address 1312 Peacefield Pl

City State Zip Code  
Tallahassee FL 32308

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

Name of Employer Occupation  
Capital Regional Medical Ctr 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 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.19511

Amount of Each Receipt this Period

500.00

**C.**

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 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.20358

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 54 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

Full Name (Last, First, Middle Initial)  
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 Y  
1 0 / 1 4 / 2 0 0 9

**Transaction ID:** SA11AI.21368

Amount of Each Receipt this Period  
350.00

**B.**

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

Mailing Address 1810 N Oregon

City State Zip Code  
El Paso TX 79902

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

Name of Employer Occupation  
Las Palmas Medical 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 0 / 1 4 / 2 0 0 9

**Transaction ID:** SA11AI.20304

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 1800 SE Tiffany Avenue

City State Zip Code  
Port St. Lucie FL 34952

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  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.21134

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 55 / 112  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
HCA INC. GOOD GOVERNMENT FUND

**A.**

Full Name (Last, First, Middle Initial)  
Tracy Kemp Stallings

Mailing Address 1401 Johnston Willis Dr

City Richmond State VA Zip Code 23235

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 ▼ 300.00

Date of Receipt: 10 / 21 / 2009

Transaction ID: SA11AI.20954

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Terryl Kendricks-Howell

Mailing Address 2709 Sagehill Dr

City Fort Worth State TX Zip Code 76123

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

Name of Employer: Plaza Medical Center Occupation: CNO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 21 / 2009

Transaction ID: SA11AI.21033

Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Kelly Kern

Mailing Address 9540 World Cup Dr

City Las Vegas State NV Zip Code 89117

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

Name of Employer: Mountain View Hospital Occupation: VP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2009

Transaction ID: SA11AI.20553

Amount of Each Receipt this Period: 250.00

**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 56 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 304 E Parkview Circle

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 10 / 27 / 2009  
Transaction ID: SA11AI.21074  
Amount of Each Receipt this Period 500.00

**B.** 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 10 / 08 / 2009  
Transaction ID: SA11AI.20689  
Amount of Each Receipt this Period 350.00

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

Mailing Address 3007 Franciscan Dr #317

City Arlington State TX Zip Code 76015

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

Name of Employer Medical Center of Arlington Occupation VP of Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2009  
Transaction ID: SA11AI.20890  
Amount of Each Receipt this Period 300.00

**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 57 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Molly Kirby-McComas

Mailing Address 14811 Ashford Springs Ln

City State Zip Code  
Humble TX 77496

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

Name of Employer Occupation  
The Woman's Hosp of TX 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 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.20997

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Knight

Mailing Address 3608 Meadow Drive

City State Zip Code  
Nashville TN 37215

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

Name of Employer Occupation  
Centennial Medical Center VP HR

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.19763

Amount of Each Receipt this Period

300.00

**C.**

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

Mailing Address 11500 Hardy Street

City State Zip Code  
Overland Park KS 66210

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

Name of Employer Occupation  
Research Belton Hosp. 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 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.20249

Amount of Each Receipt this Period

250.00

**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 58 / 112  
(check only one)

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

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

**A.**

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

Mailing Address 119 Oakfield Dr

City State Zip Code  
Brandon FL 33511

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

Name of Employer Occupation  
Brandon Regional CNO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.21101

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles Laird

Mailing Address 3030 Post Oak Blvd #407

City State Zip Code  
Houston TX 77056

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

Name of Employer Occupation  
West Houston Med Ctr COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

**Transaction ID:** SA11AI.20145

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Francis Laird

Mailing Address 12305 11th Street

City State Zip Code  
Santa Fe TX 77510

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

Name of Employer Occupation  
Mainland 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 Y  
1 0 / 0 5 / 2 0 0 9

**Transaction ID:** SA11AI.19801

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **975.00**

**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 59 / 112

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Becky Lamberth

Mailing Address 1000 High Lake Trail

City State Zip Code  
Mansfield TX 76063

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

Name of Employer Occupation  
Plaza Medical Director of Radiology

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

Date of Receipt

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

Transaction ID: SA11AI.21019

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Gene Lawhorne

Mailing Address 5294 Crossbow Drive

City State Zip Code  
Pulaski VA 24301

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

Name of Employer Occupation  
Pulaski Community 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 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.19426

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffery Lawrence

Mailing Address 3535 S I 35E

City State Zip Code  
Denton TX 76210

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

Name of Employer Occupation  
Denton Regional 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 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.20193

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 60 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Eric Lawson  
 Mailing Address 8582 SW 12th Lane  
 City Gainesville State FL Zip Code 32607  
 Date of Receipt MM / DD / YYYY 10 / 08 / 2009  
**Transaction ID:** SA11AI.20652  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Florida Regional Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
Kim Leakey  
 Mailing Address 16665 Hwy 13  
 City Richmond State MO Zip Code 64085  
 Date of Receipt MM / DD / YYYY 10 / 14 / 2009  
**Transaction ID:** SA11AI.20259  
 Amount of Each Receipt this Period 350.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lafayette Regional Occupation CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Lee  
 Mailing Address 1796 Hwy 441 N  
 City Okeechobee State FL Zip Code 34972  
 Date of Receipt MM / DD / YYYY 10 / 21 / 2009  
**Transaction ID:** SA11AI.21052  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Raulerson Hospital Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 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 61 / 112  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
HCA INC. GOOD GOVERNMENT FUND

