#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00031590 3 COMMITTEE NAME **OFFICE USE ONLY HCA Texas Good Government Fund** Date Received **ELECTRONICALLY FILED** 09/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 13155 Noel Road Suite 2000 Change of Address Dallas, TX 75240 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Kristin NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Dyer CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 13155 Noel Road, Ste. 2000 STREET **ADDRESS** (Residence or Business) Dallas, TX 75240 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 13155 Noel Road, Ste. 2000 MAILING **ADDRESS** Change of Address Dallas, TX 75240 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (972) 401-8770 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024 **GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Go	overnment Fund		00031590	)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	30,552.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	809.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	153,556.68
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the nation require	accompanying report is d to be reported by me
		Kristin	n Dyer	
		Signature of Car		urer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _	, th	nis 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 off	icer administering oath

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

					3 of 39
<b>17</b> CO	MMITTE	EE NAME	18 Filer ID	(Ethi	cs Commission Filers)
нс	А Теха	s Good Government Fund	00031590		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	30,152.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	X	\$	200.00		
4.		\$			
5.		\$			
6.	Х	\$	400.00		
7.			\$		
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	809.51
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	31,501.13
				•	

	MONET	ARY POLITICAL (	CONTRIBUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/21 Rpt: 4/39	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 07/29/2024	<ul><li>5 Full name of contributor Adamson, Elizabeth</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:tate; Zip Code	)	7	Amount of Contribution (\$)	\$200.00
_		Mission, TX 78573-8408	, 10		Ĺ		
8	Principal occu Dir Clinical C	pation / Job title (See Instructions Operations	9	Employer (See Instructions Rio Grande Regional He		pital	
	Date 07/26/2024	Full name of contributor Allard, James Contributor address; City; St		)		Amount of Contribution (\$)	\$750.00
	Principal occu	Dallas, TX 75209-4805 pation / Job title (See Instructions	5)	Employer (See Instructions	;)		
	CNO	pano, 202 ano (200 menaeno	,	Med Ctr Arlington	,		
	Date 07/31/2024	Full name of contributor Barbarin, Lasharndra Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,200.00
		Trophy Club, TX 76262-5					
	Principal occu CEO	pation / Job title (See Instructions	s) 	Employer (See Instructions Med Ctr Arlington	5)		
	Date 07/30/2024	Full name of contributor Bendel, Whitney  Contributor address; City; St  Plano, TX 75023-5820		)		Amount of Contribution (\$)	\$750.00
	Principal occu CFO	pation / Job title (See Instructions	5)	Employer (See Instructions Medical City Lewisville	5)		
	Date 08/22/2024	Full name of contributor Berczy, Mary Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Dir Critical C	pation / Job title (See Instructions	5)	Employer (See Instructions HCA Houston Conroe	5)		
	2. Citada C						

2 FILER NAME HCA Texas Go 4 Date 08/21/2024 6	tion Guide explains how to complete this for  ood Government Fund  Full name of contributor  out-of-state PAC (ID#:	Employer (See Instructions HCA Houston Tomball	7	Total pages Schedule A1: Sch: 2/21 Rpt: 5/39 Filer ID (Ethics Commission 00031590 Amount of Contribution (\$)	sn Filers) \$50.00
HCA Texas Go  4 Date 08/21/2024 6  8 Principal occupa Mgr Office Date	Bergholtz, Sandra  Contributor address; City; State; Zip Code  Cypress, TX 77429  ation / Job title (See Instructions)  9  Full name of contributor out-of-state PAC (ID#:	HCA Houston Tomball	7	00031590	
4 Date 5 08/21/2024 6 6  8 Principal occupa Mgr Office Date	Bergholtz, Sandra  Contributor address; City; State; Zip Code  Cypress, TX 77429  ation / Job title (See Instructions)  9  Full name of contributor out-of-state PAC (ID#:	HCA Houston Tomball	•		\$50.00
08/21/2024 6 8 Principal occupa Mgr Office Date	Bergholtz, Sandra  Contributor address; City; State; Zip Code  Cypress, TX 77429  ation / Job title (See Instructions)  Full name of contributor	HCA Houston Tomball	•	Amount of Contribution (\$)	\$50.00
Mgr Office  Date	Full name of contributor out-of-state PAC (ID#: Brown, Jared	HCA Houston Tomball	s)		
Mgr Office  Date	Full name of contributor	HCA Houston Tomball	s) 		
Date	Brown, Jared	)			
	Brown, Jared				
ı				Amount of Contribution (\$)	\$250.00
	Spring, TX 77386				
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	<u>.                                    </u>		
VP HR	· · · · · · · · · · · · · · · · · · ·	HCA HR Field Operation			
Date	Full name of contributor	1	Г	Amount of Contribution (\$)	
08/22/2024	Caliva, Todd			γ another of contribution (φ)	\$1,200.00
	Contributor address; City; State; Zip Code				
	Pearland, TX 77581				
	ation / Job title (See Instructions)	Employer (See Instructions			
CEO		Clear Lake Reg Med Ct	r		
Date	Full name of contributor  ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
07/29/2024	Casey, J Skylar				\$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77003-5050		•		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	5)		
VP Operations	6	HCA Houston Southeas	t		
Date	Full name of contributor  out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
08/22/2024	Cherian, Asha			( )	\$50.00
	Contributor address; City; State; Zip Code				
	Pearland, TX 77584				
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	5)		
Mgr Critical Ca	are IMCU	HCA Houston Pearland			

