

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of TN

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer David Anderson

Signature of Treasurer Electronically Filed by David Anderson Date 11 30 2010

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
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		317383.25
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	81232.09									
(c) Total Receipts (from Line 19)	72208.11	85772.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	153440.20	403156.08								
7. Total Disbursements (from Line 31)	18734.37	268450.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	134705.83	134705.83								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

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
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	45212.50	51337.50
(ii) Unitemized	26988.00	33280.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	72200.50	84617.50
(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)	72200.50	84617.50
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	7.61	155.33
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))	72208.11	85772.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	72208.11	85772.83

DETAILED SUMMARY PAGE

of Disbursements

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.....	182.37	2898.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	182.37	2898.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16400.00	204750.00
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	0.00	0.00
(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))	0.00	0.00
29. Other Disbursements.....	2152.00	60802.00
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))..	18734.37	268450.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18734.37	268450.25

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	72200.50	84617.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72200.50	84617.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	182.37	2898.25
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	182.37	2898.25

**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 6 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Jennifer Adams		Date of Receipt	
	Mailing Address 340 NW Commerce Dr		M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.22496
	Lake City	FL	32055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		450.00	
Name of Employer Lake City Med Ctr		Occupation COO/CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		

B.	Full Name (Last, First, Middle Initial) Paul Beaupre		Date of Receipt	
	Mailing Address 2425 Samaritan Dr		M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.22234
	San Jose	CA	95124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		800.00	
Name of Employer Good Samaritan Hosp		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00		

C.	Full Name (Last, First, Middle Initial) Alisa Bert		Date of Receipt	
	Mailing Address 11520 NW 35th Street		M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.22184
	Sunrise	FL	33323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Westside Regional		Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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 7 / 39
(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)
Karen Bibbo

Mailing Address 11845 NW 11th Ct

City State Zip Code
Coral Springs FL 33071

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

Name of Employer Occupation
Aventura Hospital CNO

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 0 / 2 0 1 0

Transaction ID: SA11AI.22186

Amount of Each Receipt this Period
500.00

B.

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

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 Occupation
Women's & Children's Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: SA11AI.22415

Amount of Each Receipt this Period
750.00

C.

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

Mailing Address 6500 Newberry Road

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 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 0 / 2 0 1 0

Transaction ID: SA11AI.22189

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 39
(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)
Charles Briscoe
 Mailing Address 861 NW Blackberry Cir
 City State Zip Code
 Lake City FL 32055
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.22499
 Amount of Each Receipt this Period
 750.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lake City Med Ctr CEO
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 750.00

B. Full Name (Last, First, Middle Initial)
Linda Jo Burt
 Mailing Address 1000 E 100 N
 City State Zip Code
 Payson UT 84651
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 1 0
Transaction ID: SA11AI.22324
 Amount of Each Receipt this Period
 350.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MountainView Hosp-UT CNO
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 350.00

C. Full Name (Last, First, Middle Initial)
Rob Carrel
 Mailing Address 7300 Beaufront Springs Dr
 Suite 101
 City State Zip Code
 Richmond VA 23225
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 0 / 2 0 1 0
Transaction ID: SA11AI.22237
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCA Capital Division CFO/VP
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 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: (check only one)	PAGE 9 / 39
	<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) Ginger Carroll	Date of Receipt MM / DD / YYYY 11 / 16 / 2010
	Mailing Address 7854 SE 12 Circle	Transaction ID: SA11AI.22396
	City State Zip Code Ocala FL 34474	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ocala Health System CEO, WMCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ravi Chari	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 1209 Canterbury Drive	Transaction ID: SA11AI.22472
	City State Zip Code Nashville TN 37205	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Centennial Medical Center CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Robert Conroy	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 6500 38th Ave N	Transaction ID: SA11AI.22300
	City State Zip Code St. Petersburg FL 33710	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St. Petersburg General Hospital Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 10 / 39
(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)
Patricia D'Errico

Mailing Address 140 Brookstone Way

City State Zip Code
Macon GA 31210

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

Name of Employer Occupation
Coliseum Northside 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 1 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.22438

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address 4900 S Monaco St #380

City State Zip Code
Denver CO 80237

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

Name of Employer Occupation
HCA/Continental Division President/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 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.22304

Amount of Each Receipt this Period
1500.00

C.