**A.**

Full Name (Last, First, Middle Initial)  
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  
10 / 02 / 2009

**Transaction ID:** SA11AI.19632

Amount of Each Receipt this Period  
350.00

**B.**

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  
MM / DD / YYYY  
10 / 08 / 2009

**Transaction ID:** SA11AI.20428

Amount of Each Receipt this Period  
350.00

**C.**

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  
MM / DD / YYYY  
10 / 14 / 2009

**Transaction ID:** SA11AI.20209

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 62 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Edward Littlejohn

Mailing Address 5909 Rosebay Forest Place

City Midlothian State VA Zip Code 23112

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

Name of Employer John Randolph Med Ctr Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 14 / 2009

Transaction ID: SA11AI.20238

Amount of Each Receipt this Period 350.00

**B.**

Full Name (Last, First, Middle Initial)  
Collier Long

Mailing Address 164 Mission Grove Pkwy

City Riverside State CA Zip Code 92506

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

Name of Employer Riverside Community Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2009

Transaction ID: SA11AI.20441

Amount of Each Receipt this Period 500.00

**C.**

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

Mailing Address 8603 Forest Run Ln

City Orlando State FL Zip Code 32836

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

Name of Employer Osceola Regional Med Ctr Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2009

Transaction ID: SA11AI.20510

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 63 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Marilyn Mariani

Mailing Address 2593 W Fern Cir

City State Zip Code  
West Jordan UT 84084

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

Name of Employer Occupation  
Lakeview Hospital 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 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.21076

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Megan Marietta

Mailing Address 22999 US Hwy 59 N

City State Zip Code  
Kingwood TX 77339

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

Name of Employer Occupation  
Kingwood Medical Center COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.21278

Amount of Each Receipt this Period  
350.00

**C.**

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

Mailing Address 15319 Lake Maurine Drive

City State Zip Code  
Odessa FL 33556

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

Name of Employer Occupation  
Regional Med Ctr Bayonet Point COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.20713

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 64 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth Matish  
Mailing Address 7700 E Parham Rd  
City Richmond State VA Zip Code 23294  
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 10 / 08 / 2009  
Transaction ID: SA11AI.20645  
Amount of Each Receipt this Period 350.00

**B.** 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 10 / 08 / 2009  
Transaction ID: SA11AI.20621  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Terika Mbanu  
Mailing Address 43507 Evian Lane  
City Chantilly State VA Zip Code 20152  
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 10 / 14 / 2009  
Transaction ID: SA11AI.20211  
Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bobby McCullough	Date of Receipt MM / DD / YYYY 10 / 13 / 2009
	Mailing Address 1374 Anna Catherine Dr	<b>Transaction ID:</b> SA11AI.19939
	City State Zip Code Orlando FL 32828	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Central Florida Regional Hosp	Occupation Chief Operating Officer	
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) Tim McManus	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 5 Birch Cove	<b>Transaction ID:</b> SA11AI.19898
	City State Zip Code Gulfport MS 39503	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Garden Park 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>C.</b>	Full Name (Last, First, Middle Initial) Bob Meade	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 1355 Bayshore Drive	<b>Transaction ID:</b> SA11AI.19900
	City State Zip Code Englewood FL 34223	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Doctors Hospital	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	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 66 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gina Melby

Mailing Address 135 Remo Place

City State Zip Code  
Palm Beach Gardens FL 33418

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

Name of Employer Occupation  
JFK 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 Y  
1 0 / 0 2 / 2 0 0 9

**Transaction ID:** SA11AI.19699

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 1796 US 441 N

City State Zip Code  
Okeechobee FL 34972

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

Name of Employer Occupation  
Raulerson Hospital CNO

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 0 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.21053

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 6565 N. MacArthur Blvd. Ste. 350

City State Zip Code  
Irving TX 75039

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

Name of Employer Occupation  
HCA North Texas Vice President

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 0 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.19990

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary Mervak		Date of Receipt MM / DD / YYYY 10 / 27 / 2009		
	Mailing Address 1106 NE 4th St		<b>Transaction ID:</b> SA11AI.21169		
	City Ft. Lauderdale	State FL	Zip Code 33301	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Northwest Med Ctr	Occupation CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Middleton		Date of Receipt MM / DD / YYYY 10 / 02 / 2009		
	Mailing Address 5714 Spicewood		<b>Transaction ID:</b> SA11AI.19729		
	City Harlingen	State TX	Zip Code 78552	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Valley Regional Medical Center	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) Trula Minton		Date of Receipt MM / DD / YYYY 10 / 21 / 2009		
	Mailing Address 7101 Jabuks Rd		<b>Transaction ID:</b> SA11AI.20961		
	City Richmond	State VA	Zip Code 23235	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CJW Medical Center	Occupation CNO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

