

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,552.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 809.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 153,556.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Kristin Dyer

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME HCA Texas Good Government Fund		18 Filer ID (Ethics Commission Filers) 00031590
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 30,152.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 200.00
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	\$ 809.51
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	\$ 31,501.13

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/21 Rpt: 4/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 07/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adamson, Elizabeth	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Mission, TX 78573-8408	
8 Principal occupation / Job title (See Instructions) Dir Clinical Operations		9 Employer (See Instructions) Rio Grande Regional Hospital
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allard, James	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Dallas, TX 75209-4805	
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) Med Ctr Arlington
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbarin, Lashandra	Amount of Contribution (\$) \$1,200.00
	Contributor address; City; State; Zip Code Trophy Club, TX 76262-5594	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Med Ctr Arlington
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bendel, Whitney	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Plano, TX 75023-5820	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Medical City Lewisville
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berczy, Mary	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Conroe, TX 77303	
Principal occupation / Job title (See Instructions) Dir Critical Care IMCU		Employer (See Instructions) HCA Houston Conroe

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/21 Rpt: 5/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergholtz, Sandra <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77429	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Mgr Office		9 Employer (See Instructions) HCA Houston Tomball
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jared <hr/> Contributor address; City; State; Zip Code Spring, TX 77386	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP HR		Employer (See Instructions) HCA HR Field Operations
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caliva, Todd <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Clear Lake Reg Med Ctr
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, J Skylar <hr/> Contributor address; City; State; Zip Code Houston, TX 77003-5050	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) HCA Houston Southeast
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherian, Asha <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Mgr Critical Care IMCU		Employer (See Instructions) HCA Houston Pearland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/21 Rpt: 6/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbeil, John	7 Amount of Contribution (\$) \$1,200.00
	6 Contributor address; City; State; Zip Code The Woodlands, TX 77389	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Kingwood Med Ctr
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crockett, Laura	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77068-2726	
Principal occupation / Job title (See Instructions) Dir Womens/Childrens Svcs		Employer (See Instructions) HCA Houston Northwest
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dakay, Archelus	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Dir Patient Safety		Employer (See Instructions) HCA Houston Pearland
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale, Elyse	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Magnolia, TX 77355	
Principal occupation / Job title (See Instructions) Dir Patient Safety		Employer (See Instructions) HCA Houston N Cypress
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Christopher	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Montgomery, TX 77316	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Conroe Reg Med Ctr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/21 Rpt: 7/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derose, Shelby	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Houston, TX 77027-5791	
8 Principal occupation / Job title (See Instructions) Asst Administrator		9 Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devenny, Jay	Amount of Contribution (\$) \$1,200.00
	Contributor address; City; State; Zip Code Plano, TX 75093-8556	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Med City Dallas Children
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Disque, Laura	Amount of Contribution (\$) \$1,200.00
	Contributor address; City; State; Zip Code Pharr, TX 78577-4424	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Rio Grande Reg Hosp
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ervin, Richard	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Tomball, TX 77377	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Tomball Regional Med Ctr
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Michael	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76116-4415	
Principal occupation / Job title (See Instructions) VP Clinical Operations		Employer (See Instructions) Med City Fort Worth

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/21 Rpt: 8/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fink, Ann 6 Contributor address; City; State; Zip Code Kingwood, TX 77339	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Mgr Laboratory		9 Employer (See Instructions) HCA Houston Northwest
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanyak-Howell, Teresa Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Mgr Office		Employer (See Instructions) HCA Houston Pearland
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Brandon Contributor address; City; State; Zip Code Rosharon, TX 77583-3588	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Conroe Reg Med Ctr
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Annie Contributor address; City; State; Zip Code Las Vegas, NV 89166-6689	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) Del Sol Med Ctr
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gauny, Randy Contributor address; City; State; Zip Code Tomball, TX 77375	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dir Trauma Program		Employer (See Instructions) HCA Houston Conroe

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/21 Rpt: 9/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 07/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78539-3467	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dir Patient Safety		9 Employer (See Instructions) Rio Grande Regional Hospital
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hahn, Gale <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-6178	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Supv Neonatal ICU		Employer (See Instructions) Womans Hospital of Texas
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halbaedier, Melissa <hr/> Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dir Emergency Svcs		Employer (See Instructions) HCA Houston Conroe
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Lonna <hr/> Contributor address; City; State; Zip Code Angleton, TX 77515	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir Emergency Svcs FSED		Employer (See Instructions) HCA Houston Pearland
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Pamela <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Rehab Svcs		Employer (See Instructions) Texas Orthopedic Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/21 Rpt: 10/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 07/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Rene <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78539-3130	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) VP Operations		9 Employer (See Instructions) Rio Grande Regional Hospital
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommer, Dean <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) Corpus Christi Med Ctr
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover, John <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-8380	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Med City Fort Worth
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irizarry, David <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526-1360	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Valley Reg Med Ctr
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, April <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Dir Food & Nutrition Svcs		Employer (See Instructions) Medical City Green Oaks Hospit

