



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**HCA INC. GOOD GOVERNMENT FUND**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="569697.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="478974.75"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="41124.71"/>	<input type="text" value="68567.71"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="520099.46"/>	<input type="text" value="638265.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18000.00"/>	<input type="text" value="136166.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="502099.46"/>	<input type="text" value="502099.46"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**HCA INC. GOOD GOVERNMENT FUND**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 07 / 31 / 2016

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).....	29874.00	49542.48
(ii) Unitemized .....	11250.71	19025.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	41124.71	68567.49
(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) .....	41124.71	68567.49
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.22
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 Transfers (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))..... ▶	41124.71	68567.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	41124.71	68567.71

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	0.00	0.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	134166.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	2000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	18000.00	136166.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18000.00	136166.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	41124.71	68567.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41124.71	68567.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.22

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

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

FOR LINE NUMBER: PAGE 6 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

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 Medical Center                      Occupation VP Oncology Svcs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 485.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2016  
**Transaction ID : SA11AI.34139**

Amount of Each Receipt this Period  
 485.20

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Ward Boston**

Mailing Address 6619 SW 37th Way

City Gainesville                      State FL                      Zip Code 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 ▼  
 727.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2016  
**Transaction ID : SA11AI.34075**

Amount of Each Receipt this Period  
 727.95

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Steven Burroughs**

Mailing Address 13001 Southern Blvd

City Loxahatchee                      State FL                      Zip Code 33470

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

Name of Employer Palms West Hospital                      Occupation CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 485.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2016  
**Transaction ID : SA11AI.34095**

Amount of Each Receipt this Period  
 485.20

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1698.35

**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 7 OF 29
	<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. Lee Chaykin**  
Full Name (Last, First, Middle Initial)

Mailing Address 2696 Juniper Lane

City Davie State FL Zip Code 33330

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

Name of Employer East Florida Occupation VP Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **970.70**

Date of Receipt **07 / 25 / 2016**

**Transaction ID : SA11AI.34134**

Amount of Each Receipt this Period **970.70**

Memo Item

**B. Omar Chughtai**  
Full Name (Last, First, Middle Initial)

Mailing Address 7300 Medical Center Drive

City West Hills State CA Zip Code 91307

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

Name of Employer West Hills Hospital Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **07 / 01 / 2016**

**Transaction ID : SA11AI.33995**

Amount of Each Receipt this Period **125.00**

Memo Item

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

Mailing Address 10800 Chatham Ridge Way

City Fredericksburg State VA Zip Code 22551

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

Name of Employer Spotsylvania Reg Med Ctr Occupation Healthcare

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **727.95**

Date of Receipt **07 / 25 / 2016**

**Transaction ID : SA11AI.34127**

Amount of Each Receipt this Period **727.95**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1823.65**

**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 OF 29  
(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**

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

Mailing Address 3901 S 7th St

City State Zip Code  
 Terre Haute IN 47802

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

Name of Employer Occupation  
 Terre Haute Regional CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 727.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2016  
**Transaction ID : SA11AI.34178**

Amount of Each Receipt this Period  
 727.95

Memo Item

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

Mailing Address 170 Aston Hall

City State Zip Code  
 Macon GA 31210

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

Name of Employer Occupation  
 Coliseum Health System CEO - CNH

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 727.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2016  
**Transaction ID : SA11AI.34067**

Amount of Each Receipt this Period  
 727.95

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Deborah Deal**

Mailing Address 2333 McCallie Avenue

City State Zip Code  
 Chattanooga TN 37404

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

Name of Employer Occupation  
 Parkridge Medical Center CNE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 485.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2016  
**Transaction ID : SA11AI.34161**

Amount of Each Receipt this Period  
 485.20

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1941.10

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

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

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

FOR LINE NUMBER: PAGE 9 OF 29  
(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. Bridget Denzik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 810 Stone Mill Drive  
 City Cartersville State GA Zip Code 30121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cartersville Medical Ctr Occupation CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt 07 / 20 / 2016  
**Transaction ID : SA11AI.34064**  
 Amount of Each Receipt this Period 291.00  
 Memo Item