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

Mailing Address 6577 Waterford

City State Zip Code  
Sarasota FL 34238

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

Name of Employer Doctors Occupation CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

**Transaction ID:** SA11AI.19902

Amount of Each Receipt this Period  
350.00

**B.**

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

Mailing Address 2320 Mt Vernon Rd

City State Zip Code  
Roanoke VA 24015

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

Name of Employer Lewis-Gale Medical Center Occupation VP Behavioral Health & Rehab

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

**Transaction ID:** SA11AI.20333

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Stacy Modlin

Mailing Address 2801 North State Rd 7

City State Zip Code  
Margate FL 33071

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

Name of Employer Northwest Med. Ctr. Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.21069

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

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

Mailing Address 12 Fairway Ct

City Waltersboro State SC Zip Code 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: 10 / 14 / 2009  
**Transaction ID:** SA11AI.21375  
Amount of Each Receipt this Period: 750.00

**B.**

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

Mailing Address 741 Peppervine Ave.

City St. Johns State FL Zip Code 32259

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

Name of Employer Memorial Hospital Occupation SVP Operations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 02 / 2009  
**Transaction ID:** SA11AI.19560  
Amount of Each Receipt this Period: 350.00

**C.**

Full Name (Last, First, Middle Initial)  
Darrell Moore

Mailing Address 2333 McCallie Avenue

City Chattanooga State TN Zip Code 37404

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

Name of Employer Parkridge Medical Center Occupation CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 02 / 2009  
**Transaction ID:** SA11AI.19637  
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 70 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kathy Moore

Mailing Address 14980 Oma St

City State Zip Code  
Caldwell ID 83607

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

Name of Employer West Valley Med. Ctr. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
10 / 08 / 2009

**Transaction ID:** SA11AI.20694

Amount of Each Receipt this Period: 1000.00

**B.**

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: MM / DD / YYYY  
10 / 02 / 2009

**Transaction ID:** SA11AI.19642

Amount of Each Receipt this Period: 350.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher Mowan

Mailing Address 716 Wellesley

City State Zip Code  
Henderson NV 89011

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

Name of Employer Sunrise Hospital Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
10 / 08 / 2009

**Transaction ID:** SA11AI.20783

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 71 / 112  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Scarlott Mueller

Mailing Address PO Box 147006

City State Zip Code  
Gainesville FL 32614

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

Name of Employer Occupation  
North Florida Reg Med Ctr CNO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2009

**Transaction ID:** SA11AI.20653

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Donald Murphy

Mailing Address 3756 Bay Tree Rd

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 CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2009

**Transaction ID:** SA11AI.20362

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Natalie Mussi

Mailing Address 14879 Blue Ridge Ct

City State Zip Code  
Moorpark CA 93021

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

Name of Employer Occupation  
Los Robles Hosp & MC COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2009

**Transaction ID:** SA11AI.20394

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 72 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerry Nash	Date of Receipt MM / DD / YYYY 10 / 21 / 2009
	Mailing Address 1542 Perfection Dr	<b>Transaction ID:</b> SA11AI.20934
	City State Zip Code Montgomery TX 77316	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Conroe Regional 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>B.</b>	Full Name (Last, First, Middle Initial) Kenneth Neely	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 8988 Eagles Ridge Dr.	<b>Transaction ID:</b> SA11AI.19515
	City State Zip Code Tallahassee FL 32312	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Capital Regional Medical Ctr	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Darrel Neuenschwander	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 18345 Christeph Dr	<b>Transaction ID:</b> SA11AI.19689
	City State Zip Code Morgan Hill CA 95037	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Good Samaritan Hosp	Occupation CFO	
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) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Chris Nicosia		Date of Receipt MM / DD / YYYY 10 / 27 / 2009		
	Mailing Address 204 Walden Dr		Transaction ID: SA11AI.21158		
	City Portland	State TX	Zip Code 78374	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Corpus Christi Med Ctr		Occupation CFO		
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) Gay Nord		Date of Receipt MM / DD / YYYY 10 / 27 / 2009		
	Mailing Address 10500 Quivira		Transaction ID: SA11AI.21172		
	City Overland Park	State KS	Zip Code 66215	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Overland Park Reg Med		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Stanley Nord		Date of Receipt MM / DD / YYYY 10 / 08 / 2009		
	Mailing Address 844 W 52nd St		Transaction ID: SA11AI.20691		
	City Kansas City	State MO	Zip Code 64112	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lee's Summit Med Ctr		Occupation 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) .....	▶	2250.00
<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 74 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John O'Neill  
Mailing Address 7777 Forest Lane

City State Zip Code  
Dallas TX 75230

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

Name of Employer Medical City Dallas Occupation CEO MCCH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 14 / 2009  
Transaction ID: SA11AI.20064  
Amount of Each Receipt this Period: 750.00

**B.** Full Name (Last, First, Middle Initial)  
Caleb O'Rear  
Mailing Address 804 King Ban Dr

City State Zip Code  
Lewisville TX 75056

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

Name of Employer Denton Regional Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 14 / 2009  
Transaction ID: SA11AI.20196  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Kevin Orndorff  
Mailing Address 2300 Patterson Street