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/21 Rpt: 11/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 07/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Deborah	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77058-4335	
8 Principal occupation / Job title (See Instructions) Mgr Adv Clinical Applications		9 Employer (See Instructions) HCA Houston Clear Lake
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Chad	Amount of Contribution (\$) \$1,200.00
	Contributor address; City; State; Zip Code Richmond, TX 77406-2968	
Principal occupation / Job title (See Instructions) SVP Strategic Planning		Employer (See Instructions) HCA Healthcare
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, Toi	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Glenn Heights, TX 75154-8291	
Principal occupation / Job title (See Instructions) Dir Behavioral Health		Employer (See Instructions) Medical City Green Oaks Hospit
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerker, Juliana	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78757-7830	
Principal occupation / Job title (See Instructions) Dir Government Relation		Employer (See Instructions) HCA Healthcare
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly, Randall	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Houston, TX 77065	
Principal occupation / Job title (See Instructions) Dir Cardiac Cath Lab		Employer (See Instructions) HCA Houston N Cypress

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/21 Rpt: 12/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissaru, Abel <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75056-4698	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Vice President of Nursing		9 Employer (See Instructions) Medical City Argyle
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kotal, Brenda <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510-8925	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Patient Safety		Employer (See Instructions) HCA Houston Southeast
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Kurt <hr/> Contributor address; City; State; Zip Code Houston, TX 77089	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir IMU/Onc		Employer (See Instructions) HCA Houston Clear Lake
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Timika <hr/> Contributor address; City; State; Zip Code Baytown, TX 77523	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Mgr HR		Employer (See Instructions) HCA HR Field Operations
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levesque, Susan <hr/> Contributor address; City; State; Zip Code Godley, TX 76044	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) VP Quality		Employer (See Instructions) Med City Fort Worth

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/21 Rpt: 13/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 07/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	7 Amount of Contribution (\$) \$11.00
6 Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
8 Principal occupation / Job title (See Instructions) Chief Staffing Officer		9 Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	Amount of Contribution (\$) \$11.00
Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	Amount of Contribution (\$) \$11.00
Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	Amount of Contribution (\$) \$11.00
Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	Amount of Contribution (\$) \$11.00
Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/21 Rpt: 14/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 07/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	7 Amount of Contribution (\$) \$11.00
6 Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
8 Principal occupation / Job title (See Instructions) Chief Staffing Officer		9 Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	Amount of Contribution (\$) \$11.00
Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	Amount of Contribution (\$) \$22.00
Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	Amount of Contribution (\$) \$11.00
Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	Amount of Contribution (\$) \$22.00
Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/21 Rpt: 15/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 07/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	7 Amount of Contribution (\$) \$11.00
6 Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
8 Principal occupation / Job title (See Instructions) Chief Staffing Officer		9 Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	Amount of Contribution (\$) \$22.00
Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	Amount of Contribution (\$) \$11.00
Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	Amount of Contribution (\$) \$11.00
Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd	Amount of Contribution (\$) \$11.00
Contributor address; City; State; Zip Code Missouri City, TX 77459-4838		
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/21 Rpt: 16/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 07/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459-4838	7 Amount of Contribution (\$) \$11.00
8 Principal occupation / Job title (See Instructions) Chief Staffing Officer		9 Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-4838	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-4838	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-4838	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-4838	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Chief Staffing Officer		Employer (See Instructions) HCA Houston Clear Lake

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/21 Rpt: 17/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 07/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459-4838	7 Amount of Contribution (\$) \$22.00
8 Principal occupation / Job title (See Instructions) Chief Staffing Officer		9 Employer (See Instructions) HCA Houston Clear Lake
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jennifer <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mgr Med Staff Svcs		Employer (See Instructions) HCA Houston Pearland
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel, Warisara <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dir Orthopedics		Employer (See Instructions) HCA Houston Conroe
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFall, Michael <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) HCA Houston Clear Lake
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Elizabeth <hr/> Contributor address; City; State; Zip Code Houston, TX 77020	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Admin Dir Cardiovascular/Surgi		Employer (See Instructions) HCA Houston Pearland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/21 Rpt: 18/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 07/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Adriana <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78539-0055	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Dir Business Development		9 Employer (See Instructions) Rio Grande Regional Hospital
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Adrian <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-3743	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Tomball Regional Med Ctr
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moser, Lucki <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Adv Clinical Applications		Employer (See Instructions) HCA Houston Tomball
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, Glenda <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dir Critical Care ICU		Employer (See Instructions) HCA Houston Mainland
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paxton, Jana <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-2287	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir Med/Surg		Employer (See Instructions) HCA Houston Clear Lake

