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			OFFICE USE ONLY
HCA Texas Good	Government Fund		Date Received
			ELECTRONICALLY FILED
			07/08/2024
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
ADDRESS	13155 Noel Road		
	Suite 2000		
Change of Addres			Date Lland delivered or Date Destroyled
5 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Hand-delivered or Date Postmarked
TREASURER	Kristin		Receipt # Amount
NAME			
			Date Processed
	NICKNAME LAST	SUFFI>	<
	Dyer		Date Imaged
6 CAMPAIGN		APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER	STREET ADDRESS (NO PO BOX PLEASE); 13155 Noel Road, Ste. 2000	APT7SUITE#, CITT, ST	ATE, ZIP CODE
STREET ADDRESS	13133 Noel Road, Ste. 2000		
(Residence or Business)			
	Dallas, TX 75240		
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
MAILING	13155 Noel Road, Ste. 2000		
ADDRESS			
	^s Dallas, TX 75240		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(972) 401-8770		
9 REPORT TYPE			
	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY			
REPORT FILING DEADLINE	January 5 April	5 X July 5	October 5
DEADLINE	February 5 May	5 August 5	November 5
	March 5 June	e 5 September 5	December 5
11 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year
	05/26/2024	06/25/	2024
	GO ⁻	TO PAGE 2	
L Forms provided by Te	xas Ethics Commission www.e	thics.state.tx.us	Version V4.1.0.d378aba0

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Gove	rnment Fund		0003159	0
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	12,155.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	273.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	116,926.56
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	L		I	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Kristi	n Dyer	
		Signature of Ca		surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, t	his the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of of	ficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

FORM MPAC COVER SHEET PG 3

3 of 12

		18 Filer ID	(Ethics Commission Filers)		
	IS Good Government Fund	00031590	1		
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 11,755.00		
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$		
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$ 400.00		
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$		
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
9.	SCHEDULE E: LOANS		\$		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 273.20		
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$		
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$		
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 0.92		

SUBTOTALS - MPAC

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	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/12	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	HCA Texas	Good Government Fund				00031590	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/18/2024	Brown, James					\$1,200.00
		6 Contributor address; City; State; Z	Zip Code				
		Sugar Land, TX 77478-3953					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
	CEO			North Cypress Med Ctr			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/25/2024	Childs, Kendall					\$200.00
		Contributor address; City; State; Z					
		Galveston, TX 77554-8203	r		L		
		ipation / Job title (See Instructions)		Employer (See Instructions			
	Dir Respirato	ory Therapy		HCA Houston Clear Lak	ie.		
	Date		out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/21/2024 Dyer, Kristin				\$750.00		
		Contributor address; City; State; Z					
		Friend TV 75022-2011					
	Dringing oog	Frisco, TX 75033-3011	r	Employer (See Instructions	\square		
	CFO	ipation / Job title (See Instructions)		Employer (See Instructions Div N Texas	り		
			<u> </u>		—		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	Ф <u>р</u> од ОД
	06/18/2024	Green, Melissa					\$200.00
		Contributor address; City; State; Z	Zip Code				
		El Campo, TX 77437-0108					
┢	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	ل ۱		
	Administrato	,		HCA Houston West	''		
╞	Date		out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
	06/18/2024	Holt, Thomas	Jut-or-state PAC (ID#	/			\$750.00
	00/10/202	Contributor address; City; State; Z	7in Code				Ψι σοι σσ
		Montgomery, TX 77356-1700					
	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	لــــــــــــــــــــــــــــــــــــ		
	CFO	· · ·		Houston Northwest	,		
┝			I				

	The Instruc	ction Guide explains how to complete th	nis for	rm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/12	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	HCA Texas (Good Government Fund				00031590	
4	Date	5 Full name of contributor Out-of-state PAC ((ID#:)	7	Amount of Contribution (\$)	
	06/24/2024	Johnson-Jones, Alexis	`				\$250.00
		6 Contributor address; City; State; Zip Code					
		Allen, TX 75013-5864					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	VP Operation	.ns		Medical City Green Oak	s⊦	lospit	
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	06/20/2024	Kim, Jin					\$750.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77041-6056	<u> </u>				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	СМО			North Cypress Med Ctr			
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	06/25/2024	Mann, Brandy					\$100.00
		Contributor address; City; State; Zip Code					
		Langua City TV 77572 5247					
\vdash	Dringing oogu	League City, TX 77573-5247		Employer (Coo Instructions	<u> </u>		
	Mgr L&D	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
╞	_						
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	*1 200 00
	06/14/2024	Marmerstein, Robert					\$1,200.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77008-3832					
\vdash	Principal occu	pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u>ן</u>		
	CEO			Tomball Regional Med C			
╞				, , , , , , , , , , , , , , , , , , ,		A second of Contribution (¢)	
	Date 06/17/2024	Full name of contributor out-of-state PAC (McGusty, Tricia	(ID#:)		Amount of Contribution (\$)	\$750.00
	00/1//2024						Φ130.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77069-2316					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	COO			Houston Northwest	,		
┝				-			

