#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00031590 3 COMMITTEE NAME **OFFICE USE ONLY HCA Texas Good Government Fund** Date Received **ELECTRONICALLY FILED** 08/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 13155 Noel Road Suite 2000 Change of Address Dallas, TX 75240 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Kristin NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Dyer CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 13155 Noel Road, Ste. 2000 STREET **ADDRESS** (Residence or Business) Dallas, TX 75240 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 13155 Noel Road, Ste. 2000 MAILING **ADDRESS** Change of Address Dallas, TX 75240 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (972) 401-8770 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 X August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2024 07/25/2024 **GO TO PAGE 2**

### 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	ernment Fund		000315	90
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		
		в. Оррозец		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	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)	\$	26,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	764.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	132,164.95
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Kristiı	n Dyer	
		Signature of Car	mpaign Trea	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, th	nis the	day
of	_, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	officer administering oath

#### **SUBTOTALS - MPAC**

### FORM MPAC **COVER SHEET PG 3**

			3 01 24					
17 COMMITTEE NAME	18 Filer	ID (Eth	nics Commission Filers)					
HCA Texas Good Government Fund	0003	31590						
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE			SUBTOTAL AMOUNT					
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	DNS	\$	25,800.00					
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICA	L CONTRIBUTIONS	\$						
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS							
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM ORGANIZATION	CORPORATION OR LABOR	\$						
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIB	UTIONS FROM CORPORATION OF	\$						
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPO	PRATION OR LABOR ORGANIZATION	ON \$	400.00					
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORGANIZATION	ORPORATION OR LABOR	\$						
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CO	RPORATION OR LABOR ORGANIZ	ATION \$						
9. SCHEDULE E: LOANS		\$						
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM PO	DLITICAL CONTRIBUTIONS	\$	764.41					
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM	POLITICAL CONTRIBUTIONS	\$						
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CA	ARD	\$						
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM	POLITICAL CONTRIBUTIONS	\$						
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS	S, AND CONTRIBUTIONS RETURN	<b>\$</b>	0.91					
		•						

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S 		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/24	
2	FILER NAME HCA Texas	Good Government Fund				3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 07/24/2024	Full name of contributor     Anderton, Scott     Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$750.00
		Celina, TX 75009-1426						
8	Principal occu CFO	pation / Job title (See Instructions	(5)		Employer (See Instructions Med City Dallas Hosp	5)		
	Date 07/22/2024	Full name of contributor  Bamburg, Wesley  Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$750.00
	Principal occu	Houston, TX 77004 pation / Job title (See Instructions	(;)		Employer (See Instructions Houston Med Ctr	<u> </u> 5)		
	Date 07/11/2024	Full name of contributor Becker, Eric Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77025-1215 pation / Job title (See Instructions	(3)		Employer (See Instructions	<u> </u>		
	CEO		,		Texas Orthopedic Hosp			
	Date 07/05/2024	Full name of contributor Burriss, Ashley  Contributor address; City; S  Cypress, TX 77433-7579	out-of-state PAC (ID#:	••••			Amount of Contribution (\$)	\$250.00
	Principal occu VP Quality	pation / Job title (See Instructions	s)		Employer (See Instructions Texas Orthopedic Hospi			
	Date 07/25/2024	Full name of contributor Burton, Bret Contributor address; City; S Fort Worth, TX 76107-113					Amount of Contribution (\$)	\$750.00
	Principal occu CMO	pation / Job title (See Instructions	s)		Employer (See Instructions Med City Fort Worth	5)		