	MONET	ARY POLITICAL (	S	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 3/21 Rpt: 6/39	
2	FILER NAME HCA Texas	Good Government Fund				3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 08/12/2024	<ul><li>5 Full name of contributor Corbeil, John</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$1,200.00
		The Woodlands, TX 7738						
8	Principal occu CEO	pation / Job title (See Instructions	s) <u> </u>		Employer (See Instructions Kingwood Med Ctr	5)		
	Date 08/14/2024	Full name of contributor Crockett, Laura Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	Dringinal occu	Houston, TX 77068-2726 pation / Job title (See Instructions	·)		Employer (See Instructions	·/		
		/Childrens Svcs	,		HCA Houston Northwes			
	Date 08/21/2024						Amount of Contribution (\$)	\$30.00
		Friendswood, TX 77546						
	Principal occu Dir Patient S	pation / Job title (See Instructions afety	(3)		Employer (See Instructions HCA Houston Pearland	s)		
	Date 08/21/2024	Full name of contributor Dale, Elyse  Contributor address; City; S  Magnolia, TX 77355	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$200.00
	Principal occu Dir Patient S	pation / Job title (See Instructions afety	5)		Employer (See Instructions HCA Houston N Cypres			
	Date 08/22/2024	Full name of contributor Davis, Christopher Contributor address; City; S Montgomery, TX 77316	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$250.00
	Principal occu CEO	pation / Job title (See Instructions	(3)		Employer (See Instructions Conroe Reg Med Ctr	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 4/21 Rpt: 7/39	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 08/06/2024	<ul><li>5 Full name of contributor Derose, Shelby</li><li>6 Contributor address; City; Stat</li></ul>	out-of-state PAC (ID#: e; Zip Code	)	7	Amount of Contribution (\$)	\$200.00
_		Houston, TX 77027-5791	1-				
8	Principal occu Asst Adminis	pation / Job title (See Instructions) strator	9	Employer (See Instructions HCA Houston Clear Lak			
	Date 07/31/2024	Full name of contributor  Devenny, Jay  Contributor address; City; Stat				Amount of Contribution (\$)	\$1,200.00
	Principal occu	Plano, TX 75093-8556 pation / Job title (See Instructions)		Employer (See Instructions	)		
	CEO	,		Med City Dallas Children			
	Date 07/28/2024	Full name of contributor  Disque, Laura  Contributor address; City; Stat	out-of-state PAC (ID#:  e; Zip Code			Amount of Contribution (\$)	\$1,200.00
		Pharr, TX 78577-4424					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Rio Grande Reg Hosp	)		
	Date 08/20/2024	Full name of contributor Ervin, Richard  Contributor address; City; Stat  Tomball, TX 77377	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$750.00
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Tomball Regional Med (	-		
	Date 08/07/2024	Full name of contributor  Estrada, Michael  Contributor address; City; Stat  Fort Worth, TX 76116-4415				Amount of Contribution (\$)	\$100.00
	Principal occu VP Clinical C	pation / Job title (See Instructions)		Employer (See Instructions Med City Fort Worth	)		
	vi Similar C	γρεταιίστο		Wied City Fort Worth			

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instru	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 5/21 Rpt: 8/39	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 08/20/2024	<ul> <li>Full name of contributor  out-of-state PAC Fink, Ann</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$25.00
_	Dringing con	Kingwood, TX 77339	اما	Employer (Co.) Instructions	<u></u>		
8	Mgr Laborate	pation / Job title (See Instructions) ory	9	Employer (See Instructions HCA Houston Northwes			
	Date 08/20/2024	Full name of contributor out-of-state PAC Flanyak-Howell, Teresa  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
		Pearland, TX 77581					
	Principal occu Mgr Office	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Pearland	5)		
	Date	Full name of contributor  out-of-state PAC	2 (10#)	TICA Houston Feananu	<u> </u>	Amount of Contribution (\$)	
	08/16/2024	Frazier, Brandon  Contributor address; City; State; Zip Code				(4)	\$100.00
		Rosharon, TX 77583-3588					
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Conroe Reg Med Ctr	5)		
	Date 07/31/2024	Full name of contributor out-of-state PAC Garcia, Annie Contributor address; City; State; Zip Code Las Vegas, NV 89166-6689	,	)		Amount of Contribution (\$)	\$100.00
	Principal occu CNO	pation / Job title (See Instructions)		Employer (See Instructions Del Sol Med Ctr	5)		
	Date 08/22/2024	Full name of contributor out-of-state PAC Gauny, Randy  Contributor address; City; State; Zip Code  Tomball, TX 77375		)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dir Trauma F	Program		HCA Houston Conroe			

	MONET	ARY POLITICAL C	CONTRIBUTIO	N			SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 6/21 Rpt: 9/39	
2	FILER NAME HCA Texas	Good Government Fund				3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 07/29/2024	<ul><li>5 Full name of contributor Gutierrez, Elizabeth</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code		)	7	Amount of Contribution (\$)	\$100.00
		Edinburg, TX 78539-3467						
8	Principal occu Dir Patient S	pation / Job title (See Instructions afety	)	9	Employer (See Instructions Rio Grande Regional He		ital	
	Date 08/12/2024	Full name of contributor Hahn, Gale Contributor address; City; St			)	•	Amount of Contribution (\$)	\$200.00
	Principal occu	Friendswood, TX 77546-6 pation / Job title (See Instructions			Employer (See Instructions	 		
	Supv Neona		,		Womans Hospital of Te		•	
	Date  O8/20/2024  Full name of contributor out-of-state PAC (ID#:  Halbaedier, Melissa  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00		
		Willis, TX 77318						
	Principal occu Dir Emergen	pation / Job title (See Instructions cy Svcs	)		Employer (See Instructions HCA Houston Conroe	5)		
	Date 08/21/2024	Full name of contributor Hall, Lonna Contributor address; City; St Angleton, TX 77515	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions cy Svcs FSED	)		Employer (See Instructions HCA Houston Pearland	5)		
	Date 08/16/2024	Full name of contributor Henry, Pamela Contributor address; City; St Houston, TX 77006	out-of-state PAC (ID#:		)	-	Amount of Contribution (\$)	\$200.00
	Principal occu Dir Rehab S	pation / Job title (See Instructions	)		Employer (See Instructions Texas Orthopedic Hosp			