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

Mailing Address 9476 Highwood Hill Rd

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Centennial Medical Center Director CV Nursing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.22469

Amount of Each Receipt this Period
500.00

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 11 / 39
(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)
Catherine Duffy

Mailing Address 276 Noah Drive

City Franklin State TN Zip Code 37064

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

Name of Employer Centennial Medical Center Occupation CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.22442
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Sandra Emeott

Mailing Address 5313 Cougar Circle

City Dublin State VA Zip Code 24084

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

Name of Employer Pulaski Community Hospital Occupation CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 16 / 2010
Transaction ID: SA11AI.22327
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Bland Eng

Mailing Address 11692 S Breeze Place

City Wellington State FL Zip Code 33449

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

Name of Employer Palms West Hosp Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.22575
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39
(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)
Rex Etheredge

Mailing Address PO Box 29

City Ocala State FL Zip Code 34478

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

Name of Employer Ocala Health System Occupation CEO, ORMC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2010

Transaction ID: SA11AI.22397

Amount of Each Receipt this Period 500.00

B.

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 11 / 18 / 2010

Transaction ID: SA11AI.22465

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Debbie Gafford

Mailing Address 12804 W 132nd Street

City Overland Park State KS Zip Code 66213

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

Name of Employer Menorah Medical Center Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2010

Transaction ID: SA11AI.22562

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 39
(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)
Bradley Garcia

Mailing Address 2819 Sweetholly Drive

City State Zip Code
Jacksonville FL 32223

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

Date of Receipt
MM / DD / YYYY
11 / 02 / 2010

Transaction ID: SA11AI.22256

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Peggy Gatliff

Mailing Address 128 Palmetto Lane

City State Zip Code
Largo FL 33770

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

Name of Employer Occupation
Edward White Hospital CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2010

Transaction ID: SA11AI.22294

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Annette Glathar

Mailing Address 5112 Heathrow Blvd

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Centennial Medical Center ECO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.22443

Amount of Each Receipt this Period
250.00

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 14 / 39
(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)
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
MM / DD / YYYY
11 / 02 / 2010

Transaction ID: SA11AI.22257

Amount of Each Receipt this Period
500.00

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 Oak Hill Hospital Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.22588

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 3012 New Natchez Trace

City State Zip Code
Nashville TN 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
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.22456

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 39
(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)
Sandra Grimes
Mailing Address 10288 Stallion Run Court
City Jacksonville State FL Zip Code 32257
FEC ID number of contributing federal political committee. **C**
Name of Employer Memorial Hospital Occupation CNO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 02 / 2010
Transaction ID: SA11AI.22260
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Thomas Herron
Mailing Address 655 Bliss Road
City Brentwood State TN Zip Code 37027
FEC ID number of contributing federal political committee. **C**
Name of Employer Centennial Medical Center Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.22441
Amount of Each Receipt this Period 1000.00

C. 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 11 / 02 / 2010
Transaction ID: SA11AI.22302
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: PAGE 16 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ann Holt
Mailing Address 7141 Crooked Tree Dr.
City Anchorage State AK Zip Code 99507
FEC ID number of contributing federal political committee. **C**
Name of Employer Alaska Regional Hospital Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.22584
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Brent Hubbard
Mailing Address 1026 Gannett Road
City Hendersonville State TN Zip Code 37075
FEC ID number of contributing federal political committee. **C**
Name of Employer Centennial Medical Center Occupation Associate Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.22481
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Penny Hutson
Mailing Address 108 Acres Drive
City Youngsville State LA Zip Code 70592
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 11 / 16 / 2010
Transaction ID: SA11AI.22411
Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 900.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 39
(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)
Ashley Johnson

Mailing Address 255 St. Johns Forest

City State Zip Code
St. Johns FL 32259

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

Name of Employer Memorial Hospital Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.22263

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 1000 E 100 N

City State Zip Code
Payson UT 84651

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

Name of Employer Mountain View Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: SA11AI.22323

Amount of Each Receipt this Period
350.00

C.

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

Mailing Address 101 N Monroe

City State Zip Code
Tallahassee FL 32301

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

Name of Employer HCA/North FI Division Occupation Division President

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 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.22306

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1475.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 39
(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)
Kelly Kern

Mailing Address 3100 N Tenaya Way

City State Zip Code
Las Vegas NV 89128

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

Name of Employer Occupation
Mountain View Hospital VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: SA11AI.22360

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Steve Killian

Mailing Address 3100 N Tenaya

City State Zip Code
Las Vegas NV 89128

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

Name of Employer Occupation
MountainView Hosp CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: SA11AI.22314

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Maurice Lagarde

Mailing Address 1 Rosa Park

City State Zip Code
New Orleans LA 70115

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

Name of Employer Occupation
HCA/Delta Division President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2010

Transaction ID: SA11AI.22298

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 39
(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)
Gene Lawhorne

Mailing Address 5294 Crossbow Drive

City Pulaski State VA Zip Code 24301

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

Name of Employer Pulaski Community Hospital Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 16 / 2010

Transaction ID: SA11AI.22333

Amount of Each Receipt this Period 350.00

B.