	MONEI	ARY POLITICAL CON	IIKIBUTION	ıs		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to c	omplete this for	m.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/24	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 07/05/2024	<ul> <li>Full name of contributor</li></ul>	it-of-state PAC (ID#: p Code	)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	League City, TX 77573-7166 pation / Job title (See Instructions) ence	9	Employer (See Instructions HCA Houston Clear Lak			
	Date 07/22/2024		p Code	)		Amount of Contribution (\$)	\$200.00
	Principal occupation / Job title (See Instructions)  Dir Neuroscience  Employer (See Instructions)  HCA Houston Clear Lak						
	Date 07/09/2024	Copelin, Rachel  Contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$200.00
	Principal occu	League City, TX 77573-1549 pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
	Date 07/25/2024	Full name of contributor ou Daniels, Andrea  Contributor address; City; State; Zi  Palmer, TX 75152-1252	it-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Medical City Heart & Sp			
	Date 07/16/2024	Full name of contributor out Dassler, Kathleen  Contributor address; City; State; Zi  McAllen, TX 78504-1901	p Code			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Rio Grande Reg Hosp	5)		
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	MONET	ARY POLITICAL (	CONTRIBUTION	N	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/24	
2	FILER NAME HCA Texas	Good Government Fund				3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 07/11/2024	<ul><li>5 Full name of contributor</li><li>Deno, Mark</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$1,200.00
		North Richland Hills, TX 7						
8	Principal occu CEO	pation / Job title (See Instructions	9		Employer (See Instructions Medical City North Hills	s)		
	Date 07/10/2024	Full name of contributor  Despain, Stephanie  Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
	Principal occu	New Caney, TX 77357-77 pation / Job title (See Instructions			Employer (See Instructions	:) 		
	Mgr Med Staff Svcs  HCA Houston Northwes							
	Date 07/16/2024	Full name of contributor  Dunn, Rebecca  Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75287-5848						
	Principal occu Mgr Laborate	pation / Job title (See Instructions ory	5)		Employer (See Instructions Medical City Dallas	5)		
	Date 07/01/2024	Full name of contributor Edgar, Steven Contributor address; City; S Lantana, TX 76226-6538	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,200.00
	Principal occu CEO	pation / Job title (See Instructions	s)		Employer (See Instructions Medical City Denton	5)		
	Date 07/12/2024	Full name of contributor Furay, Melissa Contributor address; City; S Plano, TX 75075-8124	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$200.00
	Principal occu Dir Clinical E	pation / Job title (See Instructions Excellence	s)		Employer (See Instructions Medical City Green Oak		lospit	
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	MONEI	ARY POLITICAL CO	JNIKIBUTION			SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how t	o complete this form	m.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/24	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 07/03/2024	Full name of contributor     Gibson, Tremaine     Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$100.00
8		Houston, TX 77021-6018  upation / Job title (See Instructions)	9	Employer (See Instructions			
	Date 07/01/2024	Full name of contributor Gomez Naranjo, Adriana Contributor address; City; State McAllen, TX 78504-4688	out-of-state PAC (ID#:e; Zip Code	HCA Houston Northwes	t	Amount of Contribution (\$)	\$750.00
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions Rio Grande Reg Hosp	<u>(</u>		
	Date 07/12/2024	Full name of contributor Harrison, Allen Contributor address; City; State Dallas, TX 75230-4114	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu Div Presiden	upation / Job title (See Instructions)		Employer (See Instructions HCA North Texas	<u> </u> 5)		
	Date 06/27/2024	Full name of contributor  Herrington, Beverly  Contributor address; City; State  Frisco, TX 75035-5758	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$100.00
	·	upation / Job title (See Instructions)  f Clinical Services		Employer (See Instructions Medical City Green Oak		lospit	
	Date 07/25/2024	Full name of contributor Herrington, Beverly Contributor address; City; State Frisco, TX 75035-5758	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$150.00
		upation / Job title (See Instructions)  f Clinical Services		Employer (See Instructions Medical City Green Oak		lospit	
			•				