	MONEI	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 7/21 Rpt: 10/39	
2	FILER NAME HCA Texas (	Good Government Fund			3	Filer ID (Ethics Commission 00031590	ı Filers)
4	Date 07/29/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$250.00
8	Principal occu VP Operation		9	Employer (See Instructions Rio Grande Regional Ho		oital	
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Hommer, Dean  Contributor address; City; State; Zip Code  Corpus Christi, TX 78412		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu CMO	pation / Job title (See Instructions)		Employer (See Instructions Corpus Christi Med Ctr	5)		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID#:_ Hoover, John Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,200.00
	Principal occu	Keller, TX 76248-8380 pation / Job title (See Instructions)		Employer (See Instructions Med City Fort Worth	5)		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Irizarry, David Contributor address; City; State; Zip Code Brownsville, TX 78526-1360				Amount of Contribution (\$)	\$1,200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Valley Reg Med Ctr	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#:_ Jackson, April Contributor address; City; State; Zip Code  Desoto, TX 75115				Amount of Contribution (\$)	\$75.00
		pation / Job title (See Instructions) Jutrition Svcs		Employer (See Instructions Medical City Green Oak		Hospit	
		l					

	MONEI	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instru	ction Guide explains how to complete th	is fo	rm.	1	Total pages Schedule A1: Sch: 8/21 Rpt: 11/39	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 07/29/2024	<ul> <li>Full name of contributor</li></ul>	ID#:		7	Amount of Contribution (\$)	\$100.00
8		Houston, TX 77058-4335 pation / Job title (See Instructions) nical Applications	g	Employer (See Instructions     HCA Houston Clear Lake			
	Date 08/08/2024	Full name of contributor out-of-state PAC ( Johnston, Chad  Contributor address; City; State; Zip Code  Richmond, TX 77406-2968	ID#:	)	•	Amount of Contribution (\$)	\$1,200.00
	Principal occu SVP Strateg	pation / Job title (See Instructions) ic Planning		Employer (See Instructions HCA Healthcare	s)		
	Date 07/31/2024	Full name of contributor out-of-state PAC ( Kemp, Toi Contributor address; City; State; Zip Code Glenn Heights, TX 75154-8291	ID#:	)		Amount of Contribution (\$)	\$200.00
	Principal occu Dir Behavior	pation / Job title (See Instructions)		Employer (See Instructions Medical City Green Oak		Hospit	
	Date 07/31/2024	Full name of contributor out-of-state PAC ( Kerker, Juliana  Contributor address; City; State; Zip Code  Austin, TX 78757-7830	ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Dir Governm	pation / Job title (See Instructions) nent Relation		Employer (See Instructions HCA Healthcare	5)		
	Date 08/20/2024	Full name of contributor out-of-state PAC ( Kimberly, Randall Contributor address; City; State; Zip Code  Houston, TX 77065	ID#:		•	Amount of Contribution (\$)	\$200.00
	Principal occu Dir Cardiac (	pation / Job title (See Instructions) Cath Lab		Employer (See Instructions HCA Houston N Cypres			

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 9/21 Rpt: 12/39	
2	FILER NAME HCA Texas (	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 08/15/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$250.00
_		Lewisville, TX 75056-4698	la la		Ĺ		
8	Vice Preside	pation / Job title (See Instructions) nt of Nursing	9	Employer (See Instructions Medical City Argyle	5)		
	Date 07/31/2024	Full name of contributor out-of-state PAC ( Kotal, Brenda Contributor address; City; State; Zip Code  Santa Fe, TX 77510-8925			•	Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 		
			HCA Houston Southeas	st			
	Date Full name of contributor out-of-state PAC (ID#:)  08/22/2024 Larson, Kurt  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$200.00		
		Houston, TX 77089					
	Principal occu Dir IMU/Onc	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lake			
	Date 08/20/2024	Full name of contributor out-of-state PAC ( Lee, Timika  Contributor address; City; State; Zip Code  Baytown, TX 77523				Amount of Contribution (\$)	\$25.00
	Principal occu Mgr HR	pation / Job title (See Instructions)		Employer (See Instructions HCA HR Field Operation			
	Date 08/01/2024	Full name of contributor out-of-state PAC ( Levesque, Susan  Contributor address; City; State; Zip Code  Godley, TX 76044	(ID#:		•	Amount of Contribution (\$)	\$200.00
	Principal occu VP Quality	pation / Job title (See Instructions)		Employer (See Instructions Med City Fort Worth	5)		
	vi Quality						

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this	foi	rm.	1	Total pages Schedule A1: Sch: 10/21 Rpt: 13/39	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 07/31/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$11.00
_	Dein sin al acces	Missouri City, TX 77459-4838	<u> </u>	- Faralana (Carla Instruction			
8	Chief Staffing	pation / Job title (See Instructions) g Officer	9	Employer (See Instructions HCA Houston Clear Lak			
	Date 07/31/2024	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$11.00
	Principal occu	Missouri City, TX 77459-4838 pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u> s)		
	Chief Staffing	g Officer		HCA Houston Clear Lak	ке		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID: London, Floyd  Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$11.00
		Missouri City, TX 77459-4838					
	Principal occu Chief Staffing	pation / Job title (See Instructions) g Officer		Employer (See Instructions HCA Houston Clear Lake			
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID: London, Floyd  Contributor address; City; State; Zip Code  Missouri City, TX 77459-4838			•	Amount of Contribution (\$)	\$11.00
	Principal occu Chief Staffing	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID: London, Floyd  Contributor address; City; State; Zip Code  Missouri City, TX 77459-4838				Amount of Contribution (\$)	\$11.00
	Principal occu Chief Staffing	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
	Ciliei Stallfl	у Опісеі		HOA HUUSIUH CIEAL LAP	\ <del>C</del>		

