



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|  |   |
|--|---|
| <b>12 COMMITTEE NAME</b><br>HCA Texas Good Government Fund | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00031590 |
|--|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |
|   |  |              |

|                               |   |               |
|-------------------------------|---|---------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00       |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 26,200.00  |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 0.00       |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 764.41     |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 132,164.95 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 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

|  |  |   |
|--|--|---|
| <b>17 COMMITTEE NAME</b><br>HCA Texas Good Government Fund |  | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00031590 |
| <b>19 SCHEDULE SUBTOTALS</b>                               |  | SUBTOTAL AMOUNT   |
|  | NAME OF SCHEDULE   |   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 25,800.00  |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                   | \$  |
| 3.   | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 1,300.00   |
| 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                   | \$ 764.41   |
| 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 | \$ 0.91   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/11 Rpt: 4/24     |
| <b>2</b> FILER NAME<br>HCA Texas Good Government Fund                            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590     |
| <b>4</b> Date<br>07/24/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Anderton, Scott | <b>7</b> Amount of Contribution (\$)<br>\$750.00             |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Celina, TX 75009-1426 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CFO              |  | <b>9</b> Employer (See Instructions)<br>Med City Dallas Hosp |
| Date<br>07/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bamburg, Wesley          | Amount of Contribution (\$)<br>\$750.00                      |
| Contributor address; City; State; Zip Code<br><br>Houston, TX 77004              |  |  |
| Principal occupation / Job title (See Instructions)<br>COO                       |  | Employer (See Instructions)<br>Houston Med Ctr               |
| Date<br>07/11/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Becker, Eric             | Amount of Contribution (\$)<br>\$1,000.00                    |
| Contributor address; City; State; Zip Code<br><br>Houston, TX 77025-1215         |  |  |
| Principal occupation / Job title (See Instructions)<br>CEO                       |  | Employer (See Instructions)<br>Texas Orthopedic Hosp         |
| Date<br>07/05/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Burriss, Ashley          | Amount of Contribution (\$)<br>\$250.00                      |
| Contributor address; City; State; Zip Code<br><br>Cypress, TX 77433-7579         |  |  |
| Principal occupation / Job title (See Instructions)<br>VP Quality                |  | Employer (See Instructions)<br>Texas Orthopedic Hospital     |
| Date<br>07/25/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Burton, Bret             | Amount of Contribution (\$)<br>\$750.00                      |
| Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76107-1136      |  |  |
| Principal occupation / Job title (See Instructions)<br>CMO                       |  | Employer (See Instructions)<br>Med City Fort Worth           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                      |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/11 Rpt: 5/24       |
| <b>2</b> FILER NAME<br>HCA Texas Good Government Fund                                 |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590       |
| <b>4</b> Date<br>07/05/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Carleton, Marcia | <b>7</b> Amount of Contribution (\$) \$200.00                  |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>League City, TX 77573-7166 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dir Neuroscience      |   | <b>9</b> Employer (See Instructions)<br>HCA Houston Clear Lake |
| Date<br>07/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Carleton, Marcia          | Amount of Contribution (\$) \$200.00                           |
| Contributor address; City; State; Zip Code<br><br>League City, TX 77573-7166          |   |  |
| Principal occupation / Job title (See Instructions)<br>Dir Neuroscience               |   | Employer (See Instructions)<br>HCA Houston Clear Lake          |
| Date<br>07/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Copelin, Rachel           | Amount of Contribution (\$) \$200.00                           |
| Contributor address; City; State; Zip Code<br><br>League City, TX 77573-1549          |   |  |
| Principal occupation / Job title (See Instructions)<br>Dir Quality                    |   | Employer (See Instructions)<br>HCA Houston Clear Lake          |
| Date<br>07/25/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Daniels, Andrea           | Amount of Contribution (\$) \$500.00                           |
