

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street) PO BOX 550 ONE PARK PLAZA NASHVILLE TN 37203 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00067231 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 09/01/2017 through 09/30/2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Morrow, J. William, B., , Type or Print Name of Treasurer

Signature of Treasurer Morrow, J. William, B., , [Electronically Filed] Date 10/17/2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		617905.17
(b) Cash on Hand at Beginning of Reporting Period.....	618323.14	
(c) Total Receipts (from Line 19) .....	3947.03	208106.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	622270.17	826011.83
7. Total Disbursements (from Line 31).....	8000.00	211741.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	614270.17	614270.17
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**HCA INC. GOOD GOVERNMENT FUND**

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2017 To: M M / D D / Y Y Y Y 09 / 30 / 2017

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).....	2750.57	160865.01
(ii) Unitemized .....	1196.46	47241.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3947.03	208106.66
(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) .....	3947.03	208106.66
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	0.00
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)).....▶	3947.03	208106.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3947.03	208106.66

**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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	209700.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	41.66
(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	41.66
29. Other Disbursements (Including Non-Federal Donations).....	2000.00	2000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	8000.00	211741.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8000.00	211741.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3947.03	208106.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	41.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3947.03	208065.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
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	0.00

**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 6 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

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**

**A. Constanzo, Ralph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2925 Debarr Rd  
 City Anchorage State AK Zip Code 99508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alaska Regional Hospital Occupation (for Individual) CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 485.20

Date of Receipt 09 / 12 / 2017  
**Transaction ID : SA11AI.36551**  
 Amount of Each Receipt this Period 485.20  
 Memo Item

**B. Donahey, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2365 Sterling Creek Pkwy  
 City Oviedo State FL Zip Code 32766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oviedo Medical Centre Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 485.20

Date of Receipt 09 / 12 / 2017  
**Transaction ID : SA11AI.36568**  
 Amount of Each Receipt this Period 485.20  
 Memo Item

**C. Gordon, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11904 Yello Fin Trail  
 City Orlando State FL Zip Code 32827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Osceola Regional Med Ctr Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 485.20

Date of Receipt 09 / 12 / 2017  
**Transaction ID : SA11AI.36567**  
 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: (check only one)	PAGE 7 OF 11
	<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. Hayes, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 352 1st St W  
 City Tierra Verde State FL Zip Code 33715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HCA West FI Division Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 13 / 2017  
**Transaction ID : SA11AI.36533**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Meade, Bob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1355 Bayshore Drive  
 City Englewood State FL Zip Code 34223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Doctors Hospital Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 727.95

Date of Receipt 09 / 12 / 2017  
**Transaction ID : SA11AI.36561**  
 Amount of Each Receipt this Period 727.95  
 Memo Item

**C. Rampat, Amanda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8139 NW 106 Ln  
 City Parkland State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Med Ctr Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 441.76

Date of Receipt 09 / 12 / 2017  
**Transaction ID : SA11AI.36564**  
 Amount of Each Receipt this Period 40.16  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	809.77
<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 8 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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Smith, Thomas (FL), , ,

Mailing Address 8304 Haven Harbour Way

City Bradenton	State FL	Zip Code 34212
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blake Medical Center	Occupation (for Individual) 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
09		12		2017

**Transaction ID : SA11AI.36555**

Amount of Each Receipt this Period  
485.20

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	485.20
<b>TOTAL</b> This Period (last page this line number only).....	2750.57



**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"/> 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**

**A. ALL FOR OUR COUNTRY LEADERSHIP PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVE SE #143

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement fund raiser

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 28 / 2017

FEC Identification Number C00629212

Transaction ID : SB23.36549

Amount of Each Disbursement this Period 1000.00

Memo Item

**B. FRIENDS OF NEAL DUNN**

Full Name (Last, First, Middle Initial)

Mailing Address 2640A MITCHAM DRIVE

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement fund raiser

Candidate Name DUNN, NEAL PATRICK MD, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: FL District: 02

Date of Disbursement 09 / 13 / 2017

FEC Identification Number C00582304

Transaction ID : SB23.36540

Amount of Each Disbursement this Period 1000.00

Memo Item

**C. MCCASKILL FOR MISSOURI**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement fund raiser

Candidate Name MCCASKILL, CLAIRE, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MO District: 00

Date of Disbursement 09 / 13 / 2017

FEC Identification Number C00431304

Transaction ID : SB23.36541

Amount of Each Disbursement this Period 1000.00

Memo Item

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

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

3000.00

**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"/> 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**

**A. TEXANS FOR SENATOR JOHN CORNYN INC**

Full Name (Last, First, Middle Initial)  
Mailing Address 6850 AUSTIN CENTRE BLVD  
SUITE 180

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement fund raiser

Candidate Name CORNYN, JOHN, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: TX District: 00

Date of Disbursement 09 / 28 / 2017

FEC Identification Number C C00369033  
Transaction ID : SB23.36546  
Amount of Each Disbursement this Period 2000.00

Memo Item

**B. WEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1701 BENDING STREAM

City FRIENDSWOOD State TX Zip Code 77546

Purpose of Disbursement fund raiser

Candidate Name WEBER, RANDY, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: TX District: 14

Date of Disbursement 09 / 19 / 2017

FEC Identification Number C C00502229  
Transaction ID : SB23.36543  
Amount of Each Disbursement this Period 1000.00

Memo Item

**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

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6000.00

**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"/> 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**

**A. Mike Wilson for Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address 631 Washington Avenue

City Bowling Green State KY Zip Code 42103

Purpose of Disbursement campaign

Candidate Name  
**Mike Wilson for Senate**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: KY District: 32

Date of Disbursement: 09 / 28 / 2017

FEC Identification Number: C [ ]  
**Transaction ID : SB29.36548**

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. REPUBLICAN PARTY OF KENTUCKY**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1068

City FRANKFORT State KY Zip Code 40602

Purpose of Disbursement fund raiser

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: C C00156810  
**Transaction ID : SB29.36539**

Amount of Each Disbursement this Period: 1000.00

Memo Item

**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: / /

FEC Identification Number: C [ ]

Amount of Each Disbursement this Period: [ ]

Memo Item

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

2000.00

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

2000.00