	MONET	ARY POLITICAL CONTRIBUTI	10	NS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	foi	rm.	1	Total pages Schedule A1: Sch: 11/21 Rpt: 14/39	
2	FILER NAME HCA Texas (	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 07/31/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$11.00
_		Missouri City, TX 77459-4838		5 1 (0 1 : :	Ĺ		
8	Principal occu Chief Staffin	pation / Job title (See Instructions) g Officer	9	Employer (See Instructions HCA Houston Clear Lak			
	Date 07/31/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$11.00
	Principal occu	Missouri City, TX 77459-4838 pation / Job title (See Instructions)	Т	Employer (See Instructions	<u>                                     </u>		
	Chief Staffing	g Officer		HCA Houston Clear Lak	ке		
	Date 07/31/2024	Full name of contributor	#:		•	Amount of Contribution (\$)	\$22.00
		Missouri City, TX 77459-4838					
	Principal occu Chief Staffing	pation / Job title (See Instructions) g Officer		Employer (See Instructions HCA Houston Clear Lake			
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID: London, Floyd  Contributor address; City; State; Zip Code  Missouri City, TX 77459-4838		)		Amount of Contribution (\$)	\$11.00
	Principal occu Chief Staffing	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lake			
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID: London, Floyd  Contributor address; City; State; Zip Code  Missouri City, TX 77459-4838				Amount of Contribution (\$)	\$22.00
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Chief Staffing	у Опісеі		HCA Houston Clear Lak	\ <del>C</del>		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 12/21 Rpt: 15/39	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	Filers)
4	Date 07/31/2024	<ul><li>5 Full name of contributor [London, Floyd</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$11.00
		Missouri City, TX 77459-48					
8	Principal occu Chief Staffin	pation / Job title (See Instructions) g Officer	9	Employer (See Instructions HCA Houston Clear Lak			
	Date 07/31/2024	Full name of contributor London, Floyd Contributor address; City; Stat	te; Zip Code			Amount of Contribution (\$)	\$22.00
	Principal occu	Missouri City, TX 77459-48 pation / Job title (See Instructions)	38	Employer (See Instructions	 ;)		
	Chief Staffin	g Officer		HCA Houston Clear Lak	е		
	Date 07/31/2024	Full name of contributor [ London, Floyd Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$11.00
		Missouri City, TX 77459-48	38				
	Principal occu Chief Staffin	pation / Job title (See Instructions) g Officer		Employer (See Instructions HCA Houston Clear Lak			
	Date 07/31/2024	Full name of contributor London, Floyd Contributor address; City; Stat Missouri City, TX 77459-48	·	)		Amount of Contribution (\$)	\$11.00
	Principal occu Chief Staffin	pation / Job title (See Instructions) g Officer		Employer (See Instructions HCA Houston Clear Lak			
	Date 07/31/2024	Full name of contributor London, Floyd Contributor address; City; Stat Missouri City, TX 77459-48	•	)		Amount of Contribution (\$)	\$11.00
	Principal occu Chief Staffin	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
		<b>y</b>	<u> </u>				

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 13/21 Rpt: 16/39	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	r Filers)
4	Date 07/31/2024	<ul><li>5 Full name of contributor London, Floyd</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$11.00
L		Missouri City, TX 77459-4					
8	Chief Staffin			Employer (See Instructions HCA Houston Clear Lak		Amount of Contribution (f)	
	Date 07/31/2024	Full name of contributor  London, Floyd  Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$11.00
	Principal occu	Missouri City, TX 77459-4 pation / Job title (See Instructions		Employer (See Instructions	·/		
	Chief Staffin		)	HCA Houston Clear Lak			
	Date 07/31/2024	Full name of contributor London, Floyd Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$22.00
		Missouri City, TX 77459-4	1838				
	Principal occu Chief Staffin	pation / Job title (See Instructions g Officer	5)	Employer (See Instructions HCA Houston Clear Lak			
	Date 07/31/2024	Full name of contributor London, Floyd Contributor address; City; St Missouri City, TX 77459-4				Amount of Contribution (\$)	\$22.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions HCA Houston Clear Lak			
	Date 07/31/2024	Full name of contributor London, Floyd Contributor address; City; St Missouri City, TX 77459-4				Amount of Contribution (\$)	\$11.00
	Principal occu Chief Staffin	pation / Job title (See Instructions g Officer	(3)	Employer (See Instructions HCA Houston Clear Lak			
			<u> </u>				

	MONET	ARY POLITICAL C	CONTRIBUTION	NS 		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/21 Rpt: 17/39	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commissio 00031590	n Filers)
4	Date 07/31/2024	<ul><li>5 Full name of contributor London, Floyd</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$22.00
		Missouri City, TX 77459-4					
8	Principal occu Chief Staffin	pation / Job title (See Instructions g Officer	9	Employer (See Instructi HCA Houston Clear			
	Date 08/20/2024	Full name of contributor Lopez, Jennifer Contributor address; City; St				Amount of Contribution (\$)	\$100.00
	Principal occu	Missouri City, TX 77459 pation / Job title (See Instructions	s)	Employer (See Instructi	ions)		
	Mgr Med Sta	aff Svcs		HCA Houston Pearla	ınd		
	Date 08/22/2024	Full name of contributor  Manuel, Warisara  Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$50.00
		The Woodlands, TX 7738	2				
	Principal occu Dir Orthopeo	pation / Job title (See Instructions lics	()	Employer (See Instruction HCA Houston Conro			
	Date 08/21/2024	Full name of contributor McFall, Michael Contributor address; City; St Pearland, TX 77581	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu VP Finance	pation / Job title (See Instructions	)	Employer (See Instruction HCA Houston Clear			
	Date 08/22/2024	Full name of contributor Moore, Elizabeth Contributor address; City; St Houston, TX 77020	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions ardiovascular/Surgi	)	Employer (See Instructi			
					-		