| Contributor address; City; State; Zip Code<br><br>Palmer, TX 75152-1252               |   |  |
| Principal occupation / Job title (See Instructions)<br>COO                            |   | Employer (See Instructions)<br>Medical City Heart & Spine      |
| Date<br>07/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Dassler, Kathleen         | Amount of Contribution (\$) \$750.00                           |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504-1901              |   |  |
| Principal occupation / Job title (See Instructions)<br>CNO                            |   | Employer (See Instructions)<br>Rio Grande Reg Hosp             |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/11 Rpt: 6/24         |
| <b>2</b> FILER NAME<br>HCA Texas Good Government Fund                          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590         |
| <b>4</b> Date<br>07/11/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Deno, Mark<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>North Richland Hills, TX 76182-2003 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,200.00           |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CEO            |   | <b>9</b> Employer (See Instructions)<br>Medical City North Hills |
| Date<br>07/10/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Despain, Stephanie<br><hr/> Contributor address; City; State; Zip Code<br><br>New Caney, TX 77357-7756                      | Amount of Contribution (\$)<br><br>\$100.00                      |
| Principal occupation / Job title (See Instructions)<br>Mgr Med Staff Svcs      |   | Employer (See Instructions)<br>HCA Houston Northwest             |
| Date<br>07/16/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Dunn, Rebecca<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75287-5848                              | Amount of Contribution (\$)<br><br>\$100.00                      |
| Principal occupation / Job title (See Instructions)<br>Mgr Laboratory          |   | Employer (See Instructions)<br>Medical City Dallas               |
| Date<br>07/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Edgar, Steven<br><hr/> Contributor address; City; State; Zip Code<br><br>Lantana, TX 76226-6538                             | Amount of Contribution (\$)<br><br>\$1,200.00                    |
| Principal occupation / Job title (See Instructions)<br>CEO                     |   | Employer (See Instructions)<br>Medical City Denton               |
| Date<br>07/12/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Furay, Melissa<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75075-8124                              | Amount of Contribution (\$)<br><br>\$200.00                      |
| Principal occupation / Job title (See Instructions)<br>Dir Clinical Excellence |   | Employer (See Instructions)<br>Medical City Green Oaks Hospit    |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                      |  | 1 Total pages Schedule A1:<br>Sch: 4/11 Rpt: 7/24             |
| 2 FILER NAME<br>HCA Texas Good Government Fund  |  | 3 Filer ID (Ethics Commission Filers)<br>00031590             |
| 4 Date<br>07/03/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gibson, Tremaine     | 7 Amount of Contribution (\$)<br>\$100.00                     |
|   | 6 Contributor address; City; State; Zip Code<br><br>Houston, TX 77021-6018                                 |   |
| 8 Principal occupation / Job title (See Instructions)<br>VP Operations                |  | 9 Employer (See Instructions)<br>HCA Houston Northwest        |
| Date<br>07/01/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gomez Naranjo, Adriana | Amount of Contribution (\$)<br>\$750.00                       |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504-4688                                   |   |
| Principal occupation / Job title (See Instructions)<br>CMO                            |  | Employer (See Instructions)<br>Rio Grande Reg Hosp            |
| Date<br>07/12/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Harrison, Allen        | Amount of Contribution (\$)<br>\$1,500.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Dallas, TX 75230-4114                                    |   |
| Principal occupation / Job title (See Instructions)<br>Div President                  |  | Employer (See Instructions)<br>HCA North Texas                |
| Date<br>06/27/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Herrington, Beverly    | Amount of Contribution (\$)<br>\$100.00                       |
|   | Contributor address; City; State; Zip Code<br><br>Frisco, TX 75035-5758                                    |   |
| Principal occupation / Job title (See Instructions)<br>Admin Dir of Clinical Services |  | Employer (See Instructions)<br>Medical City Green Oaks Hospit |
| Date<br>07/25/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Herrington, Beverly    | Amount of Contribution (\$)<br>\$150.00                       |
|   | Contributor address; City; State; Zip Code<br><br>Frisco, TX 75035-5758                                    |   |
