#### 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** 10/03/2024 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 X October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

**GO TO PAGE 2** 

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)			
HCA Texas Good Gove	ernment Fund		000315	90	
14 COMMITTEE ACTIVITY	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			
		в. Оррозец			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	22,920.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			
	4. TOTAL POLITICA	L EXPENDITURES	\$	608.66	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	179,719.32	
OUTSTANDING LOAN TOTALS	<b>I</b>	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00	
16 AFFIDAVIT			<u> </u>		
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.			
		Kristiı	n Dyer		
		Signature of Car	mpaign Trea	asurer	
AFFIX NOTARY	STAMP / SEAL ABOVE				
		, th	nis the	day	
of	_, 20, to certify	which, witness my hand and seal of office.			
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of c	officer administering oath	

## **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

					3 of 22
<b>17</b> C	TTIMMC	EE NAME	18 Filer ID	(Ethic	cs Commission Filers)
Н	CA Texa	as Good Government Fund	00031590		
		E SUBTOTALS SCHEDULE	,	:	SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	22,520.00
2.		\$			
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	250.00
4.		\$			
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	\$	400.00	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$		
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10	). X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	608.66
11	🔲	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12	<u>.                                      </u>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13	B. 🔲	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14	f. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15	5. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	1.30

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/22	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 08/29/2024	6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$200.00
_	D: : 1	Pearland, TX 77584	To To	5 1 (0 1 : ::	_		
8		pation / Job title (See Instructions) ardiovascular Svcs	9	Employer (See Instructions HCA Houston Clear Lak			
	Date 09/09/2024	Full name of contributor  Bamburg, Jeanna  Contributor address; City; Sta  Houston, TX 77007	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,250.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	CEO			Womans Hosp Texas			
	Date Full name of contributor out-of-state PAC (ID#:)  08/26/2024 Bowman, Jennifer  Contributor address; City; State; Zip Code			)		Amount of Contribution (\$)	\$200.00
		Friendswood, TX 77546					
	Principal occu Asst CNO	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
	Date Full name of contributor out-of-state PAC (ID#:_ 08/27/2024 Brewer, Justin		out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions West Houston Med Ctr	()		
	Date 08/27/2024	Full name of contributor Brown, Amy Contributor address; City; Sta Huffman, TX 77336	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions)  Development		Employer (See Instructions Gulf Coast Division Office			
			<u>_</u>				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/22	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 08/26/2024	<ul><li>5 Full name of contributor Bui-Dinh, Mindy</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Houston, TX 77059 pation / Job title (See Instructions)	. To	Employer (See Instructions	·/		
0	Dir Laborato		3	RRL - Gulf Coast Division			
	Date 09/09/2024	Full name of contributor Butler, Brenda Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code	)		Amount of Contribution (\$)	\$200.00
	Dringing! goog	Spring, TX 77389		Employer (Coo Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) Dir Critical Care IMCU			Employer (See Instructions HCA Houston N Cypres			
	Date 08/28/2024	Full name of contributor Butler, John Contributor address; City; Sta	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$200.00
		Tomball, TX 77377					
	Principal occu Dir Pharm D	pation / Job title (See Instructions)		Employer (See Instructions Gulf Coast Supply Chair			
	Date 09/09/2024	Full name of contributor Clark, Lashieki Contributor address; City; Sta Houston, TX 77057		)		Amount of Contribution (\$)	\$250.00
	Principal occu VP, Human	pation / Job title (See Instructions) Resources		Employer (See Instructions Womans Hospital of Tex		;	
	Date 08/28/2024	Full name of contributor  Darilek, Michael  Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Dir Critical C	pation / Job title (See Instructions) Care ICU		Employer (See Instructions HCA Houston Clear Lak			