	MONET	ARY POLITICAL C	CONTRIBUTION	NS _	5		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	rm.		1	Total pages Schedule A1: Sch: 15/21 Rpt: 18/39	
2	FILER NAME HCA Texas	Good Government Fund				3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 07/26/2024	<ul> <li>5 Full name of contributor Morales, Adriana</li> <li>6 Contributor address; City; Sta</li> </ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$200.00
		Edinburg, TX 78539-0055						
8		pation / Job title (See Instructions) Development	9		imployer (See Instructions Rio Grande Regional Ho		ital	
	Date 08/14/2024	Full name of contributor Moreno, Adrian Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$750.00
	Principal occu	Houston, TX 77008-3743 pation / Job title (See Instructions)			imployer (See Instructions omball Regional Med C			
	Date 08/20/2024	Full name of contributor  Moser, Lucki  Contributor address; City; Sta	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$200.00
	Principal occu	Spring, TX 77389 pation / Job title (See Instructions)			Employer (See Instructions	)		
	•	cal Applications			ICA Houston Tomball	,		
	Date 08/23/2024	Full name of contributor Parrish, Glenda  Contributor address; City; Sta  Hitchcock, TX 77563	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$50.00
	Principal occu Dir Critical C	pation / Job title (See Instructions) are ICU			Employer (See Instructions HCA Houston Mainland	)		
	Date 08/20/2024	Full name of contributor Paxton, Jana Contributor address; City; Sta	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00
	Principal occu Dir Med/Surç	pation / Job title (See Instructions)	•		mployer (See Instructions ICA Houston Clear Lak			

	MONET	ARY POLITICAL C	CONTRIBUTION	IS 		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 16/21 Rpt: 19/39	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 08/19/2024	<ul><li>5 Full name of contributor Perrin, Cynthia</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$250.00
		Deer Park, TX 77536-403					
8	Principal occu VP Operation	pation / Job title (See Instructions ns	) 9	Employer (See Instructions HCA Houston Clear Lak			
	Date 07/29/2024	Full name of contributor Rankin, Lauren Contributor address; City; St		)		Amount of Contribution (\$)	\$750.00
	Principal occu	Kingwood, TX 77345-1743 pation / Job title (See Instructions		Employer (See Instructions	 s)		
	COO			Texas Orthopedic Hosp			
	Date 08/01/2024	Full name of contributor Reed, Russell Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)	•	Amount of Contribution (\$)	\$350.00
		Combine, TX 75159-6238					
	Principal occu CNO	pation / Job title (See Instructions	)	Employer (See Instructions Green Oaks Hosp	5)		
	Date 07/31/2024	Full name of contributor Reed, Skyler  Contributor address; City; St  Fort Worth, TX 76109-122		)		Amount of Contribution (\$)	\$1,200.00
	Principal occu COO	pation / Job title (See Instructions	)	Employer (See Instructions Med City Dallas/Heart&		n	
	Date 08/20/2024	Full name of contributor Rinard, Eric Contributor address; City; St Sugar Land, TX 77479	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$200.00
	Principal occu Asst CFO	pation / Job title (See Instructions	)	Employer (See Instructions HCA Houston Kingwood			

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 17/21 Rpt: 20/39	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 08/21/2024	Roberson, Miranda	ate PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
_		Huffman, TX 77336	1-				
8	Principal occu VP HR	pation / Job title (See Instructions)	9	Employer (See Instructions HCA HR Field Operation			
	Date 08/22/2024	Rose, Brian				Amount of Contribution (\$)	\$25.00
	Delicalization	Richmond, TX 77469	1	Frankrije (Gaalinatiina)	$\overline{\Gamma}$		
	Dir Emergen	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Pearland	5)		
	Date 08/22/2024	Full name of contributor out-of-sta Rosser, Julie  Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$325.00
		Texas City, TX 77590					
	Principal occu Admin Asst	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Mainland	5)		
	Date 08/20/2024	Russo, Kenneth				Amount of Contribution (\$)	\$750.00
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions West Houston Med Ctr	5)		
	Date 08/21/2024	Salajanu, Cristina				Amount of Contribution (\$)	\$25.00
	Principal occu Dir Surgery A	pation / Job title (See Instructions)  Ambulatory		Employer (See Instructions HCA Houston N Cypres			
	Jangory /	,			_		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 18/21 Rpt: 21/39	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 08/21/2024	<ul><li>5 Full name of contributor Sarver, William</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$200.00
_		Houston, TX 77095	1-		<u></u>		
8		pation / Job title (See Instructions) Development	9	Employer (See Instructions HCA Houston N Cypres			
	Date 08/21/2024	Full name of contributor Scott, Joyce Contributor address; City; Sta Katy, TX 77449		)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>		
	Dir Hemodia	lysis		HCA Houston N Cypres	S		
	Date 08/20/2024	Full name of contributor Secrest, Chelsey Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
		Conroe, TX 77304					
	Principal occu Asst Adminis	pation / Job title (See Instructions) strator		Employer (See Instructions HCA Houston Conroe	5)		
	Date 08/20/2024	Full name of contributor Sellers, Kinyatta Contributor address; City; Sta		)		Amount of Contribution (\$)	\$200.00
	Principal occu Dir Respirato	pation / Job title (See Instructions) ory Therapy		Employer (See Instructions HCA Houston Pearland	s)		
	Date 07/29/2024	Full name of contributor Sneed, Emily Contributor address; City; Sta Dallas, TX 75204-4817	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Medical City Lewisville	5)		
			1				

