

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00031590	2 Total pages filed: 12		
3 COMMITTEE NAME HCA Texas Good Government Fund			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/05/2024		
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 13155 Noel Road Suite 2000 Dallas, TX 75240				Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount
	NICKNAME	LAST	SUFFIX	Date Processed	Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13155 Noel Road, Ste. 2000 Dallas, TX 75240				
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 13155 Noel Road, Ste. 2000 Dallas, TX 75240				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input checked="" type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year 12/26/2023		THROUGH	Month Day Year 01/25/2024	

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME HCA Texas Good Government Fund	13 Filer ID (Ethics Commission Filers) 00031590
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Hatch Smith State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,035.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,062.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 127,338.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kristin Dyer

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME HCA Texas Good Government Fund		18 Filer ID (Ethics Commission Filers) 00031590
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,635.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 400.00
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,062.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2.21

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breedlove, Stacye <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77086-1167	7 Amount of Contribution (\$) \$225.00
8 Principal occupation / Job title (See Instructions) Dir Surgery		9 Employer (See Instructions) HCA Houston Northwest
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Justin <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-7095	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) West Houston Med Ctr
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Charlotte <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-2253	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dir Infection Prevention		Employer (See Instructions) HCA Houston Northwest
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chance, Glenna <hr/> Contributor address; City; State; Zip Code Humble, TX 77346-2700	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Med Staff Svcs		Employer (See Instructions) HCA Houston Northwest
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheung, Aida <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-3413	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Houston Northwest

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dangel-Palmer, Maryclaire <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77450-8806	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Asst CNO		9 Employer (See Instructions) HCA Houston Northwest
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Brandon <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77583-3588	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Conroe Reg Med Ctr
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallegos, Michelle <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-8575	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Mgr Med/Surg/Telemetry		Employer (See Instructions) HCA Houston Northwest
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollier, Crystal <hr/> Contributor address; City; State; Zip Code Humble, TX 77396-1113	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP Business Development		Employer (See Instructions) Gulf Coast Division Office
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Intrologator, Nanette <hr/> Contributor address; City; State; Zip Code Spring, TX 77388-1405	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir PACU		Employer (See Instructions) HCA Houston Northwest

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leigh, Kristen <hr/> 6 Contributor address; City; State; Zip Code Brenham, TX 77833-6904	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) HCA Northwest
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCray, Tashauna <hr/> Contributor address; City; State; Zip Code Spring, TX 77388-2627	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) West Houston Med Ctr
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megan, Marietta <hr/> Contributor address; City; State; Zip Code Houston, TX 77082-2408	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) HCA Houston Healthcare West
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Ernest <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-6438	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) West Houston Med Ctr
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Jonathan <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77381-4424	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director PCU		Employer (See Instructions) HCA Houston Northwest

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pani, Arabinda <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-6757	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) CMO		9 Employer (See Instructions) Houston Northwest
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Scott <hr/> Contributor address; City; State; Zip Code Houston, TX 77090-2109	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Facilities Mgmt		Employer (See Instructions) HCA Houston Northwest
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockett, Laura <hr/> Contributor address; City; State; Zip Code Houston, TX 77090-3402	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director of Nursing		Employer (See Instructions) Houston Northwest
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Kenneth <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-7565	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) West Houston Med Ctr
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trammell, Jacqueline <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-6750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir Patient Safety		Employer (See Instructions) HCA Houston Northwest

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vecera, April <hr/> 6 Contributor address; City; State; Zip Code Lexington, TX 78947-9319	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dir Cardiovascular Svcs		9 Employer (See Instructions) HCA Houston Northwest
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velasquez, Robin <hr/> Contributor address; City; State; Zip Code Conroe, TX 77385-2729	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Dir Laboratory		Employer (See Instructions) RRL - Gulf Coast Division
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vergara, Kimberly <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) Valley Regional Medical Center
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Jackson <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6163	Amount of Contribution (\$) \$225.00
Principal occupation / Job title (See Instructions) Asst Administrator		Employer (See Instructions) Corpus Christi Medical Center
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Jessica <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-3855	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Infection Control		Employer (See Instructions) HCA Houston N Cypress

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, DD	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77041-6614		
8 Principal occupation / Job title (See Instructions) Quality Management		9 Employer (See Instructions) HCA Northwest
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willard, Leslie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code The Woodlands, TX 77381-4654		
Principal occupation / Job title (See Instructions) Dir Diagnostic Imaging		Employer (See Instructions) HCA Houston Northwest
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodfin, Beverly	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Cypress, TX 77433-2312		
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) HCA Houston West

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 10/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 01/25/2024	5 Corporation / Labor Organization name HCA, Inc.	6 Amount (\$) 400.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 11/12	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
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4 Date 01/22/2024	5 Payee name Smith, Hatch
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 603 E Ellis Street Llano, TX 78643
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hatch Smith/ Support/2024 Primary
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/04/2024	Payee name Wells Fargo
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Amount (\$) \$62.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4040 N MacArthur Blvd Suite 200 Irving, TX 75038
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Returned Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 12/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 12/29/2023	5 Name of person from whom amount is received Wells Fargo Bank	8 Amount (\$) \$1.03
	6 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038	
	7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/29/2023	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$1.18
	Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	