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/24	
2	FILER NAME HCA Texas	Good Government Fund				3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 07/01/2024	<ul><li>5 Full name of contributor Hodge, William</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$100.00
		Baytown, TX 77523-3464						
8	Principal occu Mgr Facilities	pation / Job title (See Instructions s Mgmt	)	9	Employer (See Instructions HCA Houston Clear Lak			
	Date 07/03/2024	Full name of contributor Hollier, Crystal Contributor address; City; St					Amount of Contribution (\$)	\$250.00
	Principal occu	Humble, TX 77396-1113 pation / Job title (See Instructions	)		Employer (See Instructions	(s)		
		VP Business Development Gulf Coast Division Office						
	Date 07/12/2024	Full name of contributor Jones, Teddy  Contributor address; City; St			)		Amount of Contribution (\$)	\$400.00
		Grapevine, TX 76051-570	8					
	Principal occu CFO	pation / Job title (See Instructions	)		Employer (See Instructions Medical City North Hills	s)		
	Date 07/18/2024	Full name of contributor Julka, Manjula Contributor address; City; St Plano, TX 75093-7563	out-of-state PAC (ID#:ate; Zip Code		)		Amount of Contribution (\$)	\$250.00
	Principal occu CMO	pation / Job title (See Instructions	)		Employer (See Instructions Medical City McKinney	5)		
	Date 07/10/2024	Full name of contributor Karlix, Krysla Contributor address; City; St Plano, TX 75093-5973	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$500.00
	Principal occu CEO	pation / Job title (See Instructions			Employer (See Instructions Green Oaks Hosp	;)		

	MONEI	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/24	
2	FILER NAME HCA Texas	Good Government Fund		3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 07/19/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$750.00
8	Principal occu CFO	Missouri City, TX 77459-2991 pation / Job title (See Instructions)	Employer (See Instructions HCA Houston Southeas			
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID#: Mascorro, Alfred  Contributor address; City; State; Zip Code  Harlingen, TX 78552-6801	)		Amount of Contribution (\$)	\$250.00
	Principal occu Asst CNO	pation / Job title (See Instructions)	Employer (See Instructions Rio Grande Regional He		pital	
	Date 07/02/2024	Full name of contributor  out-of-state PAC (ID#: Mathis, Christina  Contributor address; City; State; Zip Code  Dallas, TX 75206-6338	)		Amount of Contribution (\$)	\$1,200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Med City Frisco	s)		
	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#: McDaniel, Yasmene  Contributor address; City; State; Zip Code  Houston, TX 77079-6808			Amount of Contribution (\$)	\$1,200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions HCA Houston Southeas			
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#: Modi, Jaiminkumar  Contributor address; City; State; Zip Code  Manvel, TX 77578-3965			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Rio Grande Reg Hosp	s)		
		<b>'</b>				

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/24	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 07/12/2024	Mueller, Zachary	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$750.00
_		Dallas, TX 75230-3221					
8	Principal occu Div CNE	pation / Job title (See Instructions)		Employer (See Instructions HCA North Texas	5)		
	Date 07/25/2024	Nwaedi, Chidimma  Contributor address; City; State; Zip	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
			Medical City Green Oak		lospit		
	Date 07/19/2024	Full name of contributor	-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76109-5001	1				
	VP Operation	pation / Job title (See Instructions) ns		Employer (See Instructions Med City Fort Worth	5)		
	Date 06/26/2024	Full name of contributor out- Pyle, Christopher  Contributor address; City; State; Zip  Fairview, TX 75069-9457				Amount of Contribution (\$)	\$25.00
	Principal occu Dir Facilities	pation / Job title (See Instructions) Mgmt		Employer (See Instructions Medical City Green Oak		lospit	
	Date 07/16/2024	Rai, Dillon	of-state PAC (ID#:			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Med Ctr Arlington	5)		
			1				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S 		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/24	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 07/03/2024	<ul><li>5 Full name of contributor Rakestraw, Shelley</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: ; Zip Code		7	Amount of Contribution (\$)	\$100.00
		Richmond, TX 77406-6789					
8	Principal occu Dir Med/Surç	pation / Job title (See Instructions)		Employer (See Instructions Texas Orthopedic Hospi			
	Date 07/23/2024	Full name of contributor Renzano, Alice Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77063-5355 pation / Job title (See Instructions)		Employer (See Instructions	()		
	Dir Quality	panerry cos and (cos monacació)		HCA Houston Kingwood			
	Date 07/12/2024	Full name of contributor  Rosser, Julie  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Texas City, TX 77590-5616					
	Principal occu Admin Asst	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Mainland	)		
	Date 07/25/2024	Full name of contributor Rosser, Julie Contributor address; City; State Texas City, TX 77590-5616	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$250.00
	Principal occu Admin Asst	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Mainland	)		
	Date 07/05/2024	Full name of contributor Sabina, Robert Contributor address; City; State The Woodlands, TX 77381-3	•	)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Conroe Reg Med Ctr	5)		
			1				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/24	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 06/26/2024	<ul><li>5 Full name of contributor</li><li>Saini, Gurvir</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$750.00
		Pasadena, TX 77504-2382					
8	Principal occu CNO	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Southeas			
	Date 07/17/2024	Full name of contributor Shepherd, Bryan Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$750.00
	Principal occu	Spring, TX 77382-2513 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	CFO North Cypress Med Ct		North Cypress Med Ctr				
	Date 06/27/2024	Full name of contributor Simmerman, Jack Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$100.00
		League City, TX 77573-2658	3				
	Principal occu Mgr Facilities	pation / Job title (See Instructions) s Mgmt		Employer (See Instructions HCA Houston Clear Lak			
	Date 07/15/2024	Full name of contributor Smith, Kenneth Contributor address; City; State Pharr, TX 78577-8123	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$200.00
	Principal occu Dir Respirato	pation / Job title (See Instructions) ory Therapy		Employer (See Instructions Rio Grande Regional Ho		ital	
	Date 07/19/2024	Full name of contributor Soule, Joyce Contributor address; City; State Parker, TX 75002-6445	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Med City Dallas Hosp	)		
			1				