	MONET	ARY POLITICAL CON		SCHEDULE A1			
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/22	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/04/2024	<ul> <li>Full name of contributor  out- Dawdy, Francesca</li> <li>Contributor address; City; State; Zip</li> </ul>		)	7	Amount of Contribution (\$)	\$250.00
_	Dringing age	Richmond, TX 77469-5693	lo.	Employer (Coo Instructions			
•		pation / Job title (See Instructions)  Development	9	Employer (See Instructions Gulf Coast Division Office			
	Date 08/30/2024	Full name of contributor out- Deal, Nathan  Contributor address; City; State; Zip	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$750.00
	<u> </u>	Bellaire, TX 77401			_		
	Principal occupation / Job title (See Instructions) CMO			Employer (See Instructions Clear Lake Reg Med Ctr			
	Date Full name of contributor out-of-state PAC (ID#:)  D8/27/2024 Desimone, Darren  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Dallas, TX 75240					
	Principal occu CNO	pation / Job title (See Instructions)		Employer (See Instructions Kingwood Med Ctr	i)		
	Date Full name of contributor out-of-state PAC (ID#:_08/30/2024 Evans, Gordon					Amount of Contribution (\$)	\$250.00
	Principal occu VP Operation	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston West	5)		
	Date 08/30/2024	Full name of contributor out- Figueroa, Sarah  Contributor address; City; State; Zip  Cypress, TX 77429	of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Dir PACU	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston N Cypres			
			L_				

	MONEI	ARY POLITICAL CO	IN I RIBUTION	5	SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to	complete this form	n.	1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/22	
2	FILER NAME HCA Texas	Good Government Fund			3 Filer ID (Ethics Commission 00031590	Filers)
4	Date 09/09/2024	<ul><li>5 Full name of contributor Gardner, Reese</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	\$250.00
8	Principal occu Asst Adminis	Houston, TX 77027 pation / Job title (See Instructions)		Employer (See Instructions Womans Hospital of Tex		
	Date 09/09/2024	Full name of contributor Gelbs-Gadd, Hannah Contributor address; City; State; Friendswood, TX 77546	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Womans Hosp Texas	)	
	Date 09/09/2024	George, Julie Contributor address; City; State;	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$150.00
	Principal occu	Pearland, TX 77584 pation / Job title (See Instructions)		Employer (See Instructions Womans Hospital of Tex		
	Date 08/27/2024	Full name of contributor  Gessner-Wharton, Mallory  Contributor address; City; State;  Dallas, TX 75240	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
	Principal occu Dir Pharm E	pation / Job title (See Instructions)		Employer (See Instructions Gulf Coast Supply Chair		
	Date 08/30/2024	Full name of contributor Ghebremariam, Amica Contributor address; City; State; Dallas, TX 75252	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$110.00
	Principal occu VP Operatio	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Kingwood		
			1			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/22	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/02/2024	<ul> <li>Full name of contributor out-out-out-out-out-out-out-out-out-out-</li></ul>			7	Amount of Contribution (\$)	\$750.00
_		Dallas, TX 75240			_		
8	Principal occu CNO	pation / Job title (See Instructions)	9	Employer (See Instructions Clear Lake Reg Med Cti			
	Date 09/05/2024	Kahl, Vicky  Contributor address; City; State; Zip (	of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu	Corpus Christi, TX 78411 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	VP HR			HCA HR Field Operation			
	Date 08/29/2024	Full name of contributor out-on tamber, Sean  Contributor address; City; State; Zip of the contributor address.	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,200.00
		Fort Worth, TX 76116					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Med City Weatherford	5)		
	Date 09/09/2024	Kimball, Terri	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu VP Quality II	pation / Job title (See Instructions)		Employer (See Instructions Womans Hospital of Tex			
	Date 09/09/2024	Lancaster, Terry				Amount of Contribution (\$)	\$50.00
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions Womans Hospital of Tex			
			<u> </u>				