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/21 Rpt: 19/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrin, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Deer Park, TX 77536-4038	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) VP Operations		9 Employer (See Instructions) HCA Houston Clear Lake
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rankin, Lauren <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345-1743	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Texas Orthopedic Hosp
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Russell <hr/> Contributor address; City; State; Zip Code Combine, TX 75159-6238	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) Green Oaks Hosp
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Skyler <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-1223	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Med City Dallas/Heart&Spin
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rinard, Eric <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Asst CFO		Employer (See Instructions) HCA Houston Kingwood

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/21 Rpt: 20/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberson, Miranda	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Huffman, TX 77336	
8 Principal occupation / Job title (See Instructions) VP HR		9 Employer (See Instructions) HCA HR Field Operations
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Brian	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Richmond, TX 77469	
Principal occupation / Job title (See Instructions) Dir Emergency Svcs		Employer (See Instructions) HCA Houston Pearland
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosser, Julie	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code Texas City, TX 77590	
Principal occupation / Job title (See Instructions) Admin Asst		Employer (See Instructions) HCA Houston Mainland
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Kenneth	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) West Houston Med Ctr
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salajanu, Cristina	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Tomball, TX 77375	
Principal occupation / Job title (See Instructions) Dir Surgery Ambulatory		Employer (See Instructions) HCA Houston N Cypress

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/21 Rpt: 21/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarver, William <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77095	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) VP Business Development		9 Employer (See Instructions) HCA Houston N Cypress
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Joyce <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Hemodialysis		Employer (See Instructions) HCA Houston N Cypress
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Secretst, Chelsey <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Asst Administrator		Employer (See Instructions) HCA Houston Conroe
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellers, Kinyatta <hr/> Contributor address; City; State; Zip Code Houston, TX 77048	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Respiratory Therapy		Employer (See Instructions) HCA Houston Pearland
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sneed, Emily <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-4817	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) Medical City Lewisville

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/21 Rpt: 22/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strange, Kip <hr/> 6 Contributor address; City; State; Zip Code Mesquite, TX 75044	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Dir Ancillary Svcs/Behav Hlth		9 Employer (See Instructions) Medical City Green Oaks Hospit
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tindall, Nathan <hr/> Contributor address; City; State; Zip Code Nampa, ID 83686-4909	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) West Valley Med Ctr
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tovar, Jose <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539-3106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Dir Diagnostic Imaging		Employer (See Instructions) Rio Grande Regional Hospital
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Maryann <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Mgr Emergency Svcs		Employer (See Instructions) HCA Houston Pearland
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Spencer <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CDO		Employer (See Instructions) Med City Dallas Hosp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/21 Rpt: 23/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 07/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Jose	7 Amount of Contribution (\$) \$750.00
	6 Contributor address; City; State; Zip Code Brownsville, TX 78520-9275	
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) Rio Grande Reg Hosp
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velazquez, Jason	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Conroe, TX 77384	
Principal occupation / Job title (See Instructions) Dir Rehab Svcs II		Employer (See Instructions) HCA Houston Conroe
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, Lawrence	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77354	
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) Conroe Reg Med Ctr
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villagran, David	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Haslet, TX 76052-6144	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Med City Fort Worth
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winslow, Virgil	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Richmond, TX 77407	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Kingwood Med Ctr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/21 Rpt: 24/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeung, Daisy <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) Texas Orthopedic Hosp

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/1 Rpt: 25/39	
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 08/20/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabrsula, Karen 7 Pledgor Address; City; State; Zip Code Houston, TX 77095	8 Amount of pledge (\$) \$200.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
10 Principal occupation / Job title (See Instructions) Dir Rehab Svcs		11 Employer (See Instructions) HCA Houston N Cypress	