**B. Julie Dircks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2851 NW 88th Terr  
 City Coral Springs State FL Zip Code 33065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hosp/Med Ctr Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 339.55

Date of Receipt 07 / 25 / 2016  
**Transaction ID : SA11AI.34185**  
 Amount of Each Receipt this Period 339.55  
 Memo Item

**C. Jake Fisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 Osceola Road  
 City Belleair State FL Zip Code 33756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tampa Community Hospital Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 727.95

Date of Receipt 07 / 11 / 2016  
**Transaction ID : SA11AI.34047**  
 Amount of Each Receipt this Period 727.95  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1358.50  
**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: (check only one)	PAGE 10 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial)  
**A. Wanda Fogarty**

Mailing Address 6460 Breckenridge Circle

City Lake Worth	State FL	Zip Code 33467
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FEC ID number of contributing federal political committee. **C**

Name of Employer East Florida	Occupation Director, Imaging
----------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
388.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2016  
**Transaction ID : SA11AI.34133**

Amount of Each Receipt this Period  
 388.10

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Marcy Frisina**

Mailing Address 208 S Jeffery St

City Ocala	State FL	Zip Code 34471
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ocala Health System	Occupation ACNO
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
242.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2016  
**Transaction ID : SA11AI.34070**

Amount of Each Receipt this Period  
 242.45

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Christopher George**

Mailing Address 14000 Fivay Rd

City Hudson	State FL	Zip Code 34667
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FEC ID number of contributing federal political committee. **C**

Name of Employer Regionl Med Ctr Bayonet Point	Occupation CEO
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
970.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2016  
**Transaction ID : SA11AI.34167**

Amount of Each Receipt this Period  
 970.70

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1601.25
<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 11 OF 29  
(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. Jeremy Graham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Park Plaza  
 City Nashville State TN Zip Code 37202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Lucie Med Ctr Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 485.20

Date of Receipt 07 / 20 / 2016  
**Transaction ID : SA11AI.34116**  
 Amount of Each Receipt this Period 485.20  
 Memo Item

**B. Hannah Grossman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 W Janas Rd  
 City Thousand Oaks State CA Zip Code 91360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Los Robles Hospital Occupation CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 485.20

Date of Receipt 07 / 20 / 2016  
**Transaction ID : SA11AI.34084**  
 Amount of Each Receipt this Period 485.20  
 Memo Item

**C. Andrea Gwyn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 Patterson Street  
 City Nashville State TN Zip Code 37203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TriStar Centennial Med Ctr Occupation Assoc COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 339.55

Date of Receipt 07 / 25 / 2016  
**Transaction ID : SA11AI.34181**  
 Amount of Each Receipt this Period 339.55  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1309.95  
**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 12 OF 29
	(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"/> 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**

Full Name (Last, First, Middle Initial)  
**A. Richard Hamrick**

Mailing Address 6 Acre Ave

City Richmond State VA Zip Code 23775

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

Name of Employer Capital Division Occupation CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **970.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2016**

**Transaction ID : SA11AI.34056**

Amount of Each Receipt this Period  
**970.70**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Bill Hawley**

Mailing Address 21298 Olean Blvd

City Pt Charlotte State FL Zip Code 33952

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

Name of Employer Fawcett Memorial Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **727.95**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2016**

**Transaction ID : SA11AI.34071**

Amount of Each Receipt this Period  
**727.95**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Laurie Haynes**

Mailing Address 2809 Hawks Landing Blvd

City Panama City State FL Zip Code 32405

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

Name of Employer Gulf Coast Med Ctr Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **485.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2016**

**Transaction ID : SA11AI.34072**

Amount of Each Receipt this Period  
**485.20**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2183.85</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 13 OF 29  
(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**