| Principal occupation / Job title (See Instructions)<br>Admin Dir of Clinical Services |  | Employer (See Instructions)<br>Medical City Green Oaks Hospit |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>               |   | 1 Total pages Schedule A1:<br>Sch: 5/11 Rpt: 8/24         |
| 2 FILER NAME<br>HCA Texas Good Government Fund                                 |   | 3 Filer ID (Ethics Commission Filers)<br>00031590         |
| 4 Date<br>07/01/2024   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hodge, William | 7 Amount of Contribution (\$)<br><br>\$100.00             |
|  | 6 Contributor address; City; State; Zip Code<br><br>Baytown, TX 77523-3464                          |   |
| 8 Principal occupation / Job title (See Instructions)<br>Mgr Facilities Mgmt   |   | 9 Employer (See Instructions)<br>HCA Houston Clear Lake   |
| Date<br>07/03/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hollier, Crystal | Amount of Contribution (\$)<br><br>\$250.00               |
|  | Contributor address; City; State; Zip Code<br><br>Humble, TX 77396-1113                             |   |
| Principal occupation / Job title (See Instructions)<br>VP Business Development |   | Employer (See Instructions)<br>Gulf Coast Division Office |
| Date<br>07/12/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jones, Teddy     | Amount of Contribution (\$)<br><br>\$400.00               |
|  | Contributor address; City; State; Zip Code<br><br>Grapevine, TX 76051-5708                          |   |
| Principal occupation / Job title (See Instructions)<br>CFO                     |   | Employer (See Instructions)<br>Medical City North Hills   |
| Date<br>07/18/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Julka, Manjula   | Amount of Contribution (\$)<br><br>\$250.00               |
|  | Contributor address; City; State; Zip Code<br><br>Plano, TX 75093-7563                              |   |
| Principal occupation / Job title (See Instructions)<br>CMO                     |   | Employer (See Instructions)<br>Medical City McKinney      |
| Date<br>07/10/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Karlrix, Krysla  | Amount of Contribution (\$)<br><br>\$500.00               |
|  | Contributor address; City; State; Zip Code<br><br>Plano, TX 75093-5973                              |   |
| Principal occupation / Job title (See Instructions)<br>CEO                     |   | Employer (See Instructions)<br>Green Oaks Hosp            |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>       |   | <b>1</b> Total pages Schedule A1:<br>Sch: 6/11 Rpt: 9/24           |
| <b>2</b> FILER NAME<br>HCA Texas Good Government Fund                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590           |
| <b>4</b> Date<br>07/19/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Magoulas, Demetri<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Missouri City, TX 77459-2991 | <b>7</b> Amount of Contribution (\$)<br><br>\$750.00               |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CFO    |   | <b>9</b> Employer (See Instructions)<br>HCA Houston Southeast      |
| <b>Date</b><br>07/15/2024  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mascorro, Alfred<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Harlingen, TX 78552-6801          | <b>Amount of Contribution (\$)</b><br><br>\$250.00                 |
| <b>Principal occupation / Job title (See Instructions)</b><br>Asst CNO |   | <b>Employer (See Instructions)</b><br>Rio Grande Regional Hospital |
| <b>Date</b><br>07/02/2024  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mathis, Christina<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Dallas, TX 75206-6338            | <b>Amount of Contribution (\$)</b><br><br>\$1,200.00               |
| <b>Principal occupation / Job title (See Instructions)</b><br>CEO      |   | <b>Employer (See Instructions)</b><br>Med City Frisco              |
| <b>Date</b><br>07/02/2024  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McDaniel, Yasmene<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Houston, TX 77079-6808           | <b>Amount of Contribution (\$)</b><br><br>\$1,200.00               |
| <b>Principal occupation / Job title (See Instructions)</b><br>CEO      |   | <b>Employer (See Instructions)</b><br>HCA Houston Southeast        |
| <b>Date</b><br>07/22/2024  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Modi, Jaiminkumar<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Manvel, TX 77578-3965            | <b>Amount of Contribution (\$)</b><br><br>\$750.00                 |
| <b>Principal occupation / Job title (See Instructions)</b><br>COO      |   | <b>Employer (See Instructions)</b><br>Rio Grande Reg Hosp          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 7/11 Rpt: 10/24     |
| <b>2</b> FILER NAME<br>HCA Texas Good Government Fund                      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590      |
| <b>4</b> Date<br>07/12/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mueller, Zachary<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75230-3221 | <b>7</b> Amount of Contribution (\$)<br><br>\$750.00          |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Div CNE    |  | <b>9</b> Employer (See Instructions)<br>HCA North Texas       |