	MONET	ARY POLITICAL CONTRIBU	UTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 19/21 Rpt: 22/39	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 08/15/2024	<ul> <li>5 Full name of contributor  out-of-state PA Strange, Kip</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	AC (ID#:	)	7	Amount of Contribution (\$)	\$200.00
_	Dringing aggr	Mesquite, TX 75044	lo.	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) Svcs/Behav Hlth	g	Employer (See Instructions Medical City Green Oak		lospit	
	Date 08/13/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$750.00
	Principal occu	Nampa, ID 83686-4909 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	CFO			West Valley Med Ctr			
	Date 08/01/2024	Full name of contributor out-of-state PA Tovar, Jose Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$25.00
		Edinburg, TX 78539-3106					
	Principal occu Dir Diagnost	pation / Job title (See Instructions) ic Imaging		Employer (See Instructions Rio Grande Regional Ho		ital	
	Date 08/20/2024	Full name of contributor out-of-state PA Trevino, Maryann Contributor address; City; State; Zip Code Dickinson, TX 77539		)		Amount of Contribution (\$)	\$50.00
	Principal occu Mgr Emerge	pation / Job title (See Instructions) ncy Svcs		Employer (See Instructions HCA Houston Pearland	5)		
	Date 08/19/2024	Full name of contributor out-of-state PA Turner, Spencer Contributor address; City; State; Zip Code Frisco, TX 75036				Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Med City Dallas Hosp	5)		
				sa etty Ballas Hoop			

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

	MONETARY POLITICAL CONTRIBUTIO	NS	6		SCHEDULE A1
	The Instruction Guide explains how to complete this fo			1	Total pages Schedule A1: Sch: 21/21 Rpt: 24/39
2	PILER NAME HCA Texas Good Government Fund			3	Filer ID (Ethics Commission Filers) 00031590
4	1 Date 08/02/2024 5 Full name of contributor out-of-state PAC (ID#:_ Yeung, Daisy  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$) \$750.00
8	Sugar Land, TX 77479  Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions	)	

PLEDG	ED CONTRIBUTION	ONS				SCHEDULE B
The I	nstruction Guide explai	ns how to comple	ete this form.	1	Total pages Scheo Sch: 1/1 Rpt: 25	
2 FILER NAME	Good Government Fund			3		ics Commission Filers)
Δ	UNITEMIZED PLEDGES	<u> </u>			\$	0.00
	5 Full name of pledgor Sabrsula, Karen 7 Pledgor Address;	out-of-state PAC (ID#:		8	Amount of pledge (\$) \$200.00	9 In-kind description (If applicable)
	Houston, TX 77095			l	Check if travel outs	I I ide of Texas. Complete Schedule T
10 Principal occu Dir Rehab S	pation / Job title (See Instructio vcs	ns)	11 Employer (See Instru HCA Houston N (			

# 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				Filer ID 00031590	(Ethics Commission Filers)		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)			
	08/25/2024		HCA, Inc.			400.0	00	

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Final Services Salaries/Mangs/Contract Labor

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/6 Rpt: 27/39	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
07/26/2024	Stripe Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$22.05	185 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Merchant Fees
	Welchart Lees
O Commission ONII V if diment	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	the state of the s
<u> </u>	
Date	Payee name
07/29/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$52.25	185 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Merchant Fees
	Welchalt Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/30/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$30.63	185 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

## 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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	<u>·</u>
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	5 Payee name
07/31/2024	Stripe Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$90.85	185 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payao namo
08/01/2024	Payee name
	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$44.10	185 Berry Street, Suite 550
- Funanditura from	
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/02/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$193.94	185 Berry Street, Suite 550
\$200.04	<b>,</b> ,
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
D. LIBITORE	Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	•

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries/\	Expense Wages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME					3	iler ID	(Ethics Commission Fi	lers)
Sch: 3/6 Rpt: 29/39	HCA Texas	Good Government F	und			(	00031590		
4 Date	5 Payee name				I				
08/05/2024	Stripe Inc.								
6 Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
\$45.73	185 Berry S	treet, Suite 550							
Expenditure from corporate funds	San Francis	sco, CA 94107							
8 PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description				
OF EXPENDITURE	Fees				<b>-</b>			plete Schedule T.	
					Merchant Fee		fficeholder living	expense	
					cronant i Ge				
9 Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	l Jaht			Office he	eld	
expenditure to benefit C/C		Tanto					J00 /10		
Date	Payee name								
08/06/2024	Stripe Inc.								
Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
\$22.05	185 Berry S	treet, Suite 550							
Evponditure from									
Expenditure from corporate funds	San Francis	sco, CA 94107							
PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description				
OF EXPENDITURE	Fees				ш			plete Schedule T.	
					Check if Austin, Merchant Fee		miceholder living	expense	
					wichonant Feb	در			
Complete ONLY if direct expenditure to benefit C/C		ceholder name	Office sou	<u>l</u> ught			Office he	eld	
Date	Dovos nores								
Date 08/08/2024	Payee name Stripe Inc.								
	·	0.4	04-4 7' 0	- d.					
Amount (\$)	Payee addre		State; Zip Co	ode					
\$6.10	TAP Retry S	treet, Suite 550							
Expenditure from corporate funds	San Francis	sco, CA 94107							
PURPOSE	(a) Category (S	ee Categories listed at the top o	of this schedule)	(b)	Description				
OF EXPENDITURE	Fees				Ш			plete Schedule T.	
- · <del></del>					Check if Austin, Merchant Fee		micenolder living	expense	
					wich chiant i CC				
Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ıaht			Office he	ald	
expenditure to benefit C/C		SSSIGOT HATTIO	Since 300	-9·11			O.IIIOO III		

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/6 Rpt: 30/39	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
08/09/2024	Stripe Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.20	185 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/12/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$35.10	185 Berry Street, Suite 550
Expenditure from	
corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/14/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$70.20	185 Berry Street, Suite 550
Expenditure from	
corporate funds	San Francisco, CA 94107
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete ONLY if direct expenditure to benefit C/O	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 Co