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

Mailing Address 3015 S Ocean Blvd

City Highland Beach State FL Zip Code 33487

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

Name of Employer JFK Medical Ctr Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2010

Transaction ID: SA11AI.22176

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Margaret Lewis

Mailing Address 1524 West Avenue #32

City Richmond State VA Zip Code 23220

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

Name of Employer HCA Occupation Capital Division President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 20 / 2010

Transaction ID: SA11AI.22210

Amount of Each Receipt this Period 1500.00

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: PAGE 20 / 39
(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)
Greg Madsen

Mailing Address 1 ARH Lane

City State Zip Code
Low Moor VA 24457

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

Name of Employer Alleghany Regional Hospital Occupation CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: SA11AI.22223
Amount of Each Receipt this Period: 350.00

B. Full Name (Last, First, Middle Initial)
Leigh Mangrum

Mailing Address 210 Hillwood Blvd Apt 1028

City State Zip Code
Murfreesboro TN 37128

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

Name of Employer Centennial Med Ctr Occupation VP Human Resources

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.22488
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Peter Marmarstein

Mailing Address 2501 Founders Bridge Rd

City State Zip Code
Midlothian VA 23113

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

Name of Employer CJW Medical Center Occupation CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: SA11AI.22220
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 21 / 39
(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)
Leigh Massengill
 Mailing Address 14000 Fivay Rd
 City State Zip Code
 Hudson FL 34667
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.22541
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regional Med Ctr Bayonet Point
 Occupation COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

B. Full Name (Last, First, Middle Initial)
Stephanie McNulty
 Mailing Address 1308 40th Ave NE
 City State Zip Code
 St. Petersburg FL 33670
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 2 / 2 0 1 0
Transaction ID: SA11AI.22301
 Amount of Each Receipt this Period
 87.50
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Petersburg General Hospital
 Occupation COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

C. Full Name (Last, First, Middle Initial)
Randall McVay
 Mailing Address 4900 SW 46th Ct Apt 2010
 City State Zip Code
 Ocala FL 34474
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 1 0
Transaction ID: SA11AI.22399
 Amount of Each Receipt this Period
 350.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ocala Health System
 Occupation CFO, ORMC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

SUBTOTAL of Receipts This Page (optional) ► **937.50**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 39
(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
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: SA11AI.22182

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Joseph Melchiode

Mailing Address 3100 N Tenaya

City State Zip Code
Las Vegas NV 89128

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

Name of Employer Occupation
Mountainview Hosp COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: SA11AI.22315

Amount of Each Receipt this Period
400.00

C.

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

Mailing Address 2801 N SR7

City State Zip Code
Margate FL 33063

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

Name of Employer Occupation
Northwest Med Ctr CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: SA11AI.22222

Amount of Each Receipt this Period
350.00

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 23 / 39
(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)
Chris Miedico

Mailing Address 3100 N Tenaya Way

City State Zip Code
Las Vegas NV 89128

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

Name of Employer MountainView Hosp Occupation Dir Med Records

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: SA11AI.22364

Amount of Each Receipt this Period
225.00

B.

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

Mailing Address 2810 Ambassador Caffery Pkwy

City State Zip Code
Lafayette LA 70526

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

Name of Employer The Regional Med Ctr of Acadia Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: SA11AI.22208

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 1844 NW 82nd Ave

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
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: SA11AI.22226

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **675.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 39
(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 Montgomery

Mailing Address 741 Peppervine Ave.

City State Zip Code
St. Johns FL 32259

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

Name of Employer Occupation
Memorial Hospital SVP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2010

Transaction ID: SA11AI.22273

Amount of Each Receipt this Period
400.00

B.