City State Zip Code  
Nashville TN 37203

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

Name of Employer TriStar/Centennial Occupation Administrator/COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 08 / 2009  
Transaction ID: SA11AI.20724  
Amount of Each Receipt this Period: 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00

**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 75 / 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lisa Ortegon		Date of Receipt	
	Mailing Address 4000 Spencer Hwy		M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.21185
	Pasadena	TX	77504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Bayshore 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) Priscilla Parrish		Date of Receipt	
	Mailing Address 1898 Dolphin Blvd S		M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.20734
	St Petersburg	FL	33707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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		

<b>C.</b>	Full Name (Last, First, Middle Initial) Marcia Patterson		Date of Receipt	
	Mailing Address 38 Whooping Crane Drive		M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.19727
	Laguna Vista	TX	78578	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Valley Regional 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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Patterson

Mailing Address 13001 Southern Blvd

City State Zip Code  
Loxahatchee FL 33470

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

Name of Employer Palms West Hosp. Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** SA11AI.19402

Amount of Each Receipt this Period  
500.00

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

Mailing Address 299 King's Daughters Drive

City State Zip Code  
Frankfort KY 40601

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

Name of Employer Frankfort Regional 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 0 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.20017

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Chip Peal

Mailing Address 299 King's Daughters Drive

City State Zip Code  
Frankfort KY 40601

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

Name of Employer Frankfort Regional Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** SA11AI.20020

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Pentz		Date of Receipt	
	Mailing Address 142 Godfrey Rd		M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.20823
	Edgewater	FL	32141	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Orange Park Med Ctr		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Julie Hayes Perez		Date of Receipt	
	Mailing Address 605 Woodcrest Lane		M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.21254
	El Paso	TX	79912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Del Sol Med Ctr		Occupation 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) Anita Peterson		Date of Receipt	
	Mailing Address 711 Kelly Drive		M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.19776
	Lebanon	TN	37087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Centennial Medical Ctr		Occupation Parthenon Administrator		
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 78 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 Y  
1 0 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.20474

Amount of Each Receipt this Period  
500.00

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

Mailing Address 719 Tamarack Way, Apt 2D

City State Zip Code  
Herndon VA 20170

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

Name of Employer Occupation  
Reston Hospital Center Assoc. CNO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.19467

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Cathy Philpott

Mailing Address 111 Merrimac Drive

City State Zip Code  
Hendersonville TN 37075

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

Name of Employer Occupation  
Centennial Medical Center Associate 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 0 / 0 5 / 2 0 0 9

**Transaction ID:** SA11AI.19783

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 79 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
William Piche`

Mailing Address 14118 Saratoga Avenue

City State Zip Code  
Saratoga CA 95070

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

Name of Employer Occupation  
Good Samaritan Hosp. CEO

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 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.19688

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Julie Pickron

Mailing Address 13111 East Freeway

City State Zip Code  
Houston TX 77015

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

Name of Employer Occupation  
East Houston Regional CNO

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

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.21197

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Omar Pineda

Mailing Address 1400 N State Hwy 360  
#2722

City State Zip Code  
Mansfield TX 76063

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

Name of Employer Occupation  
Medical Center of Arlington VP/Cardiovascular Svcs

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

Date of Receipt

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

Transaction ID: SA11AI.20901

Amount of Each Receipt this Period

300.00

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

850.00

**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 80 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Valerie Powell-Stafford		Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 2613 Brookville Dr		<b>Transaction ID:</b> SA11AI.19901
	City Valrico	State FL	Zip Code 33594
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
	Name of Employer Community Hospital	Occupation Asst. Admin.	Aggregate Year-to-Date 350.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Bonnie Pratt		Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 1888 Logan Dr		<b>Transaction ID:</b> SA11AI.21332
	City Mandeville	State LA	Zip Code 70471
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
	Name of Employer Lakeview Reg Med Ctr	Occupation CNO	Aggregate Year-to-Date 350.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Carolyn Quinlan		Date of Receipt MM / DD / YYYY 10 / 08 / 2009
	Mailing Address 14211 Elmo Ct		<b>Transaction ID:</b> SA11AI.20716
	City Hudson	State FL	Zip Code 34667
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Regional Med Ctr Bayonet Point	Occupation CNO	Aggregate Year-to-Date 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 112

(check only one)

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

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

**A.**

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

Transaction ID: SA11AI.19469

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 14000 Fivay Rd

City State Zip Code  
Hudson FL 34667

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

Name of Employer Occupation  
Regional Med Ctr Bayonet Point 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 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.20717

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Angela Reynolds

Mailing Address 185 Island Green Rd

City State Zip Code  
Daleville VA 24083

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

Name of Employer Occupation  
Lewis Gale Med. Ctr. 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 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.20338

Amount of Each Receipt this Period  
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: (check only one)	PAGE 82 / 112		
	<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