| Date<br>07/25/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nwaedi, Chidimma<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76017-6559                | Amount of Contribution (\$)<br><br>\$100.00                   |
| Principal occupation / Job title (See Instructions)<br>Dir Clinics         |  | Employer (See Instructions)<br>Medical City Green Oaks Hospit |
| Date<br>07/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Prunty, Brandon<br><hr/> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109-5001                | Amount of Contribution (\$)<br><br>\$250.00                   |
| Principal occupation / Job title (See Instructions)<br>VP Operations       |  | Employer (See Instructions)<br>Med City Fort Worth            |
| Date<br>06/26/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pyle, Christopher<br><hr/> Contributor address; City; State; Zip Code<br><br>Fairview, TX 75069-9457                | Amount of Contribution (\$)<br><br>\$25.00                    |
| Principal occupation / Job title (See Instructions)<br>Dir Facilities Mgmt |  | Employer (See Instructions)<br>Medical City Green Oaks Hospit |
| Date<br>07/16/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rai, Dillon<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75206-8756                        | Amount of Contribution (\$)<br><br>\$750.00                   |
| Principal occupation / Job title (See Instructions)<br>COO                 |  | Employer (See Instructions)<br>Med Ctr Arlington              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>      |   | 1 Total pages Schedule A1:<br>Sch: 8/11 Rpt: 11/24         |
| 2 FILER NAME<br>HCA Texas Good Government Fund                        |   | 3 Filer ID (Ethics Commission Filers)<br>00031590          |
| 4 Date<br>07/03/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rakestraw, Shelley | 7 Amount of Contribution (\$)<br><br>\$100.00              |
|   | 6 Contributor address; City; State; Zip Code<br><br>Richmond, TX 77406-6789                             |  |
| 8 Principal occupation / Job title (See Instructions)<br>Dir Med/Surg |   | 9 Employer (See Instructions)<br>Texas Orthopedic Hospital |
| Date<br>07/23/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Renzano, Alice       | Amount of Contribution (\$)<br><br>\$250.00                |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77063-5355                                |  |
| Principal occupation / Job title (See Instructions)<br>Dir Quality    |   | Employer (See Instructions)<br>HCA Houston Kingwood        |
| Date<br>07/12/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rosser, Julie        | Amount of Contribution (\$)<br><br>\$25.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Texas City, TX 77590-5616                             |  |
| Principal occupation / Job title (See Instructions)<br>Admin Asst     |   | Employer (See Instructions)<br>HCA Houston Mainland        |
| Date<br>07/25/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rosser, Julie        | Amount of Contribution (\$)<br><br>\$250.00                |
|   | Contributor address; City; State; Zip Code<br><br>Texas City, TX 77590-5616                             |  |
| Principal occupation / Job title (See Instructions)<br>Admin Asst     |   | Employer (See Instructions)<br>HCA Houston Mainland        |
| Date<br>07/05/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sabina, Robert       | Amount of Contribution (\$)<br><br>\$750.00                |
|   | Contributor address; City; State; Zip Code<br><br>The Woodlands, TX 77381-3836                          |  |
| Principal occupation / Job title (See Instructions)<br>COO            |   | Employer (See Instructions)<br>Conroe Reg Med Ctr          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>               |   | 1 Total pages Schedule A1:<br>Sch: 9/11 Rpt: 12/24          |
| 2 FILER NAME<br>HCA Texas Good Government Fund                                 |   | 3 Filer ID (Ethics Commission Filers)<br>00031590           |
| 4 Date<br>06/26/2024   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saini, Gurvir | 7 Amount of Contribution (\$)<br><br>\$750.00               |
|  | 6 Contributor address; City; State; Zip Code<br><br>Pasadena, TX 77504-2382                         |   |
| 8 Principal occupation / Job title (See Instructions)<br>CNO                   |   | 9 Employer (See Instructions)<br>HCA Houston Southeast      |
| Date<br>07/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Shepherd, Bryan | Amount of Contribution (\$)<br><br>\$750.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Spring, TX 77382-2513                             |   |
| Principal occupation / Job title (See Instructions)<br>CFO                     |   | Employer (See Instructions)<br>North Cypress Med Ctr        |
| Date<br>06/27/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Simmerman, Jack | Amount of Contribution (\$)<br><br>\$100.00                 |
|  | Contributor address; City; State; Zip Code<br><br>League City, TX 77573-2658                        |   |
| Principal occupation / Job title (See Instructions)<br>Mgr Facilities Mgmt     |   | Employer (See Instructions)<br>HCA Houston Clear Lake       |