Full Name (Last, First, Middle Initial)  
**A. Suzanne Jackson**  
 Mailing Address 411 West Randolph Rd  
 City State Zip Code  
 Hopewell VA 23860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 John Randolph Med Ctr CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 727.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2016  
**Transaction ID : SA11AI.34142**  
 Amount of Each Receipt this Period  
 727.95  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. Lance Jones**  
 Mailing Address 350 Hospital Drive  
 City State Zip Code  
 Macon GA 31217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coliseum Health System CEO - CMC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 242.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2016  
**Transaction ID : SA11AI.34065**  
 Amount of Each Receipt this Period  
 242.45  
 Memo Item

Full Name (Last, First, Middle Initial)  
**C. Linnnet Jung**  
 Mailing Address 424 Alton Way  
 City State Zip Code  
 Denver CO 80230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 North Suburban Med Ctr CNO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 339.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2016  
**Transaction ID : SA11AI.34033**  
 Amount of Each Receipt this Period  
 339.55  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1309.95  
**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 14 OF 29
	<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. Heath King**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 Greenview Terr

City Macon State GA Zip Code 31220

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

Name of Employer Coliseum Health System Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **388.10**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 11 / 2016**

**Transaction ID : SA11AI.34027**

Amount of Each Receipt this Period  
**388.10**

Memo Item

**B. Shelley Kolseth**  
Full Name (Last, First, Middle Initial)

Mailing Address 3205 W Barcelona St

City Tampa State FL Zip Code 33029

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

Name of Employer Memorial Hospital of Tampa Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.55**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 05 / 2016**

**Transaction ID : SA11AI.34017**

Amount of Each Receipt this Period  
**339.55**

Memo Item

**C. Susan Laber**  
Full Name (Last, First, Middle Initial)

Mailing Address 12104 Clubhouse Drive

City Lakewood Ranch State FL Zip Code 34202

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

Name of Employer Tampa Community Hospital Occupation CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2016**

**Transaction ID : SA11AI.34118**

Amount of Each Receipt this Period  
**291.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1018.65</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: (check only one)	PAGE 15 OF 29
	<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**

Full Name (Last, First, Middle Initial) <b>A. Francis Lauro</b>			Date of Receipt MM / DD / YYYY 07 / 11 / 2016 <b>Transaction ID : SA11AI.34048</b>		
Mailing Address 8383 N Davis Hwy			Amount of Each Receipt this Period 485.20		
City Pensacola	State FL	Zip Code 32514	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 485.20			
Name of Employer West FI Hospital		Occupation CMO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) <b>B. Trent Lind</b>			Date of Receipt MM / DD / YYYY 07 / 20 / 2016 <b>Transaction ID : SA11AI.34068</b>		
Mailing Address 1004 Pauline Ave			Amount of Each Receipt this Period 970.70		
City Bellaire	State TX	Zip Code 77401	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 970.70			
Name of Employer Texas Orthopedic		Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) <b>C. Zach mcCluskey</b>			Date of Receipt MM / DD / YYYY 07 / 25 / 2016 <b>Transaction ID : SA11AI.34152</b>		
Mailing Address 2105 Eulas Way			Amount of Each Receipt this Period 242.45		
City Nolensville	State TN	Zip Code 37135	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 242.45			
Name of Employer StoneCrest Medical		Occupation COO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1698.35
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 29  
(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. Bobby McCullough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 255 St Johns Forest Blvd  
 City St Johns State FL Zip Code 32259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Hospital Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 985.20

Date of Receipt 07 / 20 / 2016  
**Transaction ID : SA11AI.34087**  
 Amount of Each Receipt this Period 485.20  
 Memo Item

**B. Tim McManus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16237 Maple Hall Dr  
 City Midlothian State VA Zip Code 23113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CJW Medical Ctr Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.70

Date of Receipt 07 / 25 / 2016  
**Transaction ID : SA11AI.34131**  
 Amount of Each Receipt this Period 970.70  
 Memo Item

**C. James (RMCA) Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 207 Jimmy Drive  
 City Crowley State LA Zip Code 70526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Women's & Children's Hospi Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.33992**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1505.90  
**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 OF 29
	<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**