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

**A.**

Full Name (Last, First, Middle Initial)  
Tom Rice

Mailing Address 13130 Placida Pointe Ct

City State Zip Code  
Placida FL 33946

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

Name of Employer Fawcett Memorial Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 21 / 2009

Transaction ID: SA11AI.20838

Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Zadie Rivard

Mailing Address 2851 Longleaf Rd

City State Zip Code  
Panama City FL 32405

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

Name of Employer Gulf Coast Med Ctr Occupation Adm Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 14 / 2009

Transaction ID: SA11AI.20365

Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark Robinson

Mailing Address 9330 Medical Plaza Dr

City State Zip Code  
Charleston SC 29406

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

Name of Employer Trident Health Systems Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 08 / 2009

Transaction ID: SA11AI.20772

Amount of Each Receipt this Period: 400.00

**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 83 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Heather Rohan  
 Mailing Address 1616 Breakers W Blvd  
 City State Zip Code  
 West Palm Beach FL 33411  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 1 / 2 0 0 9  
**Transaction ID:** SA11AI.20944  
 Amount of Each Receipt this Period  
 750.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Aventura Hospital CEO  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

**B.** Full Name (Last, First, Middle Initial)  
Glenn Romig  
 Mailing Address 10549 Greensprings Drive  
 City State Zip Code  
 Tampa FL 44626  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 8 / 2 0 0 9  
**Transaction ID:** SA11AI.20617  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Community Hospital CFO  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
Virginia Rose  
 Mailing Address 7777 Forest Lane  
 City State Zip Code  
 Dallas TX 75230  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 9  
**Transaction ID:** SA11AI.20142  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medical City Dallas Hospital VP  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 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 84 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Sharon Roush

Mailing Address 4016 Sun City Center Blvd

City State Zip Code  
Sun City Center FL 33573

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

Name of Employer Occupation  
South Bay Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2009

**Transaction ID:** SA11AI.20809

Amount of Each Receipt this Period  
500.00

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

Mailing Address 13111 East Freeway

City State Zip Code  
Houston TX 77015

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

Name of Employer Occupation  
Bayshore Med Ctr COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2009

**Transaction ID:** SA11AI.21191

Amount of Each Receipt this Period  
500.00

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

Mailing Address 13606 Catamaran

City State Zip Code  
Corpus Christi TX 78418

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

Name of Employer Occupation  
Corpus Christi Med Ctr CNO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2009

**Transaction ID:** SA11AI.21164

Amount of Each Receipt this Period  
300.00

**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 85 / 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Linda Russell		Date of Receipt
	Mailing Address 303 Harborside Circle		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Kemah	TX	77565
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Woman's Hosp of TX		Occupation CEO	<b>Transaction ID:</b> SA11AI.21012
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) William Saller		Date of Receipt
	Mailing Address 101 E. Ridge Road		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	McAllen	TX	78503
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Reio Grande Regional Hospital		Occupation CFO	<b>Transaction ID:</b> SA11AI.19977
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) Richard Satcher		Date of Receipt
	Mailing Address 1971 Muirfield Way		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oldsmar	FL	34677
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Largo Medical Center		Occupation CEO	<b>Transaction ID:</b> SA11AI.20695
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>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2500.00"/>
<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 86 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Schmidly	Date of Receipt MM / DD / YYYY 10 / 14 / 2009
	Mailing Address 7777 Forest Lane	<b>Transaction ID:</b> SA11AI.20139
	City State Zip Code Dallas TX 75230	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Medical City Dallas Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kristy Alicia Schulhof	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 2027 Abbey Trace Drive	<b>Transaction ID:</b> SA11AI.21112
	City State Zip Code Dover FL 33527	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Brandon Regional Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeff Scioni	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 11 Flintlock Rd.	<b>Transaction ID:</b> SA11AI.19692
	City State Zip Code Salem NH 03079	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Parkland Medical Center Occupation COO 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) .....	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 112

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.19947

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Greg Seiler

Mailing Address 101 E. Ridge Road

City State Zip Code  
McAllen TX 78503

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

Name of Employer Occupation  
Rio Grande Regional 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 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.19973

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Sam Serrill

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 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 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.21310

Amount of Each Receipt this Period  
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 88 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Raju Shah  
Mailing Address 4100 Rio Bravo, Ste 300  
City El Paso State TX Zip Code 79912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Las Palmas Med Ctr Occupation CFO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 10 / 14 / 2009  
Transaction ID: SA11AI.20301  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Shalin Shah  
Mailing Address 14000 Fivay Rd  
City Hudson State FL Zip Code 34667  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Regional Med Ctr Bayonet Point Occupation CFO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 08 / 2009  
Transaction ID: SA11AI.20719  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Richard Shannonhouse  
Mailing Address 7263 Placid Oaks Drive  
City Jacksonville State FL Zip Code 32277  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Memorial Hospital Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 10 / 02 / 2009  
Transaction ID: SA11AI.19574  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 89 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Susan Shreeve  
Mailing Address 4806 W 14th Terr  
City Leawood State KS Zip Code 66224  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Research Medical Center Occupation CFO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 14 / 2009  
Transaction ID: SA11AI.20376  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Simmons  
Mailing Address 1961 SW 52nd Ave  
City Plantation State FL Zip Code 33317  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Plantation General Hospital Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 10 / 05 / 2009  
Transaction ID: SA11AI.19885  
Amount of Each Receipt this Period 750.00