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/6 Rpt: 31/39	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
08/16/2024	Stripe Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$23.80	185 Berry Street, Suite 550
— Foresteller of forest	
Expenditure from corporate funds	San Francisco, CA 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Merchant Fees
	Welchant Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Dete	
Date	Payee name
08/19/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$22.05	185 Berry Street, Suite 550
Expenditure from	
corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Merchant Fees
Operation ONE Wife discout	Our didn't lotter had a marrie of the country of th
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
08/20/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$9.30	185 Berry Street, Suite 550
Expenditure from	
corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Merchant Fees
Operated Children	Our didn't 10ff a balden name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to co	wages/Contract Labor OTHER (enter a category not listed above)  wplete this form.
1 Total pages Schedule F1: Sch: 6/6 Rpt: 32/39	FILER NAME     HCA Texas Good Government Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00031590
4 Date 08/21/2024	5 Payee name Stripe Inc.	
6 Amount (\$) \$7.55	7 Payee address; City; State; Zip Co 185 Berry Street, Suite 550	ode
Expenditure from corporate funds	San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fees
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sou	ght Office held
Date 08/22/2024	Payee name Stripe Inc.	
Amount (\$) \$89.76  Expenditure from corporate funds	Payee address; City; State; Zip Co 185 Berry Street, Suite 550 San Francisco, CA 94107	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
Date 08/23/2024	Payee name Stripe Inc.	
Amount (\$) \$40.85	Payee address; City; State; Zip Co 185 Berry Street, Suite 550	ode
Expenditure from corporate funds	San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /7 Rpt: 33/39	
2	FILER NAME HCA Texas	Good Government Fund	3	Filer ID	(Ethics Commiss 590	sion Filers)
4	Date 08/13/2024	<ul> <li>Name of person from whom amount is received         Ann Johnson Campaign     </li> <li>Address of person from whom amount is received; City; State; Zip Code</li> <li>Houston, TX 77256</li> </ul>			8 Amount (\$)	\$1,000.00
		7 Purpose for which amount is received X Void of 11/17/2023 contribution	Check if polition	cal contr	ibution returned to	filer
	Date 08/13/2024	Name of person from whom amount is received  Barbara Gervin Hawkins Campaign  Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$500.00
		San Antonio, TX 78218  Purpose for which amount is received  Void of 11/17/2023 contribution	Check if polition	cal contr	ibution returned to t	filer
	Date 08/13/2024	Name of person from whom amount is received Borris Miles Campaign Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$1,500.00
		Houston, TX 77004  Purpose for which amount is received  Void of 11/17/2023 contribution	Check if polition	cal contr	ibution returned to t	filer
	Date 08/13/2024	Name of person from whom amount is received Brandon Creighton Campaign Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78218			Amount (\$)	\$1,000.00
		Purpose for which amount is received  Void of 11/17/2023 contribution	Check if polition	cal contr	ibution returned to t	filer
	Date 08/13/2024	Name of person from whom amount is received Brian Birdwell Campaign Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$1,000.00
		Grandbury, TX 76048  Purpose for which amount is received  Void of 11/17/2023 contribution	Check if polition	cal contr	ibution returned to t	filer
1						

	The Instru	ction Guide explains how to complete this form.	1			ges Schedule K: 7 Rpt: 34/39	
2	FILER NAME HCA Texas	Good Government Fund	3		er ID 0315	(Ethics Commis	sion Filers)
4	Date 08/13/2024	Name of person from whom amount is received     Carol Alvarado Campaign     Address of person from whom amount is received; City; State; Zip Code				8 Amount (\$)	\$1,000.00
		Houston, TX 77223  7 Purpose for which amount is received	eck if polit	ical (	contrib	oution returned to	filer
	Date 08/13/2024	Name of person from whom amount is received Cecil Bell, Jr. Campaign  Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$500.00
		Magnolia, TX 77355  Purpose for which amount is received  Void of 09/19/2023 contribution	eck if polit	ical (	contrib	oution returned to	filer
	Date 08/13/2024	Name of person from whom amount is received Charles Perry Campaign Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$1,000.00
		Lubbock, TX 79493  Purpose for which amount is received	eck if polit	ical (	contrib	oution returned to	filer
	Date 08/13/2024	Name of person from whom amount is received Charlie Geren Campaign Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$1,000.00
		Ft. Worth, TX 76101  Purpose for which amount is received  Void of 11/17/2023 contribution	eck if polit	ical (	contrib	oution returned to	filer
	Date 08/13/2024	Name of person from whom amount is received  Dennis Paul Campaign  Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$500.00
		Webster, TX 77598  Purpose for which amount is received   ✓ Ch  Void of 11/17/2023 contribution	eck if polit	ical d	contrib	oution returned to	filer

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /7 Rpt: 35/39	
2	FILER NAME	Good Government Fund	3	Filer ID	(Ethics Commission	on Filers)
		Cood Covernment i unu		00031		
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	08/13/2024	Eddie Morales Campaign				\$500.00
		6 Address of person from whom amount is received; City; State; Zip Code				
		7 Address of person from whom amount is received, Oity, State, 219 Sode				
		Eagle Pass, TX 78852				
		7 Purpose for which amount is received	Check if politi	cal contr	ibution returned to fil	er
		Void of 11/17/2023 contribution				
=	Data	Name of payaon from whom amount is received			Amount (ft)	
	Date	Name of person from whom amount is received			Amount (\$)	<b>#</b> 500.00
	08/13/2024	Erin E. Gamez Campaign				\$500.00
		Address of person from whom amount is received; City; State; Zip Code				
		Brownsville, TX 78520				
			Chock if politi	cal contr	I ibution returned to fil	or
		· · ·	Check ii politi	cai conti	ibulion relamed to in	EI
		Void of 11/17/2023 contribution				
	Date	Name of person from whom amount is received			Amount (\$)	
	08/13/2024	Friends of Paul Bettencourt				\$1,000.00
		Address of passon from whom amount is received. City State: 7in Code				
		Address of person from whom amount is received; City; State; Zip Code				
		Haveton TV 77040				
		Houston, TX 77046	_			
		Purpose for which amount is received	Check if politi	cal contr	ibution returned to fil	er
		Void of 11/17/2023 contribution				
	Date	Name of person from whom amount is received			Amount (\$)	
	08/13/2024	Friends of Tom Oliverson			Amount (ψ)	<b>ቀ</b> ደለስ ሰስ
	08/13/2024	Frierids of Tom Oliverson				\$500.00
		Address of person from whom amount is received; City; State; Zip Code				
		Houston, TX 77046				
		Purpose for which amount is received x	Check if politi	cal contr	ibution returned to fil	er
		Void of 11/17/2023 contribution				
					•	
	Date	Name of person from whom amount is received			Amount (\$)	
	08/13/2024	Glenn Hegar Campaign				\$5,000.00
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78701				
			Choole # Pro	ool ===*	ibution return1 t - C	0.5
			I check it boilth	cai contr	ibution returned to fil	ei
L		Void of 11/17/2023 contribution				