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/24	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 07/18/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$250.00
		Houston, TX 77058-3444					
8	Principal occu Asst CFO	pation / Job title (See Instructions)	9	Employer (See Instructions HCA Houston Clear Lak			
	Date 07/19/2024	Full name of contributor  out-of-state PAC ( Stiles, Julie Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Principal occu	Shady Shores, TX 76208-5126 pation / Job title (See Instructions)		Employer (See Instructions	<u>;)</u>		
	VP Surgical Svcs Medical City Dallas		-,				
	Date 07/12/2024	Full name of contributor  out-of-state PAC ( Sturgeon, Renee  Contributor address; City; State; Zip Code	ID#:	)		Amount of Contribution (\$)	\$750.00
		Allen, TX 75013-2935					
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Medical City McKinney	5)		
	Date 07/01/2024	Full name of contributor out-of-state PAC ( Swanagan, Lindsay  Contributor address; City; State; Zip Code  Houston, TX 77089-5455		)	•	Amount of Contribution (\$)	\$250.00
	Principal occu Admin Dir O	pation / Job title (See Instructions) utpatient		Employer (See Instructions HCA Houston Southeas			
	Date 07/02/2024	Full name of contributor out-of-state PAC ( Tezanos, Francis Contributor address; City; State; Zip Code  Spring, TX 77373-8768	ID#:	)	•	Amount of Contribution (\$)	\$250.00
	Principal occu Asst CFO	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Southeas			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 11/11 Rpt: 14/24		
2	FILER NAME HCA Texas	LER NAME CA Texas Good Government Fund				Filer ID (Ethics Commission 00031590	on Filers)	
4	Date 07/17/2024  5 Full name of contributor out-of-state PAC (ID#:) Vela, Dora  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$250.00		
_	Dringing! aggs	McAllen, TX 78501-6134	lo-	Employer (Coa Instructions				
0		pation / Job title (See Instructions) ardiovascular Svcs		Employer (See Instructions Rio Grande Regional Ho		ital		
	Date Full name of contributor out-of-state PAC (ID#:)  07/11/2024 Walker, John  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00			
	Principal occu	Highland Village, TX 75077-18 pation / Job title (See Instructions)		Employer (See Instructions	)			
	CEO			Medical City Lewisville				
	Date 06/28/2024	Weller, Meghan  Contributor address; City; State;	out-of-state PAC (ID#:  Zip Code	)		Amount of Contribution (\$)	\$900.00	
	Principal occu	Austin, TX 78731-4036 pation / Job title (See Instructions)		Employer (See Instructions	)			
	Dir Governm	ent Relation		HCA Healthcare TX Divi		n		
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$250.00			
	Principal occu Asst CNO	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Southeas				
	Date O7/01/2024 Full name of contributor out-of-state PAC (ID#:) Wren, Jason Contributor address; City; State; Zip Code  Decatur, TX 76234-3756			Amount of Contribution (\$)	\$250.00			
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  CEO  Medical City Decatur			Employer (See Instructions Medical City Decatur	)			
			l					