**C.** Full Name (Last, First, Middle Initial)  
Brenda Simpson  
Mailing Address 2 Blackbird Lane  
City Litchfield State NH Zip Code 03052  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Parkland Medical Center Occupation CNO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 10 / 02 / 2009  
Transaction ID: SA11AI.19695  
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: (check only one)	PAGE 90 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dolores Skaare		Date of Receipt	
	Mailing Address 5801 SW 16th Ct		M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.19886
	Plantation	FL	33317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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>B.</b>	Full Name (Last, First, Middle Initial) Micki Slingerland		Date of Receipt	
	Mailing Address 1121 Tyne Blvd		M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.19759
	Nashville	TN	37220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Centennial Medical Center		Occupation COO		
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) Jeff Sliwinski		Date of Receipt	
	Mailing Address 500 Medical Center Blvd		M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.20499
	Webster	TX	77598	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Clear Lake Regional		Occupation 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) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 / 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Mickey Smith

Mailing Address 110 SW 5th Terr

City State Zip Code  
Crystal River FL 34429

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

Name of Employer Occupation  
Oak Hill 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 Y  
1 0 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.20479

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 618 Oak Cove Lane

City State Zip Code  
Knoxville TN 37922

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

Name of Employer Occupation  
Centennial Medical Center Pharmacy Director

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 0 / 0 5 / 2 0 0 9

**Transaction ID:** SA11AI.19789

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Linda Stephens

Mailing Address 500 Medical Ctr Blvd

City State Zip Code  
Webster TX 77598

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

Name of Employer Occupation  
Clear Lake Regional 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 Y  
1 0 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.20500

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 92 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Melinda Stephenson  
 Mailing Address 22999 US Hwy 59 N  
 City State Zip Code  
 Kingwood TX 77339  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 9  
**Transaction ID:** SA11AI.21276  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kingwood Med Ctr Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas Steslicki  
 Mailing Address PO Box 29858  
 City State Zip Code  
 Richmond VA 23242  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 0 9  
**Transaction ID:** SA11AI.20242  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer John Randolph Med Ctr Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 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  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 2 / 2 0 0 9  
**Transaction ID:** SA11AI.19482  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Reston Hospital Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 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 93 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Michael Stoots

Mailing Address PO Box 1573

City State Zip Code  
Salem VA 24153

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

Name of Employer Occupation  
Lewis-Gale Director, Radiology

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.20339

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Cindy Stout

Mailing Address 1435 Hawthorne St

City State Zip Code  
El Paso TX 79902

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

Name of Employer Occupation  
Del Sol Medical CNO

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.21265

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Lynn Strader

Mailing Address 14300 Lender Road

City State Zip Code  
Midlothian VA 23113

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

Name of Employer Occupation  
CJW Med Ctr 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 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.20959

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 94 / 112

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Marc Strode

Mailing Address 4103 Balboa Court

City State Zip Code  
Arlington TX 76016

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

Name of Employer Occupation  
Medical Center of Arlington COO

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

Date of Receipt

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

Transaction ID: SA11AI.20906

Amount of Each Receipt this Period

500.00

**B.**

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

Mailing Address 106 Tattnall Court

City State Zip Code  
Gallatin TN 37066

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

Name of Employer Occupation  
Centennial 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 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.19760

Amount of Each Receipt this Period

500.00

**C.**

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

Mailing Address 420 Hague

City State Zip Code  
El Paso TX 79902

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

Name of Employer Occupation  
Del Sol 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 Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.21267

Amount of Each Receipt this Period

500.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 112  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Hugh Tappan

Mailing Address 550 N Hillside

City State Zip Code  
Wichita KS 67214

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

Name of Employer Wesley Medical Ctr Occupation President & 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 0 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.21309

Amount of Each Receipt this Period  
1000.00

**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  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.21114

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 3535 S 135 E

City State Zip Code  
Denton TX 76210

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

Name of Employer Denton Regional 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 Y  
1 0 / 1 4 / 2 0 0 9

**Transaction ID:** SA11AI.20195

Amount of Each Receipt this Period  
350.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 112  
(check only one)

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

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

**A.**

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

Mailing Address 2400 Lee Highway

City Pulaski State VA Zip Code 24301

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

Name of Employer Pulaski Community Hospital Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 02 / 2009

Transaction ID: SA11AI.19442

Amount of Each Receipt this Period: 750.00

**B.**

Full Name (Last, First, Middle Initial)  
Jason Tillman

Mailing Address 15445 Ridgewood Drive

City Frisco State TX Zip Code 75035

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

Name of Employer Green Oaks Hospital Occupation CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 13 / 2009

Transaction ID: SA11AI.19972

Amount of Each Receipt this Period: 350.00

**C.**

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

Mailing Address 54 Cascade Ave

City Alpine State UT Zip Code 84004

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

Name of Employer Timpanogos Regional Med. Ctr. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 27 / 2009

Transaction ID: SA11AI.21091

Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

**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 97 / 112  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Timothy C. Tobin

Mailing Address 2501 Wheatland Woods Dr

City State Zip Code  
Fredericksburg VA 22408

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

Name of Employer Spotsylvania Reg Med Ctr Occupation Hospital Admin.

