

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
		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)	\$ 12,155.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 273.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 116,926.56
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	\$ 11,755.00
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	\$ 273.20
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	\$ 0.92

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 06/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, James <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478-3953	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) North Cypress Med Ctr
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Kendall <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-8203	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Respiratory Therapy		Employer (See Instructions) HCA Houston Clear Lake
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Kristin <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033-3011	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Div N Texas
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Melissa <hr/> Contributor address; City; State; Zip Code El Campo, TX 77437-0108	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) HCA Houston West
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, Thomas <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-1700	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CFO		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: 2/5 Rpt: 5/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 06/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Jones, Alexis <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013-5864	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) VP Operations		9 Employer (See Instructions) Medical City Green Oaks Hospit
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Jin <hr/> Contributor address; City; State; Zip Code Houston, TX 77041-6056	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) North Cypress Med Ctr
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Brandy <hr/> Contributor address; City; State; Zip Code League City, TX 77573-5247	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mgr L&D		Employer (See Instructions) HCA Houston Clear Lake
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marmarstein, Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-3832	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Tomball Regional Med Ctr
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGusty, Tricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77069-2316	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) COO		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: 3/5 Rpt: 6/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neal, Jessica <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225-7107	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Medical City Las Colinas
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pani, Arabinda <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-6757	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) Houston Northwest
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Matthew <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-6971	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Supply Chain COO		Employer (See Instructions) Lawson Shared Svcs - HTI
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubano, Kathleen <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6039	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) Corpus Christi Med Ctr
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uresti, Michael <hr/> Contributor address; City; State; Zip Code League City, TX 77573-6251	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Facilities Mgmt		Employer (See Instructions) HCA Houston Clear Lake

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 06/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, David <hr/> 6 Contributor address; City; State; Zip Code Rosharon, TX 77583-5210	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Pearland Reg Med Cen
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Jackson <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77583-5210	Amount of Contribution (\$) \$255.00
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) HCA Houston Southeast
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waheed, Musaddiq <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-9836	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) HCA Houston Southeast
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warford, Karen <hr/> Contributor address; City; State; Zip Code Texas City, TX 77568-2563	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) HCA Houston Southeast
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Meghan <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-4036	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir Government Relation		Employer (See Instructions) HCA Healthcare TX Division

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yacoubian, Margarete <hr/> 6 Contributor address; City; State; Zip Code Tomball, TX 77375-2315	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) 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 Schedule C3: Sch: 1/1 Rpt: 9/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 06/25/2024	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: 1/2 Rpt: 10/12	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
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4 Date 06/04/2024	5 Payee name Stripe Inc.
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6 Amount (\$) \$3.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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8 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 Merchant Fees
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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 06/18/2024	Payee name Stripe Inc.
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Amount (\$) \$35.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, TX 94107
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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 Merchant 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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Date 06/20/2024	Payee name Stripe Inc.
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Amount (\$) \$68.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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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 Merchant 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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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: 2/2 Rpt: 11/12	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
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4 Date 06/21/2024	5 Payee name Stripe Inc.
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6 Amount (\$) \$63.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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8 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 Merchant Fees
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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 06/24/2024	Payee name Stripe Inc.
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Amount (\$) \$73.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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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 Merchant 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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Date 06/25/2024	Payee name Stripe Inc.
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Amount (\$) \$29.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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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 Merchant 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 05/31/2024	5 Name of person from whom amount is received Wells Fargo Bank	8 Amount (\$) \$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 Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 05/31/2024	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$0.08
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		