

# **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 67

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Foreman, Robert, , ,

Mailing Address 11375 Cortez Blvd

City

Brooksville

State

FL

Zip Code

34613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Oak Hill Hospital

Occupation (for Individual)

VP Physician Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2018

Transaction ID : SA11AI.37110

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Frisina, Marcy, , ,

Mailing Address 3502 Concho Ct

City

Ruskin

State

FL

Zip Code

33573

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

South Bay Hospital

Occupation (for Individual)

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 Y  
08 / 14 / 2018

Transaction ID : SA11AI.37042

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gallati, Todd, , ,

Mailing Address 9330 Medical Plaza Drive

City

Charleston

State

SC

Zip Code

29406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Trident Health Systems

Occupation (for Individual)

CEO-Trident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2018

Transaction ID : SA11AI.37303

Amount of Each Receipt this Period

800.00

☐ Memo Item

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

1400.00

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