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /7 Rpt: 36/39	
2	FILER NAME HCA Texas	Good Government Fund	3	Filer ID	(Ethics Commiss 590	ion Filers)
4	Date 08/13/2024	<ul> <li>Name of person from whom amount is received         John Bryant Campaign     </li> <li>Address of person from whom amount is received; City; State; Zip Code</li> <li>Dallas, TX 75214</li> </ul>			8 Amount (\$)	\$500.00
		7 Purpose for which amount is received  Void of 11/17/2023 contribution	Check if polition	cal contr	ibution returned to f	iler
	Date 08/13/2024	Name of person from whom amount is received  John Lujan for Texas  Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$500.00
		San Antonio, TX 78214  Purpose for which amount is received  Void of 11/17/2023 contribution	Check if polition	cal contr	ibution returned to f	iler
	Date 08/13/2024	Name of person from whom amount is received Jon Rosenthal for Texas  Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$500.00
		Houston, TX 77256  Purpose for which amount is received  Void of 11/17/2023 contribution	Check if polition	cal contr	ibution returned to f	iler
	Date 08/13/2024	Name of person from whom amount is received  Lois Kolkhorst Campaign  Address of person from whom amount is received; City; State; Zip Code  Brenham, TX 77834			Amount (\$)	\$1,000.00
			Check if polition	cal contr	ibution returned to f	iler
	Date 08/13/2024	Name of person from whom amount is received  Morgan LaMantia Campaign  Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$1,000.00
		Brownsville, TX 78520  Purpose for which amount is received  Void of 11/17/2023 contribution	Check if polition	cal contr	ibution returned to f	iler

	The Instru	ction Guide explains how to complete this form.	1		al pages Schedu n: 5/7 Rpt: 37/3		
2	FILER NAME HCA Texas	Good Government Fund	3		er ID (Ethics Co 031590	mmiss	ion Filers)
4	Date 08/13/2024	Name of person from whom amount is received     Pete Flores Campaign     Address of person from whom amount is received; City; State; Zip Code			8 Amount (	(\$)	\$1,000.00
		Austin, TX 78701  7 Purpose for which amount is received Void of 11/17/2023 contribution	ck if polit	ical co	ontribution return	ed to f	iler
	Date 08/13/2024	Name of person from whom amount is received Sam Harless Campaign Address of person from whom amount is received; City; State; Zip Code			Amount (	(\$)	\$500.00
		Spring, TX 77379  Purpose for which amount is received  Void of 11/17/2023 contribution	ck if polit	ical co	ontribution return	ed to f	iler
	Date 08/13/2024	Name of person from whom amount is received Senfronia Thompson Campaign Address of person from whom amount is received; City; State; Zip Code			Amount (	(\$)	\$500.00
		Houston, TX 77016  Purpose for which amount is received  Void of 11/17/2023 contribution	ck if polit	ical co	ontribution return	ed to f	iler
	Date 08/13/2024	Name of person from whom amount is received Shawn Thierry Campaign Address of person from whom amount is received; City; State; Zip Code			Amount (	(\$)	\$500.00
		Houston, TX 77071  Purpose for which amount is received  Void of 11/17/2023 contribution	ck if polit	ical co	ontribution return	ed to fi	iler
	Date 08/13/2024	Name of person from whom amount is received  Terry Wilson Campaign  Address of person from whom amount is received; City; State; Zip Code			Amount (	(\$)	\$500.00
		Georgetown, TX 78627  Purpose for which amount is received  Void of 11/17/2023 contribution	ck if polit	ical co	ontribution return	ed to f	iler

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 6/7 Rpt: 38/39	
2	FILER NAME  HCA Texas Good Government Fund  3 Filer ID 00031			(Ethics Commission 590	on Filers)	
4	Date 08/13/2024	5 Name of person from whom amount is received Texans for Charles Schwertner  6 Address of person from whom amount is received; City; State; Zip Code  Georgetown, TX 78627			8 Amount (\$)	\$1,000.00
		7 Purpose for which amount is received X Check if Void of 11/23/2023 contribution	politi	cal cont	ribution returned to fil	er
	Date 08/13/2024	Name of person from whom amount is received Texans for Dan Patrick Address of person from whom amount is received; City; State; Zip Code Houston, TX 77046			Amount (\$)	\$5,000.00
		Purpose for which amount is received X Check if Void of 11/23/2023 contribution	politi	cal cont	ribution returned to fil	er
	Date 08/13/2024	8/13/2024 Texans for Joan Huffman  Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$2,000.00
		Houston, TX 77005  Purpose for which amount is received  Void of 11/23/2023 contribution	politi	cal cont	ribution returned to fil	er
	Date 07/31/2024 Name of person from whom amount is received Wells Fargo Bank Address of person from whom amount is received; City; State; Zip Code				Amount (\$)	\$1.05
		Irving, TX 75038  Purpose for which amount is received Check if Interest	politi	cal cont	ribution returned to fil	er
	Date 07/31/2024	Name of person from whom amount is received  Wells Fargo Bank  Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.08
		Irving, TX 75038  Purpose for which amount is received Check if Interest	politi	cal cont	ribution returned to fil	er

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 7/7 Rpt: 39/39 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **HCA Texas Good Government Fund** 00031590 8 Amount (\$) Date 5 Name of person from whom amount is received 08/13/2024 \$500.00 Yvonne Davis Campaign 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75376 Purpose for which amount is received X Check if political contribution returned to filer Void of 11/17/2023 contribution