

**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="2012"/>		292912.75
(b) Cash on Hand at Beginning of Reporting Period.....	129608.18	
(c) Total Receipts (from Line 19)	4475.00	26856.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	134083.18	319769.11
7. Total Disbursements (from Line 31).....	14250.00	199935.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	119833.18	119833.18
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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

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

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).....	4025.00	18225.00
(ii) Unitemized	450.00	7557.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4475.00	25782.50
(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)	4475.00	25782.50
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.).....	0.00	73.86
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))..... ▶	4475.00	26856.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4475.00	26856.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	1935.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1935.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	152000.00
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	250.00	46000.00
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)) ..	14250.00	199935.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14250.00	199935.93

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)	4475.00	25782.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4475.00	25782.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1935.93
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	1935.93

**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 11
	(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

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. Shari Collier		Date of Receipt
Mailing Address 24260 W 113th Terrace		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Olathe	KS	66061
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26240
Name of Employer	Occupation	Amount of Each Receipt this Period
Overland Park Reg. Med. Center	CFO	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Patricia D'Errico		Date of Receipt
Mailing Address 140 Brookstone Way		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Macon	GA	31210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26238
Name of Employer	Occupation	Amount of Each Receipt this Period
Coliseum Northside	CNO	<input type="text" value="350.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anne Jamieson		Date of Receipt
Mailing Address PO Box 357		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Portsmouth	NH	03857
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.26241
Name of Employer	Occupation	Amount of Each Receipt this Period
Portsmouth Regional	CEO	<input type="text" value="350.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<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. Peter Marmorstein		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012 Transaction ID : SA11AI.26234
Mailing Address 690 Ponce DeLeon Blvd		Amount of Each Receipt this Period 1500.00
City Belleair	State FL	Zip Code 33756
FEC ID number of contributing federal political committee. C		
Name of Employer West Florida Division	Occupation Division President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. David W. McClung		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012 Transaction ID : SA11AI.26242
Mailing Address 14200 Riverdowns South		Amount of Each Receipt this Period 350.00
City Midlothian	State VA	Zip Code 23113
FEC ID number of contributing federal political committee. C		
Name of Employer Portsmouth Regional	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. James (RMCA) Miller		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012 Transaction ID : SA11AI.26233
Mailing Address 2810 Ambassador Caffery Pkwy		Amount of Each Receipt this Period 100.00
City Lafayette	State LA	Zip Code 70526
FEC ID number of contributing federal political committee. C		
Name of Employer Regional Med Ctr Acadiana	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).....▶	1950.00
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 OF 11
(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. Melanie Salsgiver
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Mar Walt Drive
 City State Zip Code
 Ft. Walton Beach FL 32547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ft. Walton Med Ctr CNO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : SA11AI.26231
 Amount of Each Receipt this Period
 125.00

B. Mike Sherrod
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 Greenview Terrace
 City State Zip Code
 Macon GA 31220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Coliseum Northside 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 Y
 10 / 10 / 2012
Transaction ID : SA11AI.26239
 Amount of Each Receipt this Period
 750.00

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
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	4025.00

**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. ANDERSON FOR CONGRESS

Mailing Address 160 LOUISVILLE ROAD

City GROVETOWN State GA Zip Code 30813

Purpose of Disbursement
campaign

Candidate Name
LEE I ANDERSON

Office Sought: House
 Senate
 President
State: GA District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2012

Transaction ID : **SB23.26252**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
fundraiser

Candidate Name
HENRY A WAXMAN

Office Sought: House
 Senate
 President
State: CA District: 33

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2012

Transaction ID : **SB23.26248**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BARROW

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement
campaign

Candidate Name
JOHN J. BARROW

Office Sought: House
 Senate
 President
State: GA District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2012

Transaction ID : **SB23.26250**

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. HOOSIERS FOR ROKITA, INC.

Mailing Address 7643 EAST U.S. 36

City AVON State IN Zip Code 46123

Purpose of Disbursement
fund raiser

Candidate Name
THEODORE EDWARD ROKITA

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: IN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2012			

Transaction ID : SB23.26245

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement
campaign

Candidate Name
MARSHA MRS. BLACKBURN

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2012			

Transaction ID : SB23.26255

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TENNESSEE REPUBLICAN PARTY FEDERAL ELECTION ACCOUNT

Mailing Address 2424 21ST AVENUE
SUITE 200

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement
fundraiser

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2012			

Transaction ID : SB23.26256

Amount of Each Disbursement this Period

5000.00

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

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

7000.00

14000.00

**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. Ferrell Haile for State Senate

Mailing Address PO Box 1087

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
fund raiser

Candidate Name

Ferrell Haile

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2012					

Transaction ID : SB29.26244

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

250.00

250.00