| Date<br>07/15/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Smith, Kenneth  | Amount of Contribution (\$)<br><br>\$200.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Pharr, TX 78577-8123                              |   |
| Principal occupation / Job title (See Instructions)<br>Dir Respiratory Therapy |   | Employer (See Instructions)<br>Rio Grande Regional Hospital |
| Date<br>07/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Soule, Joyce    | Amount of Contribution (\$)<br><br>\$100.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Parker, TX 75002-6445                             |   |
| Principal occupation / Job title (See Instructions)<br>CNO                     |   | Employer (See Instructions)<br>Med City Dallas Hosp         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                   |   | <b>1</b> Total pages Schedule A1:<br>Sch: 10/11 Rpt: 13/24     |
| <b>2</b> FILER NAME<br>HCA Texas Good Government Fund                              |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590       |
| <b>4</b> Date<br>07/18/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Standish, Evelyn<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77058-3444 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00           |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Asst CFO           |   | <b>9</b> Employer (See Instructions)<br>HCA Houston Clear Lake |
| <b>Date</b><br>07/19/2024  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stiles, Julie<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Shady Shores, TX 76208-5126   | <b>Amount of Contribution (\$)</b><br><br>\$100.00             |
| <b>Principal occupation / Job title (See Instructions)</b><br>VP Surgical Svcs     |   | <b>Employer (See Instructions)</b><br>Medical City Dallas      |
| <b>Date</b><br>07/12/2024  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sturgeon, Renee<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Allen, TX 75013-2935        | <b>Amount of Contribution (\$)</b><br><br>\$750.00             |
| <b>Principal occupation / Job title (See Instructions)</b><br>CFO                  |   | <b>Employer (See Instructions)</b><br>Medical City McKinney    |
| <b>Date</b><br>07/01/2024  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Swanagan, Lindsay<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Houston, TX 77089-5455    | <b>Amount of Contribution (\$)</b><br><br>\$250.00             |
| <b>Principal occupation / Job title (See Instructions)</b><br>Admin Dir Outpatient |   | <b>Employer (See Instructions)</b><br>HCA Houston Southeast    |
| <b>Date</b><br>07/02/2024  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tezanos, Francis<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>Spring, TX 77373-8768      | <b>Amount of Contribution (\$)</b><br><br>\$250.00             |
| <b>Principal occupation / Job title (See Instructions)</b><br>Asst CFO             |   | <b>Employer (See Instructions)</b><br>HCA Houston Southeast    |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Total pages Schedule A1:<br>Sch: 11/11 Rpt: 14/24           |
| <b>2</b> FILER NAME<br>HCA Texas Good Government Fund   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590             |
| <b>4</b> Date<br>07/17/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Vela, Dora<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501-6134 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00                 |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Admin Dir Cardiovascular Svcs |   | <b>9</b> Employer (See Instructions)<br>Rio Grande Regional Hospital |
| Date<br>07/11/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Walker, John<br><hr/> Contributor address; City; State; Zip Code<br><br>Highland Village, TX 75077-1802        | Amount of Contribution (\$)<br><br>\$1,000.00                        |
| Principal occupation / Job title (See Instructions)<br>CEO                                    |   | Employer (See Instructions)<br>Medical City Lewisville               |
| Date<br>06/28/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Weller, Meghan<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78731-4036                | Amount of Contribution (\$)<br><br>\$900.00                          |
| Principal occupation / Job title (See Instructions)<br>Dir Government Relation                |   | Employer (See Instructions)<br>HCA Healthcare TX Division            |
| Date<br>07/01/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Williams, Laura<br><hr/> Contributor address; City; State; Zip Code<br><br>Alvin, TX 77511-9035                | Amount of Contribution (\$)<br><br>\$250.00                          |
| Principal occupation / Job title (See Instructions)<br>Asst CNO                               |   | Employer (See Instructions)<br>HCA Houston Southeast                 |
| Date<br>07/01/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wren, Jason<br><hr/> Contributor address; City; State; Zip Code<br><br>Decatur, TX 76234-3756                  | Amount of Contribution (\$)<br><br>\$250.00                          |
| Principal occupation / Job title (See Instructions)<br>CEO                                    |   | Employer (See Instructions)<br>Medical City Decatur                  |