PLEDO	PLEDGED CONTRIBUTIONS  SCHEDULE B						
The Instruction Guide explains how to complete this form.				1 Total pages Schedule B: Sch: 1/1 Rpt: 15/24			
2 FILER NAME HCA Texas Good Government Fund				<b>3</b> Filer ID (Eth 00031590	ics Commission Filers)		
4	F UNITEMIZED PLEDG	ES		\$	0.00		
5 Date	6 Full name of pledgor Johnson, Deborah	out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (If applicable)		
07/22/2024	7 Pledgor Address;	City; State; Zip Code		\$100.00			
	Houston, TX 77058-43			Check if travel outs	i lide of Texas. Complete Schedule T.		
•	cupation / Job title (See Instruc linical Applications	ctions)	11 Employer (See Instru HCA Houston Cle				
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID#:	)	8 Amount of	9 In-kind description		
	Russell, James	<u>—</u>		pledge (\$)	(If applicable)		
	7 Pledgor Address;	City; State; Zip Code		\$1,200.00	i		
07/22/2024							
	Friendswood, TX 7754	6-1457		Check if travel outs	I I iide of Texas. Complete Schedule T.		
10 Principal oc	cupation / Job title (See Instruc	tions)	11 Employer (See Instru	ctions)			
CEO			Mainland Med Cti	r			

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instru	cti	on Guide explains how to complete this form.	1	Total pages Schedule C3: Sch: 1/1 Rpt: 16/24	
2	FILER NAME     HCA Texas Good Government Fund				Filer ID (Ethics Commission Filers) 00031590	
4	Date 07/25/2024	5	Corporation / Labor Organization name HCA, Inc.	6	Amount (\$) 400.0	.00

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing mmittee Legal Services Salaries  The Instruction Guide explains how to	Expens s/Wages	se s/Contract Labor		Travel In District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	12	·		-	3	Filer ID (Ethics Commission Filers)
-	Sch: 1/7 Rpt: 17/24	-	HCA Texas Good Government Fund			Ŭ	00031590
4	Date	5	Payee name		•		
	06/26/2024		Stripe Inc.				
6	Amount (\$)	7	Payee address; City; State; Zip C	Code			
	\$29.60		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 of	utsi	ide of Texas. Complete Schedule T.
	LXFENDITORE				$\Box$		, officeholder living expense
					Merchant Fee	!S	
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Office so	ought			Office held
	Date		Payee name				
	06/27/2024		Stripe Inc.				
	Amount (\$)	T	Payee address; City; State; Zip C	Code			
	\$44.40		185 Berry Street, Suite 550				
	Expenditure from corporate funds		San Francisco, CA 94107				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Fees		<b>=</b>		ide of Texas. Complete Schedule T.
					Merchant Fee		, officeholder living expense
					Werenant ree		
	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> ought			Office held
	expenditure to benefit C/OF	Н					
	Date		Payee name				
	06/28/2024		Stripe Inc.				
	Amount (\$)	┢	Payee address; City; State; Zip 0	Code			
	\$23.08		185 Berry Street, Suite 550				
	,						
	Expenditure from corporate funds		San Francisco, CA 94107				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.
					Merchant Fee		, officeholder living expense
					WEIGHAHL FEE	.3	
	Complete ONLY if direct	Ц	Candidata/Officabaldar nama	one <sub>e</sub>			Office hold
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office so	bugnt			Office held

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services 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)