Full Name (Last, First, Middle Initial) <b>A. James (RMCA) Miller</b>			Date of Receipt MM / DD / YYYY 07 / 11 / 2016 <b>Transaction ID : SA11AI.34050</b>
Mailing Address 207 Jimmy Drive			Amount of Each Receipt this Period 339.55
City Crowley	State LA	Zip Code 70526	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer The Women's & Children's Hospi	Occupation CFO	Aggregate Year-to-Date ▼ 639.55	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Irfan Mirza</b>			Date of Receipt MM / DD / YYYY 07 / 01 / 2016 <b>Transaction ID : SA11AI.33996</b>
Mailing Address 661 Ridgewood Lane			Amount of Each Receipt this Period 50.00
City Plantation	State FL	Zip Code 33317	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Plantation General Hospital	Occupation CFO	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Irfan Mirza</b>			Date of Receipt MM / DD / YYYY 07 / 01 / 2016 <b>Transaction ID : SA11AI.33997</b>
Mailing Address 661 Ridgewood Lane			Amount of Each Receipt this Period 50.00
City Plantation	State FL	Zip Code 33317	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Plantation General Hospital	Occupation CFO	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	439.55
<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 18 OF 29
	(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"/> 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. Natalie Mussi**  
Full Name (Last, First, Middle Initial)

Mailing Address 215 W Janss Rd

City Thousand Oaks State CA Zip Code 91360

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

Name of Employer Los Robles Hosp & MC Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 970.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2016

**Transaction ID : SA11AI.34083**

Amount of Each Receipt this Period  
 970.70

Memo Item

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

Mailing Address 495 Brickell Avenue

City Miami State FL Zip Code 33131

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

Name of Employer Mercy Hospital Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2016

**Transaction ID : SA11AI.34166**

Amount of Each Receipt this Period  
 485.20

Memo Item

**C. Christos Politis**  
Full Name (Last, First, Middle Initial)

Mailing Address One Park Plaza

City Nashville State TN Zip Code 37202

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

Name of Employer Tampa Community Occupation CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 339.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2016

**Transaction ID : SA11AI.34121**

Amount of Each Receipt this Period  
 339.55

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1795.45
<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 19 OF 29  
(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. Valerie Powell-Stafford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 700 Medical Blvd  
City Englewood State FL Zip Code 34223  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Englewood Community/W FI Div Occupation CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **727.95**

Date of Receipt **07 / 11 / 2016**  
**Transaction ID : SA11AI.34029**  
Amount of Each Receipt this Period **727.95**  
 Memo Item

**B. John Quinlivan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Horseleg Creed Rd SW  
City Rome State GA Zip Code 30165  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Redmond Regional Occupation CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **970.70**

Date of Receipt **07 / 11 / 2016**  
**Transaction ID : SA11AI.34041**  
Amount of Each Receipt this Period **970.70**  
 Memo Item

**C. Lori Rakes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 960 JF Harris Pkwy  
City Cartersville State GA Zip Code 30120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cartersville Medical Center Occupation COO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **339.55**

Date of Receipt **07 / 11 / 2016**  
**Transaction ID : SA11AI.34026**  
Amount of Each Receipt this Period **339.55**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **2038.20**  
**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 OF 29
	(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"/> 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. Jane Raymond**  
Full Name (Last, First, Middle Initial)

Mailing Address 20338 Clifton Points Street

City Potomac Falls State VA Zip Code 20166

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

Name of Employer Reston Hospital Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2016

**Transaction ID : SA11AI.34057**

Amount of Each Receipt this Period  
 485.20

Memo Item

**B. Glenn Romig**  
Full Name (Last, First, Middle Initial)

Mailing Address 7212 Sangalla Drive

City Windermere State FL Zip Code 34786

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

Name of Employer Osceola Reg Med Ctr Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 388.10

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2016

**Transaction ID : SA11AI.34060**

Amount of Each Receipt this Period  
 388.10

Memo Item

**C. Jeff Scionti**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Flintlock Rd.

City Salem State NH Zip Code 03079

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

Name of Employer Parkland Medical Center Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 339.55

