

**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) ..... ►