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 26/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/25/2024	5 Corporation / Labor Organization name HCA, Inc.	6 Amount (\$) 400.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 27/39	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
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4 Date 07/26/2024	5 Payee name Stripe Inc.
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6 Amount (\$) \$22.05 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/29/2024	Payee name Stripe Inc.
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Amount (\$) \$52.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/30/2024	Payee name Stripe Inc.
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Amount (\$) \$30.63 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 28/39	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 07/31/2024	5 Payee name Stripe Inc.	
6 Amount (\$) \$90.85 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Stripe Inc.	
Amount (\$) \$44.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2024	Payee name Stripe Inc.	
Amount (\$) \$193.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 29/39	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
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4 Date 08/05/2024	5 Payee name Stripe Inc.
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6 Amount (\$) \$45.73 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/06/2024	Payee name Stripe Inc.
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Amount (\$) \$22.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/08/2024	Payee name Stripe Inc.
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Amount (\$) \$6.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 30/39	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/09/2024	5 Payee name Stripe Inc.	
6 Amount (\$) \$3.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/12/2024	Candidate/Officeholder name Stripe Inc.	
Amount (\$) \$35.10 <input type="checkbox"/> Expenditure from corporate funds	Office sought 185 Berry Street, Suite 550 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2024	Candidate/Officeholder name Stripe Inc.	
Amount (\$) \$70.20 <input type="checkbox"/> Expenditure from corporate funds	Office sought 185 Berry Street, Suite 550 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 31/39	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
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4 Date 08/16/2024	5 Payee name Stripe Inc.
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6 Amount (\$) \$23.80 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/19/2024	Payee name Stripe Inc.
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Amount (\$) \$22.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/20/2024	Payee name Stripe Inc.
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Amount (\$) \$9.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 32/39	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/21/2024	5 Payee name Stripe Inc.	
6 Amount (\$) \$7.55 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/22/2024	Candidate/Officeholder name Stripe Inc.	
Amount (\$) \$89.76 <input type="checkbox"/> Expenditure from corporate funds	Office sought 185 Berry Street, Suite 550 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/23/2024	Candidate/Officeholder name Stripe Inc.	
Amount (\$) \$40.85 <input type="checkbox"/> Expenditure from corporate funds	Office sought 185 Berry Street, Suite 550 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/7 Rpt: 33/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/13/2024	5 Name of person from whom amount is received Ann Johnson Campaign	8 Amount (\$) \$1,000.00
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77256	
	7 Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Barbara Gervin Hawkins Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78218	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Borris Miles Campaign	Amount (\$) \$1,500.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77004	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Brandon Creighton Campaign	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78218	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Brian Birdwell Campaign	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Grandbury, TX 76048	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/7 Rpt: 34/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/13/2024	5 Name of person from whom amount is received Carol Alvarado Campaign	8 Amount (\$) \$1,000.00
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77223	
	7 Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Cecil Bell, Jr. Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Magnolia, TX 77355	
	Purpose for which amount is received Void of 09/19/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Charles Perry Campaign	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79493	
	Purpose for which amount is received Void of 11/17/2023 contribution <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Charlie Geren Campaign	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Ft. Worth, TX 76101	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Dennis Paul Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Webster, TX 77598	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 3/7 Rpt: 35/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/13/2024	5 Name of person from whom amount is received Eddie Morales Campaign	8 Amount (\$) \$500.00
	6 Address of person from whom amount is received; City; State; Zip Code Eagle Pass, TX 78852	
	7 Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Erin E. Gamez Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Brownsville, TX 78520	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Friends of Paul Bettencourt	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77046	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Friends of Tom Oliverson	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77046	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Glenn Hegar Campaign	Amount (\$) \$5,000.00
	Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 4/7 Rpt: 36/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/13/2024	5 Name of person from whom amount is received John Bryant Campaign	8 Amount (\$) \$500.00
	6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75214	
	7 Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received John Lujan for Texas	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78214	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Jon Rosenthal for Texas	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77256	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Lois Kolkhorst Campaign	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Brenham, TX 77834	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Morgan LaMantia Campaign	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Brownsville, TX 78520	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 5/7 Rpt: 37/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/13/2024	5 Name of person from whom amount is received Pete Flores Campaign	8 Amount (\$) \$1,000.00
	6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701	
	7 Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Sam Harless Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Spring, TX 77379	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Senfronia Thompson Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77016	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Shawn Thierry Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77071	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Terry Wilson Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Georgetown, TX 78627	
	Purpose for which amount is received Void of 11/17/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 6/7 Rpt: 38/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/13/2024	5 Name of person from whom amount is received Texans for Charles Schwertner	8 Amount (\$) \$1,000.00
	6 Address of person from whom amount is received; City; State; Zip Code Georgetown, TX 78627	
	7 Purpose for which amount is received Void of 11/23/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Texans for Dan Patrick	Amount (\$) \$5,000.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77046	
	Purpose for which amount is received Void of 11/23/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/13/2024	Name of person from whom amount is received Texans for Joan Huffman	Amount (\$) \$2,000.00
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77005	
	Purpose for which amount is received Void of 11/23/2023 contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 07/31/2024	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$1.05
	Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 07/31/2024	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$0.08
	Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 7/7 Rpt: 39/39
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/13/2024	5 Name of person from whom amount is received Yvonne Davis Campaign	8 Amount (\$) \$500.00
	6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75376	
	7 Purpose for which amount is received Void of 11/17/2023 contribution	<input checked="" type="checkbox"/> Check if political contribution returned to filer