# PLEGGED CONTRIBUTIONS

## SCHEDULE B

|  |  |   |  |
|--|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                               |  | <b>1</b> Total pages Schedule B:<br>Sch: 1/1 Rpt: 15/24         |  |
| <b>2</b> FILER NAME<br>HCA Texas Good Government Fund  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590        |  |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES   |  | <b>\$</b> 0.00  |  |
| <b>5</b> Date<br><br>07/22/2024  | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Johnson, Deborah | <b>8</b> Amount of pledge (\$)<br><br>\$100.00                  | <b>9</b> In-kind description (If applicable) |
|  | <b>7</b> Pledgor Address; City; State; Zip Code<br><br>Houston, TX 77058-4335                            |   |  |
| <b>10</b> Principal occupation / Job title (See Instructions)<br>Mgr Adv Clinical Applications |  | <b>11</b> Employer (See Instructions)<br>HCA Houston Clear Lake |  |
| <b>5</b> Date<br><br>07/22/2024  | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Russell, James   | <b>8</b> Amount of pledge (\$)<br><br>\$1,200.00                | <b>9</b> In-kind description (If applicable) |
|  | <b>7</b> Pledgor Address; City; State; Zip Code<br><br>Friendswood, TX 77546-1457                        |   |  |
| <b>10</b> Principal occupation / Job title (See Instructions)<br>CEO                           |  | <b>11</b> Employer (See Instructions)<br>Mainland Med Ctr       |  |

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule C3:<br>Sch: 1/1 Rpt: 16/24 |
| <b>2</b> FILER NAME<br>HCA Texas Good Government Fund            |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590 |
| <b>4</b> Date<br>07/25/2024                                      | <b>5</b> Corporation / Labor Organization name<br>HCA, Inc. | <b>6</b> Amount (\$)<br>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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/7 Rpt: 17/24 | <b>2</b> FILER NAME<br>HCA Texas Good Government Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590 |
|--|---|--|

|                             |                                    |
|-----------------------------|------------------------------------|
| <b>4</b> Date<br>06/26/2024 | <b>5</b> Payee name<br>Stripe Inc. |
|-----------------------------|------------------------------------|

|  |   |
|--|---|
| <b>6</b> Amount (\$)<br>\$29.60<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |
|--|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>06/27/2024 | Payee name<br>Stripe Inc. |
|--------------------|---------------------------|

|   |  |
|---|--|
| Amount (\$)<br>\$44.40<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |
|---|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>06/28/2024 | Payee name<br>Stripe Inc. |
|--------------------|---------------------------|

|   |  |
|---|--|
| Amount (\$)<br>\$23.08<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |
|---|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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/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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/7 Rpt: 18/24 | <b>2</b> FILER NAME<br>HCA Texas Good Government Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590 |
|--|---|--|

|                             |                                    |
|-----------------------------|------------------------------------|
| <b>4</b> Date<br>07/02/2024 | <b>5</b> Payee name<br>Stripe Inc. |
|-----------------------------|------------------------------------|

|  |   |
|--|---|
| <b>6</b> Amount (\$)<br>\$32.80<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |
|--|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>07/03/2024 | Payee name<br>Stripe Inc. |
|--------------------|---------------------------|

|   |  |
|---|--|
| Amount (\$)<br>\$75.45<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |
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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>07/05/2024 | Payee name<br>Stripe Inc. |
|--------------------|---------------------------|

|   |  |
|---|--|
| Amount (\$)<br>\$85.30<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |
|---|--|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/7 Rpt: 19/24   | <b>2</b> FILER NAME<br>HCA Texas Good Government Fund   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590  |
| <b>4</b> Date<br>07/08/2024  | <b>5</b> Payee name<br>Stripe Inc.  |   |
| <b>6</b> Amount (\$)<br>\$13.95<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107         |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                                     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |   |   |
| Date<br>07/09/2024   | Candidate/Officeholder name<br>Payee name<br>Stripe Inc.  |   |
| Amount (\$)<br>\$29.60<br><br><input type="checkbox"/> Expenditure from corporate funds          | Office sought<br>Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |   |
| PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                                     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
| Office held  |   |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |   |   |
| Date<br>07/10/2024   | Candidate/Officeholder name<br>Payee name<br>Stripe Inc.  |   |
| Amount (\$)<br>\$6.10<br><br><input type="checkbox"/> Expenditure from corporate funds           | Office sought<br>Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |   |
| PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                                     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
| Office held  |   |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |   |   |