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 Occupation
West Valley Med. Ctr. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2010

Transaction ID: SA11AI.22297

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Darrel Neuenschwander

Mailing Address 2425 Samaritan Drive

City State Zip Code
San Jose CA 95124

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

Name of Employer Occupation
Good Samaritan Hosp CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: SA11AI.22236

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 39

(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)
Mark Nichols

Mailing Address 2417 Old Oregon Trail

City State Zip Code
Pulaski VA 24301

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

Name of Employer Occupation
Pulaski Community Hosp. CEO

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

Date of Receipt

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

Transaction ID: SA11AI.22212

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Anita Peterson

Mailing Address 711 Kelly Drive

City State Zip Code
Lebanon TN 37087

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

Name of Employer Occupation
Centennial Medical Ctr Parthenon Administrator

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

Date of Receipt

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

Transaction ID: SA11AI.22451

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Cathy Philpott

Mailing Address 5040 NW 123rd Avenue

City State Zip Code
Coral Springs FL 33076

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

Name of Employer Occupation
NW 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 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.22228

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ▶

950.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 39
(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 Quinlan
 Mailing Address 14000 Fivay Road
 City State Zip Code
 Hudson FL 34667
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.22546
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regional Med Ctr Bayonet Point Occupation CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Stephen Rector
 Mailing Address 201 Bay View Street
 City State Zip Code
 Safety Harbor FL 34695
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.22547
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regional Med Ctr Bayonet Point Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
Wayne Reid
 Mailing Address 1001 Millwood Lane
 City State Zip Code
 Ashland City TN 37015
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.22484
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Centennial Med Ctr Occupation VP Imaging & CMCAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 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: (check only one)	PAGE 27 / 39
	<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) Sharon Reuben	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 11279 Kona Court	Transaction ID: SA11AI.22180
	City State Zip Code Boynton Beach FL 33437	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JFK Medical Center Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Heather Rohan	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 1616 Breakers W Blvd	Transaction ID: SA11AI.22185
	City State Zip Code West Palm Beach FL 33411	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Kathleen Sankovich	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 10007 Millstone Drive	Transaction ID: SA11AI.22566
	City State Zip Code Lenexa KS 66220	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Menorah Medical Center Chief Nursing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 39
	<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) Johnny Schablik	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 425 Essex Park Circle	Transaction ID: SA11AI.22489
	City State Zip Code Franklin TN 37069	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Centennial Med Ctr	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Shalin Shah	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 18919 Laurent Dr	Transaction ID: SA11AI.22549
	City State Zip Code Lutz FL 33558	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Regional Med Ctr Bayonet Point	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) Jennifer Shain	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 2119 Prestwick Drive	Transaction ID: SA11AI.22453
	City State Zip Code Murfreesboro TN 37130	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Centennial Medical Center	Occupation Director, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 29 / 39
(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) Richard Shannonhouse		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 3625 University Blvd South		Transaction ID: SA11AI.22286
City Jacksonville	State FL	Zip Code 32216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Memorial Hospital	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Mike Sherrod		Date of Receipt MM / DD / YYYY 11 / 16 / 2010
Mailing Address 211 Greenview Terrace		Transaction ID: SA11AI.22429
City Macon	State GA	Zip Code 31220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Coliseum Northside	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.

Full Name (Last, First, Middle Initial) Ryan Simpson		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 1915 Mosaic Trail		Transaction ID: SA11AI.22467
City Murfreesboro	State TN	Zip Code 37130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Centennial Med Ctr	Occupation SCCC Admin/COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 30 / 39
(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)
Micki Slingerland

Mailing Address 1121 Tyne Blvd

City Nashville State TN Zip Code 37220

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

Name of Employer Centennial Medical Center Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.22452
 Amount of Each Receipt this Period: 500.00

B.

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

Mailing Address 110 SW 5th Terr

City Crystal River State FL Zip Code 34429

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

Name of Employer Oak Hill Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.22587
 Amount of Each Receipt this Period: 1000.00

C.

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

Mailing Address 263 Tecumseh Lane

City Mary Ester State FL Zip Code 32569

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

Name of Employer FWB Medical Center Occupation Assoc. CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 16 / 2010
Transaction ID: SA11AI.22379
 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 31 / 39
(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)
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
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.22466

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Victoria Timmons

Mailing Address 4506 SW 95th Terr

City State Zip Code
Gainesville FL 32608

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

Name of Employer Occupation
North Florida Reg Med Ctr Director

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 0 / 2 0 1 0

Transaction ID: SA11AI.22190

Amount of Each Receipt this Period

250.00

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 Occupation
Centennial Med Ctr 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
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.22464

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 32 / 39
(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 O. Wagnon

Mailing Address 3100 N Tenaya Way

City State Zip Code
Las Vegas NV 89128

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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: SA11AI.22373

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Brenda Waltz

Mailing Address 13087 Lake Florence Rd

City State Zip Code
Gulfport MS 39503

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

Name of Employer Occupation
Garden Park Med Ctr CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: SA11AI.22318

Amount of Each Receipt this Period
750.00

C.