			_		
The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/12	
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
HCA Texas	Good Government Fund			00031590	-
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7	Amount of Contribution (\$)	
06/25/2024	O\'Neal, Jessica				\$1,200.00
	6 Contributor address; City; State; Zip Code				
	Dallas, TX 75225-7107				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction	ns)		
CEO		Medical City Las Colina	as		
Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
06/24/2024	Pani, Arabinda				\$750.00
	Contributor address; City; State; Zip Code				
	Sugar Land, TX 77479-6757				
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ns)		
СМО		Houston Northwest			
Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
06/17/2024	Roberts, Matthew				\$100.00
	Contributor address; City; State; Zip Code				
	Cedar Park, TX 78613-6971				
	upation / Job title (See Instructions)	Employer (See Instruction			
Supply Chai	n COO	Lawson Shared Svcs -	- HTI		
Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
06/17/2024	Rubano, Kathleen				\$500.00
	Contributor address; City; State; Zip Code		···		
	Corpus Christi, TX 78414-6039				
-	upation / Job title (See Instructions)	Employer (See Instruction			
CNO		Corpus Christi Med Ctr	r		
Date	Full name of contributor Dut-of-state PAC ((ID#:)		Amount of Contribution (\$)	
06/17/2024	Uresti, Michael				\$200.00
	Contributor address; City; State; Zip Code				
	League City, TX 77573-6251	i			
-	upation / Job title (See Instructions)	Employer (See Instruction			
Dir Facilities	Mgmt	HCA Houston Clear La	ake		

			1 Total pages Schedule A1:
The Instruc	ction Guide explains how to complete this	form.	Sch: 4/5 Rpt: 7/12
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
HCA Texas (Good Government Fund		00031590
4 Date	5 Full name of contributor Out-of-state PAC (ID#)	7 Amount of Contribution (\$)
06/19/2024	Wagner, David		\$750.00
	6 Contributor address; City; State; Zip Code		1
Dringinglocou	Rosharon, TX 77583-5210	a Employer (See Instructions	
8 Principal occu CEO	pation / Job title (See Instructions)	9 Employer (See Instructions) Pearland Reg Med Cen	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
06/20/2024	Wagner, Jackson		\$255.00
	Contributor address; City; State; Zip Code		
	Rosharon, TX 77583-5210		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)	3)
VP Operation	ns	HCA Houston Southeast	st
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
06/20/2024	06/20/2024 Waheed, Musaddiq		\$750.00
	Contributor address; City; State; Zip Code		1
- · · ·	Pearland, TX 77584-9836		
Principal occu CMO	pation / Job title (See Instructions)	Employer (See Instructions) HCA Houston Southeast	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
06/21/2024	Warford, Karen		\$250.00
	Contributor address; City; State; Zip Code		
	Texas City, TX 77568-2563		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> ۶)
Asst CNO		HCA Houston Southeast	st
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
05/28/2024	Weller, Meghan		\$100.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78731-4036		
-	pation / Job title (See Instructions)	Employer (See Instructions)	
Dir Governm	ent Relation	HCA Healthcare TX Divi	ISION

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 8/12 3 Filer ID (Ethics Commission Filers) 2 FILER NAME HCA Texas Good Government Fund 00031590 5 Full name of contributor 4 Date Amount of Contribution (\$) out-of-state PAC (ID#: 7 06/17/2024 \$750.00 Yacoubian, Margarette 6 Contributor address; City; State; Zip Code Tomball, TX 77375-2315 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CNO North Cypress Med Ctr

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rp		
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	HCA Texas Good Government Fund				00031590		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	06/25/2024		HCA, Inc.			40	0.00

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/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polining Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 1/2 Rpt: 10/12	HCA Texas Good Government Fund 00031590						
4 Date	5 Payee name						
06/04/2024	Stripe Inc.						
6 Amount (\$) \$3.20	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550						
Expenditure from corporate funds	San Francisco, CA 94107						
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fees 						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
06/18/2024	Stripe Inc.						
Amount (\$)	Payee address; City; State; Zip Code						
\$35.10	185 Berry Street, Suite 550						
Expenditure from corporate funds	San Francisco, TX 94107						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fees 						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
06/20/2024	Stripe Inc.						
Amount (\$) \$68.20	Payee address;City;State; Zip Code185 Berry Street, Suite 550						
Expenditure from corporate funds	San Francisco, CA 94107						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fees 						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						

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/Politica Credit Card Payment							
1 Total pages Schedule F1:	· · · ·						
Sch: 2/2 Rpt: 11/12	Interview Interview Interview HCA Texas Good Government Fund 00031590						
4 Date	5 Payee name						
06/21/2024	Stripe Inc.						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$63.25	185 Berry Street, Suite 550						
Expenditure from corporate funds	San Francisco, CA 94107						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense						
	Merchant Fees						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
06/24/2024	Stripe Inc.						
Amount (\$)	Payee address; City; State; Zip Code						
\$73.85	185 Berry Street, Suite 550						
410/00							
Expenditure from corporate funds	San Francisco, CA 94107						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fees 						
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
06/25/2024	Stripe Inc.						
Amount (\$)	Payee address; City; State; Zip Code						
\$29.60	185 Berry Street, Suite 550						
φ25.00	105 Deny Street, Suite 550						
Expenditure from corporate funds	San Francisco, CA 94107						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Ecos						
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
	Merchant Fees						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form.				bages Schedule K: 1/1 Rpt: 12/12	
2	FILER NAME				D (Ethics Commission F	ilers)
	HCA Texas Good Government Fund			0003	1590	
4	Date 5 Name of person from whom amount is received				8 Amount (\$)	
	05/31/2024	Wells Fargo Bank				\$0.84
		6 Address of person from whom amount is received; City; State; Zip Code			••	
		Irving, TX 75038				
		7 Purpose for which amount is received Check if p	olitic	al con	tribution returned to filer	
		Interest				
	Data	Nome of person from whom amount is received			Amount (ft)	
	Date	Name of person from whom amount is received			Amount (\$)	¢0.00
	05/31/2024	Wells Fargo Bank				\$0.08
		Address of person from whom amount is received; City; State; Zip Code				
		Irving, TX 75038				
			olitic	al con	tribution returned to filer	
		Interest				