

# 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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Tennessee Republican Party</b>  |  | <b>Transaction ID: SB23.13986</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 3 / 2 0 0 7 |
| Mailing Address 2424 21st Avenue South<br>Suite 200  |  | Amount of Each Disbursement this Period<br>3000.00  |
| City Nashville State TN Zip Code 37212   |  |   |
| Purpose of Disbursement fundraiser<br>Candidate Name   |  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 3000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 10000.00 |