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 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.20208

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)  
Karen Tomsu

Mailing Address 13246 Brookfield Ln

City State Zip Code  
Conroe TX 77302

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

Name of Employer Conroe Regional Occupation CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11AI.20941

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 9951 Lodestone Dr

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Centennial Med Ctr Occupation Assoc. Admin.

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 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.19796

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 98 / 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charlotte Tyson		Date of Receipt	
	Mailing Address 1900 Electric Rd		M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.20340
	Salem	VA	24153	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Lewis-Gale Medical Center		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) Jerri Underwood		Date of Receipt	
	Mailing Address 2333 McCallie Avenue		M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.19638
	Chattanooga	TN	37404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Parkridge Med. 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>C.</b>	Full Name (Last, First, Middle Initial) Elia Valencia-Stokes		Date of Receipt	
	Mailing Address 1208 Del Mar Dr		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.21020
	Southlake	TX	76092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer HCA Plaza Med Ctr of Ft Worth		Occupation 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) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 112

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.20644

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

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.20637

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
William O. Wagnon

Mailing Address 2016 Redbird Dr

City State Zip Code  
Las Vegas NV 89134

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

Name of Employer Occupation  
Mountainview Hospital 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 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.20550

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

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

Mailing Address 4439 Harbour Island Dr

City State Zip Code  
Jacksonville FL 32225

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

Name of Employer Specialty Hospital      Occupation CEO

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

**Transaction ID:** SA11AI.20377

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Benjamin Warner

Mailing Address 1602 Skipwith Rd

City State Zip Code  
Richmond VA 23229

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

Name of Employer Henrico Doctors Hospital      Occupation CNO

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 0 / 0 8 / 2 0 0 9

**Transaction ID:** SA11AI.20648

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 127605 Bristol Circle

City State Zip Code  
Los Angeles CA 90049

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

Name of Employer Los Robles Hosp & MC      Occupation CNO

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 0 / 1 4 / 2 0 0 9

**Transaction ID:** SA11AI.20396

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

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

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

FOR LINE NUMBER: PAGE 101 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Doug Welch

Mailing Address 1240 Lakeridge Lane

City Irving State TX Zip Code 75063

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

Name of Employer Medical Center of Lewisville Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2009  
Transaction ID: SA11AI.20563  
Amount of Each Receipt this Period 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

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

Name of Employer Capital Regional Medical Ctr Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2009  
Transaction ID: SA11AI.19524  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Doug White

Mailing Address 5711 Pickens

City Myrtle Beach State SC Zip Code 29577

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

Name of Employer Grand Strand Regional Hospital Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2009  
Transaction ID: SA11AI.19884  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 112		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James White	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 1005 Heathrow Drive	<b>Transaction ID:</b> SA11AI.19788
	City State Zip Code Hendersonville TN 37075	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Centennial Medical Center Administrator, Ortho/Neuro/Spine	
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) Jeffrey T. Whitehorn	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 9442 Highwood Hill Road	<b>Transaction ID:</b> SA11AI.19734
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Summit Medical Center CEO	
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) Pam Whitley	Date of Receipt MM / DD / YYYY 10 / 13 / 2009
	Mailing Address 966 Rustic Cir.	<b>Transaction ID:</b> SA11AI.19971
	City State Zip Code Dallas TX 75218	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Green Oaks Hospital CNO/COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 112  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.**

Full Name (Last, First, Middle Initial)  
Daniel Whitt

Mailing Address 2616 Stonegate Dr.

City State Zip Code  
Tallahassee FL 32308

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

Name of Employer Capital Regional Medical Ctr      Occupation Director of Imaging Services

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 0 / 0 2 / 2 0 0 9

**Transaction ID:** SA11AI.19525

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Gary Winfield

Mailing Address 2914 Holly Ave

City State Zip Code  
Jacksonville FL 32210

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

Name of Employer Memorial Hospital      Occupation Senior VP

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 0 / 0 2 / 2 0 0 9

**Transaction ID:** SA11AI.19583

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mary Winters

Mailing Address 8850 Long Point Drive

City State Zip Code  
Houston TX 77055

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

Name of Employer Spring Branch Medical Center      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 Y  
1 0 / 0 5 / 2 0 0 9

**Transaction ID:** SA11AI.19751

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**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 104 / 112

(check only one)

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

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

**A.**

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

Mailing Address 13722 Marsh Harbor Drive North

City State Zip Code  
Jacksonville FL 32225

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

Name of Employer Occupation  
Memorial Hospital Jackson-ville President/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 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.19584

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Jay Woodall

Mailing Address 8850 Long Point Drive

City State Zip Code  
Houston TX 77055

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

Name of Employer Occupation  
Spring Branch 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 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.19750