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2016

**Transaction ID : SA11AI.34097**

Amount of Each Receipt this Period  
 339.55

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1212.85
<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 21 OF 29
	<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. Mike Terrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 119 Oakfield Drive

City State Zip Code  
Brandon FL 33511

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

Name of Employer Occupation  
Brandon Regional CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.20

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2016

**Transaction ID : SA11AI.34000**

Amount of Each Receipt this Period  
485.20

Memo Item

**B. Cheryl Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address 7516 Cherry Hill Dr

City State Zip Code  
Diamondhead MS 39525

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

Name of Employer Occupation  
Garden Park Medical CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
339.55

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2016

**Transaction ID : SA11AI.34032**

Amount of Each Receipt this Period  
339.55

Memo Item

**C. Andrew Tyrer**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Stonecrest Blvd

City State Zip Code  
Smyrna TN 37167

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

Name of Employer Occupation  
StoneCrest Med Ctr COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
533.75

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2016

**Transaction ID : SA11AI.34125**

Amount of Each Receipt this Period  
533.75

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1358.50
<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 22 OF 29  
(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. R. Carlton Ulmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3731 Preserve Bay Blvd  
 City Panama City State FL Zip Code 32408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gulf Coast Med Ctr Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 970.70

Date of Receipt 07 / 20 / 2016  
**Transaction ID : SA11AI.34073**  
 Amount of Each Receipt this Period 970.70  
 Memo Item

**B. Derek Vance**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8336 Augusta National Drive  
 City Fairlawn State VA Zip Code 24141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LewisGale Hospital Pulaski Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 727.95

Date of Receipt 07 / 20 / 2016  
**Transaction ID : SA11AI.34081**  
 Amount of Each Receipt this Period 727.95  
 Memo Item

**C. William O. Wagnon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1602 Skipwith Road  
 City Richmond State VA Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Henrico Doctors' Hospital Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 485.20

Date of Receipt 07 / 20 / 2016  
**Transaction ID : SA11AI.34076**  
 Amount of Each Receipt this Period 485.20  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2183.85  
**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 23 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Lisa Wallace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1431 SW 1st Ave.  
 City Ocala State FL Zip Code 34474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ocala Reg. Med. Center Occupation Dir.- 4th Floor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 485.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2016  
**Transaction ID : SA11AI.34110**  
 Amount of Each Receipt this Period  
 485.20  
 Memo Item

**B. David Welland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Park Plaza  
 City Nashville State TN Zip Code 37202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Largo/west Florida Occupation CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 485.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2016  
**Transaction ID : SA11AI.34079**  
 Amount of Each Receipt this Period  
 485.20  
 Memo Item

**C. Kenneth West**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11729 Manistique Way  
 City New Port Richey State FL Zip Code 34654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Ctr of Trinity Occupation COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 485.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2016  
**Transaction ID : SA11AI.34015**  
 Amount of Each Receipt this Period  
 485.20  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1455.60
<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 24 OF 29  
(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**

Full Name (Last, First, Middle Initial)  
**A. Amy Wheeler**

Mailing Address 3054 Igou Crossing Dr

City State Zip Code  
Chattanooga TN 37421

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

Name of Employer Occupation  
Parkridge East Hosp CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
339.55

Date of Receipt  
07 / 25 / 2016  
**Transaction ID : SA11AI.34155**

Amount of Each Receipt this Period  
339.55

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Tracey White**

Mailing Address 1800 Town Ctr Dr #320

City State Zip Code  
Reston VA 20190

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

Name of Employer Occupation  
Capital Division VP Community & Govt Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.20

Date of Receipt  
07 / 05 / 2016  
**Transaction ID : SA11AI.34001**

Amount of Each Receipt this Period  
485.20

Memo Item

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

Mailing Address 51 Jonathan Lane

City State Zip Code  
Manchester NH 03104

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

Name of Employer Occupation  
Parkland Medical Center CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
339.55