Credit Card Payment	The Instruction Guide explains how to con	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/7 Rpt: 18/24	HCA Texas Good Government Fund	00031590
4 Date	5 Payee name	<u>'</u>
07/02/2024	Stripe Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le
\$32.80	185 Berry Street, Suite 550	
Expenditure from corporate funds	San Francisco, CA 94107	
8 PURPOSE	(-) -	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Merchant Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experiantific to benefit 6/61	<u>'</u>	
Date	Payee name	
07/03/2024	Stripe Inc.	
Amount (\$)	Payee address; City; State; Zip Coo	e
\$75.45	185 Berry Street, Suite 550	
Expenditure from corporate funds	San Francisco, CA 94107	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office souc	ht Office held
expenditure to benefit C/O	<u> </u>	Tit Office field
Date	Payee name	
07/05/2024	Stripe Inc.	
Amount (\$)	Payee address; City; State; Zip Coo	e
\$85.30	185 Berry Street, Suite 550	
Expenditure from		
corporate funds	San Francisco, CA 94107	
PURPOSE OF	, ,	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		2

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 3/7 Rpt: 19/24	HCA Texas Good Government Fund 00031590	
4 Date	5 Payee name	
07/08/2024	Stripe Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$13.95	185 Berry Street, Suite 550	
Expenditure from corporate funds	San Francisco, CA 94107	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Merchant Fees	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	the state of the s	
Data		=
Date	Payee name	
07/09/2024	Stripe Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$29.60	185 Berry Street, Suite 550	
Expenditure from		
corporate funds	San Francisco, CA 94107	
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	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
		_
Date	Payee name	
07/10/2024	Stripe Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$6.10	185 Berry Street, Suite 550	
Expenditure from		
corporate funds	San Francisco, CA 94107	
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.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Merchant Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to benefit G/OI	<u>'</u>	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/7 Rpt: 20/24	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
07/10/2024	Stripe Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6.10	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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	·
Date	Payee name
07/12/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$18.00	185 Berry Street, Suite 550
Evnanditura from	
Expenditure from corporate funds	San Francisco, CA 94107
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
	Morana II dee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/15/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$93.70	185 Berry Street, Suite 550
- Evnanditure from	
Expenditure from corporate funds	San Francisco, CA 94107
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

sement Solicitation/Fundraising Expense
Dense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Center a centerory and listed above.

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/7 Rpt: 21/24	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
07/16/2024	Stripe Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13.65	185 Berry Street, Suite 550
— Foresteller of forest	
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
	Wichthall 1 ccs
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Data	<u> </u>
Date	Payee name
07/16/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$106.93	185 Berry Street, Suite 550
Expenditure from	
corporate funds	San Francisco, CA 94107
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Merchant Fees
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
- p	
Date	Payee name
07/18/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$47.30	185 Berry Street, Suite 550
Funon diture from	
Expenditure from corporate funds	San Francisco, CA 94107
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Merchant Fees
Operated Children	Our didn't 10ff a balden name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Com

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/7 Rpt: 22/24	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
07/19/2024	Stripe Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$29.60	185 Berry Street, Suite 550
— Foresteller of forest	
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
	Welchant Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Dete	
Date	Payee name
07/22/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$15.10	185 Berry Street, Suite 550
Expenditure from	
corporate funds	San Francisco, CA 94107
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
Complete ONLY if direct	Condidate/Office helds no year
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
07/24/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$50.20	185 Berry Street, Suite 550
Expenditure from	
corporate funds	San Francisco, CA 94107
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.
LA LABITORL	Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete Chill V if all a	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
, ,	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 23/24	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
07/24/2024	Stripe Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$36.00	185 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Merchant Fees
	Weithanties
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/25/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$7.55	185 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
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
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 24/24 2 FILER NAME Filer ID (Ethics Commission Filers) **HCA Texas Good Government Fund** 00031590 8 Amount (\$) Date 5 Name of person from whom amount is received 06/28/2024 Wells Fargo Bank \$0.84 6 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038 Purpose for which amount is received Check if political contribution returned to filer Interest Amount (\$) Name of person from whom amount is received Date 06/28/2024 Wells Fargo Bank \$0.07 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038 Purpose for which amount is received Check if political contribution returned to filer Interest