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

Mailing Address 1005 Heathrow Drive

City State Zip Code
Hendersonville TN 37075

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

Name of Employer Occupation
Centennial Medical Center Administrator, Ortho/Neuro/Spine

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.22455

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 33 / 39
(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)
Billy Wilcox
 Mailing Address 4901 Richard St
 City Jacksonville State FL Zip Code 32207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Specialty Hospital Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00
 Date of Receipt 10 / 20 / 2010
Transaction ID: SA11AI.22231
 Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Steven Wilkinson
 Mailing Address 5721 West 119th Street
 City Overland Park State KS Zip Code 66209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Menorah Medical Center Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.22572
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Gary Winfield
 Mailing Address 2914 Holly Ave
 City Jacksonville State FL Zip Code 32210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hospital Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00
 Date of Receipt 11 / 02 / 2010
Transaction ID: SA11AI.22292
 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 1700.00
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 / 39
(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)
Ellen Witterstaeter

Mailing Address 392 Gardner Dr NE

City State Zip Code
Ft. Walton Beach FL 32548

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

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

Transaction ID: SA11AI.22375

Amount of Each Receipt this Period
125.00

B.

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 Jacksonville 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 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.22293

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Vincent Wyatt

Mailing Address 2030 Kildare Circle

City State Zip Code
Niceville FL 32578

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

Name of Employer Occupation
Ft. Walton Beach Med Ctr CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.22376

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	1625.00
TOTAL This Period (last page this line number only)	45212.50

**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 35 / 39

<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

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB21B.22591

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

182.37

SUBTOTAL of Disbursements This Page (optional)

182.37

TOTAL This Period (last page this line number only)

182.37

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DEMOCRATS WIN SEATS (DWS PAC)	Transaction ID: SB23.22159
	Mailing Address 1071 TWIN BRANCH LN	Date of Disbursement 10 / 27 / 2010
	City WESTON State FL Zip Code 33326	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement fundraiser	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) DIANE BLACK FOR CONGRESS	Transaction ID: SB23.22164
	Mailing Address 819 PLANTATION BLVD	Date of Disbursement 11 / 22 / 2010
	City GALLATIN State TN Zip Code 37066	Amount of Each Disbursement this Period 2400.00
	Purpose of Disbursement debt retirement	Category/Type
	Candidate Name DIANE LYNN BLACK	
	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: TN District: 06	

C.	Full Name (Last, First, Middle Initial) MARCO RUBIO FOR US SENATE	Transaction ID: SB23.22146
	Mailing Address 2030 SOUTH DOUGLAS ROAD SUITE 105	Date of Disbursement 10 / 14 / 2010
	City CORAL GABLES State FL Zip Code 33134	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement contribution	Category/Type
	Candidate Name MARCO RUBIO	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 00	

SUBTOTAL of Disbursements This Page (optional)	9900.00
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)

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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

A. Full Name (Last, First, Middle Initial) RANGEL VICTORY FUND Mailing Address 818 CONNECTICUT AVENUE NW STE 1100 City WASHINGTON State DC Zip Code 20006 Purpose of Disbursement fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.22157 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 4000.00
B. Full Name (Last, First, Middle Initial) The Alaska Voter Defense Fund Mailing Address 900 195th Street NW, 8th Floor City Washington State DC Zip Code 20006 Purpose of Disbursement fundraiser Candidate Name LISA MURKOWSKI Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.22161 Date of Disbursement 11 / 08 / 2010
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

16400.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Jamie Woodson	Transaction ID: SB29.22154 Date of Disbursement
	Mailing Address 1123 Regality Way	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Knoxville State TN Zip Code 37923	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="500.00"/>
	Candidate Name Friends of Jamie Woodson	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Sherry Jones	Transaction ID: SB29.22156 Date of Disbursement
	Mailing Address 4947 Sherman Oaks Drive	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Nashville State TN Zip Code 37211	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="500.00"/>
	Candidate Name Friends of Sherry Jones	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 59	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Re-Elect State Representative Mark Maddox	Transaction ID: SB29.22151 Date of Disbursement
	Mailing Address 245 Legens Street	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Dresden State TN Zip Code 38225	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="500.00"/>
	Candidate Name Re-Elect State Representative Mark Maddox	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 76	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
Re-Elect State Representative Mike Turner

Mailing Address 1408 Hadley Avenue

City State Zip Code
Old Hickory TN 37138

Purpose of Disbursement
fundraiser

Candidate Name
Re-Elect State Representative Mike Turner

Office Sought: House
 Senate
 President
State: TN District: 51

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB29.22149

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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