Date of Receipt  
07 / 25 / 2016  
**Transaction ID : SA11AI.34153**

Amount of Each Receipt this Period  
339.55

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1164.30

**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 OF 29  
(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. Brenda Woodcock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12485 Howards Mill Rd  
City Montpelier State VA Zip Code 23192  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retreat Doctors Hospital Occupation ACNO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 291.00

Date of Receipt 07 / 05 / 2016  
**Transaction ID : SA11AI.34019**  
Amount of Each Receipt this Period 291.00  
 Memo Item

**B. Michael Wyers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4803 Radcliffe Drive  
City Palm Harbor State FL Zip Code 34685  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Medical Center of Trinity Occupation CFO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 485.20

Date of Receipt 07 / 05 / 2016  
**Transaction ID : SA11AI.34016**  
Amount of Each Receipt this Period 485.20  
 Memo Item

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	776.20
<b>TOTAL</b> This Period (last page this line number only).....▶	29874.00

**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 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**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SCOTT DESJARLAIS**

Mailing Address P O BOX 90133

City NASHVILLE State TN Zip Code 37209

Purpose of Disbursement  
fund raiser

Candidate Name

**SCOTT EUGENE DESJARLAIS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

**Transaction ID : SB23.34202**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HOYER'S MAJORITY FUND**

Mailing Address 700 13TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
fund raiser

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2016

**Transaction ID : SB23.34192**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LISA MURKOWSKI - U S SENATE**

Mailing Address PO BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement  
fund raiser

Candidate Name

**LISA MURKOWSKI**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

**Transaction ID : SB23.34199**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

**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**

Full Name (Last, First, Middle Initial) <b>A. MICA FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2016
Mailing Address P. O. Box 181546		<b>Transaction ID : SB23.34197</b>
City Casselberry	State FL	
Purpose of Disbursement fund raiser	Category/ Type	Amount of Each Disbursement this Period 500.00
Candidate Name <b>JOHN L. MR. MICA</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: FL District: 07	

Full Name (Last, First, Middle Initial) <b>B. MORAN FOR KANSAS</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2016
Mailing Address P.O. Box 1151		<b>Transaction ID : SB23.34200</b>
City Hays	State KS	
Purpose of Disbursement fund raiser	Category/ Type	Amount of Each Disbursement this Period 1500.00
Candidate Name <b>JERRY MORAN</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: KS District: 00	

Full Name (Last, First, Middle Initial) <b>C. RICHARD BURR COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2016
Mailing Address POST OFFICE BOX 5928		<b>Transaction ID : SB23.34194</b>
City WINSTON-SALEM	State NC	
Purpose of Disbursement fund raiser	Category/ Type	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>RICHARD BURR</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NC District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7000.00
<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)

<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**

Full Name (Last, First, Middle Initial)

**A. TOM RICE FOR CONGRESS**

Mailing Address 1107 48TH AVE., N.  
SUITE 210

City MYRTLE BEACH State SC Zip Code 29577

Purpose of Disbursement  
fund raiser

Candidate Name  
**TOM RICE**

Office Sought:  House  
 Senate  
 President  
State: SC District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2016

Transaction ID : **SB23.34195**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TOM ROONEY FOR CONGRESS**

Mailing Address 2336 S. East Ocean Blvd. #313

City Stuart State FL Zip Code 34996

Purpose of Disbursement  
fund raiser

Candidate Name  
**TOM ROONEY**

Office Sought:  House  
 Senate  
 President  
State: FL District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2016

Transaction ID : **SB23.34196**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

4500.00

16000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Kentucky Democratic House Caucus**

Mailing Address PO Box 6266

City Louisville State KY Zip Code 40206

Purpose of Disbursement  
fund raiser

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

**Transaction ID : SB29.34206**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kentucky Senate Republican Trust**

Mailing Address PO Box 1068

City Frankfort State KY Zip Code 40601

Purpose of Disbursement  
fund raiser

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

**Transaction ID : SB29.34203**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

2000.00

2000.00