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Devon Wright

Mailing Address 8505 Southhampton Dr

City State Zip Code  
Miramar FL 33025

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

Name of Employer Occupation  
University Hospital 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 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.20424

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: (check only one)	PAGE 105 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Russ Young	Date of Receipt MM / DD / YYYY 10 / 13 / 2009
	Mailing Address 225 Timacuan Oaks Court	<b>Transaction ID:</b> SA11AI.19946
	City State Zip Code Lake Mary FL 32746	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Central FL Regional Hospital 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) Faraaz Yousuf	Date of Receipt MM / DD / YYYY 10 / 14 / 2009
	Mailing Address 1133 Phillips Dr	<b>Transaction ID:</b> SA11AI.20107
	City State Zip Code Allen TX 75013	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Medical City Dallas VP Operations 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) Chip Zahn	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 811 LaCima	<b>Transaction ID:</b> SA11AI.19586
	City State Zip Code Irving TX 75039	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Las Colinas Medical Ctr COO 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) .....	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	155175.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 106 / 112	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Suntrust Bank		Date of Receipt
Mailing Address P.O. Box 622227		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
City	State	Zip Code
Orlando	FL	32862-2227
FEC ID number of contributing federal political committee.		Transaction ID: SA17.21384
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="7.72"/>
Occupation		interest income
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="619.74"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="7.72"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="7.72"/>

**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 107 / 112

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

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

A.

Full Name (Last, First, Middle Initial)

Suntrust Bank

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
account analysis fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.21385

Date of Disbursement

10 / 08 / 2009

Amount of Each Disbursement this Period

237.95

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

237.95

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

237.95

**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 108 / 112

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE INC</p> <p>Mailing Address 175 SOUTH WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement campaign</p> <p>Candidate Name BENNETT ELECTION COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.21391</p> <p>Date of Disbursement 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE</p> <p>Mailing Address PO BOX 1776</p> <p>City FREEDOM State PA Zip Code 15042</p> <p>Purpose of Disbursement</p> <p>Candidate Name CITIZENS FOR ALTMIRE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.21395</p> <p>Date of Disbursement 10 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 430 South Capitol Street SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.21393</p> <p>Date of Disbursement 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

11000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>EVAN BAYH COMMITTEE</b>	<b>Transaction ID:</b> SB23.21388 Date of Disbursement 10 / 13 / 2009	
	Mailing Address 850 FORT WAYNE AVENUE		
	City INDIANAPOLIS State IN Zip Code 46204	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement fundraiser		
	Candidate Name EVAN BAYH COMMITTEE	Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IN District: 00		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF BILL POSEY</b>	<b>Transaction ID:</b> SB23.21401 Date of Disbursement 10 / 29 / 2009	
	Mailing Address 1824 SOUTH FISKE BOULEVARD		
	City ROCKLEDGE State FL Zip Code 32955	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement campaign		
	Candidate Name FRIENDS OF BILL POSEY	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 15		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF MARY LANDRIEU INC</b>	<b>Transaction ID:</b> SB23.21396 Date of Disbursement 10 / 22 / 2009	
	Mailing Address 607 14TH STREET NW SUITE 800 SUITE 1434		
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement fundraiser		
	Candidate Name FRIENDS OF MARY LANDRIEU INC	Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: LA District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) HODES FOR SENATE <hr/> Mailing Address 379 ELM STREET <hr/> City MANCHESTER State NH Zip Code 03103 <hr/> Purpose of Disbursement contribution Candidate Name HODES FOR SENATE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21386 Date of Disbursement 10 / 07 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS <hr/> Mailing Address PO Box 521048 Suite A <hr/> City Salt Lake City State UT Zip Code 84152 <hr/> Purpose of Disbursement campaign Candidate Name MATHESON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21398 Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MICA FOR CONGRESS <hr/> Mailing Address P. O. Box 181546 <hr/> City Casselberry State FL Zip Code 32718 <hr/> Purpose of Disbursement fundraiser Candidate Name MICA FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21399 Date of Disbursement 10 / 29 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	21000.00

# 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)

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

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

A.

Full Name (Last, First, Middle Initial)  
Shari Collier

Transaction ID: SB28A.21402  
Date of Disbursement

Mailing Address 24260 W 113th Terr

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	9

City Olathe State KS Zip Code 66061

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
NSF check

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB28A.21406  
Date of Disbursement

Mailing Address 101 E. Ridge Road

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

City McAllen State TX Zip Code 78503

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
NSF check

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

1000.00
---------

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

1000.00
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**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)

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

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

A.

Full Name (Last, First, Middle Initial)  
Debra Maggart for State Rep

Mailing Address 112 La Bar Drive

City Hendersonville State TN Zip Code 37075

Purpose of Disbursement  
fundraiser

Candidate Name  
Debra Maggart for State Rep

Office Sought:  House  
 Senate  
 President

State: TN District: 45

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB29.21394

Date of Disbursement

10 / 21 / 2009

Amount of Each Disbursement this Period

250.00

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

250.00

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

250.00