# 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/7 Rpt: 20/24  | <b>2</b> FILER NAME<br>HCA Texas Good Government Fund   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590  |
| <b>4</b> Date<br>07/10/2024   | <b>5</b> Payee name<br>Stripe Inc.  |   |
| <b>6</b> Amount (\$)<br>\$6.10<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                             |   |   |
| Date<br>07/12/2024  | Candidate/Officeholder name<br>Stripe Inc.  |   |
| Amount (\$)<br>\$18.00<br><br><input type="checkbox"/> Expenditure from corporate funds         | Office sought<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107                                 |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
| Office held   |   |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |   |   |
| Date<br>07/15/2024  | Candidate/Officeholder name<br>Stripe Inc.  |   |
| Amount (\$)<br>\$93.70<br><br><input type="checkbox"/> Expenditure from corporate funds         | Office sought<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107                                 |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
| Office held   |   |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |   |   |

# 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/7 Rpt: 21/24 | <b>2</b> FILER NAME<br>HCA Texas Good Government Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590 |
|--|---|--|

|                             |                                    |
|-----------------------------|------------------------------------|
| <b>4</b> Date<br>07/16/2024 | <b>5</b> Payee name<br>Stripe Inc. |
|-----------------------------|------------------------------------|

|  |   |
|--|---|
| <b>6</b> Amount (\$)<br>\$13.65<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |
|--|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>07/16/2024 | Payee name<br>Stripe Inc. |
|--------------------|---------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$106.93<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |
|--|--|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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<br>07/18/2024 | Payee name<br>Stripe Inc. |
|--------------------|---------------------------|

|   |  |
|---|--|
| Amount (\$)<br>\$47.30<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |
|---|--|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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/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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/7 Rpt: 22/24 | <b>2</b> FILER NAME<br>HCA Texas Good Government Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590 |
|--|---|--|

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|-----------------------------|------------------------------------|
| <b>4</b> Date<br>07/19/2024 | <b>5</b> Payee name<br>Stripe Inc. |
|-----------------------------|------------------------------------|

|  |   |
|--|---|
| <b>6</b> Amount (\$)<br>\$29.60<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |
|--|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|---------------------------|
| Date<br>07/22/2024 | Payee name<br>Stripe Inc. |
|--------------------|---------------------------|

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|---|--|
| Amount (\$)<br>\$15.10<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |
|---|--|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>07/24/2024 | Payee name<br>Stripe Inc. |
|--------------------|---------------------------|

|   |  |
|---|--|
| Amount (\$)<br>\$50.20<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |
|---|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/7 Rpt: 23/24 | <b>2</b> FILER NAME<br>HCA Texas Good Government Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590 |
|--|---|--|

|                             |                                    |
|-----------------------------|------------------------------------|
| <b>4</b> Date<br>07/24/2024 | <b>5</b> Payee name<br>Stripe Inc. |
|-----------------------------|------------------------------------|

|                                 |   |
|---------------------------------|---|
| <b>6</b> Amount (\$)<br>\$36.00 | <b>7</b> Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |
|---------------------------------|---|

Expenditure from corporate funds

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
|---------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>07/25/2024 | Payee name<br>Stripe Inc. |
|--------------------|---------------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>\$7.55 | Payee address; City; State; Zip Code<br>185 Berry Street, Suite 550<br><br>San Francisco, CA 94107 |
|-----------------------|--|

Expenditure from corporate funds

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Fees |
|------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY 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

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule K:<br>Sch: 1/1 Rpt: 24/24  |
| <b>2</b> FILER NAME<br>HCA Texas Good Government Fund            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00031590 |
| <b>4</b> Date<br>06/28/2024                                      | <b>5</b> Name of person from whom amount is received<br>Wells Fargo Bank   | <b>8</b> Amount (\$)<br>\$0.84                           |
|  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>Irving, TX 75038                               |  |
|  | <b>7</b> Purpose for which amount is received<br>Interest <input type="checkbox"/> Check if political contribution returned to filer |  |
| Date<br>06/28/2024   | Name of person from whom amount is received<br>Wells Fargo Bank  | Amount (\$)<br>\$0.07                                    |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>Irving, TX 75038  |  |
|  | Purpose for which amount is received<br>Interest <input type="checkbox"/> Check if political contribution returned to filer          |  |
|  |  |  |