MONE	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	action Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/22
2 FILER NAME HCA Texas	Good Government Fund		<b>3</b> Filer ID (Ethics Commission Filers) 00031590
4 Date 09/16/2024	<ul> <li>Full name of contributor</li></ul>	)	7 Amount of Contribution (\$) \$3,548.00
8 Principal occu Chief Staffin	Missouri City, TX 77459  upation / Job title (See Instructions)  ng Officer	9 Employer (See Instructions HCA Houston Clear Lak	
Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: Maarouf, Ahmad  Contributor address; City; State; Zip Code  Porter, TX 77365		Amount of Contribution (\$) \$500.00
Principal occu CMO	upation / Job title (See Instructions)	Employer (See Instructions Kingwood Med Ctr	5)
Date 08/30/2024	Full name of contributor  out-of-state PAC (ID#: Marietta, Kathryn  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00
Principal occu	Houston, TX 77008 upation / Job title (See Instructions)	Employer (See Instructions West Houston Med Ctr	5)
Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Mathieu, Aki  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$750.00
Principal occu	Deerfield, NH 03037-1733 upation / Job title (See Instructions)	Employer (See Instructions Womans Hospital of Te:	
Date 08/27/2024	Full name of contributor out-of-state PAC (ID#: McMullen, Nakia  Contributor address; City; State; Zip Code  Spring, TX 77379		Amount of Contribution (\$) \$10.00
Principal occu VP Quality I	upation / Job title (See Instructions)	Employer (See Instructions HCA Houston Kingwood	

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/22	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 08/28/2024	Mier, John	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$250.00
_		Spring, TX 77389					
8	Principal occu CNO	pation / Job title (See Instructions)		Employer (See Instructions West Houston Med Ctr	<u></u>		
	Date 08/27/2024	Full name of contributor  Morris, Octavia  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Cypress, TX 77433			_		
			Employer (See Instructions HCA Houston Kingwood				
	Date Full name of contributor out-of-state PAC (ID#:)  08/26/2024 Muehr, Lauren  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00		
		Dickinson, TX 77539					
		pation / Job title (See Instructions) cal Applications		Employer (See Instructions HCA Houston Mainland	5)		
	Date 09/05/2024	Full name of contributor  Nelms, Amy  Contributor address; City; State;  League City, TX 77573				Amount of Contribution (\$)	\$100.00
	Principal occu Dir Neonatal	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
	Date 09/05/2024	Full name of contributor  Newton, Shante  Contributor address; City; State;  Houston, TX 77059	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu VP Operation	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
	0 0 0 0 0 0 0			January State Company			

	MONET	ARY POLITICAL CONTRI		SCHEDULE A1			
	The Instru	ction Guide explains how to compl	ete this forr	m.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/22	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 08/26/2024	<ul> <li>5 Full name of contributor out-of-state Nkansah, Vivian</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$250.00
_		League City, TX 77573	1-		_		
8	Asst CNO	pation / Job title (See Instructions)	9	Employer (See Instructions HCA Houston Mainland	s) 		
	Date 08/30/2024	Paxton, Jana				Amount of Contribution (\$)	\$100.00
	Dringing ogg	Pearland, TX 77581	-	Employer (See Instructions	·/_		
	Principal occupation / Job title (See Instructions)  Dir Med/Surg			Employer (See Instructions HCA Houston Clear Lak			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$200.00	
		Houston, TX 77058					
	Principal occu Asst COO	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Mainland	5)		
	Date 08/27/2024	Read, Kristi		)		Amount of Contribution (\$)	\$100.00
	Principal occu Dir Radiation	pation / Job title (See Instructions)  Therapy		Employer (See Instructions HCA Houston N Cypres			
	Date 08/30/2024	Rentie, Leah	te PAC (ID#:			Amount of Contribution (\$)	\$172.00
	Principal occu Asst Adminis	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Kingwood			
				g., 000	•		

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/22	
2	FILER NAME	Cood Courses and Fund			3	Filer ID (Ethics Commission	n Filers)
	HCA Texas	Good Government Fund	_			00031590	
4	Date 09/08/2024	5 Full name of contributor Rhemann, Angelle 6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$)	\$750.00
		Cypress, TX 77433					
8	Principal occu CNO	pation / Job title (See Instructions)		Employer (See Instructions) Tomball Regional Med C			
	Date 09/06/2024	Full name of contributor  Roberts, Mark  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$750.00
		Ingleside, TX 78362					
	Principal occu COO	pation / Job title (See Instructions)		Employer (See Instructions) Corpus Christi Med Ctr	)		
	Date 09/08/2024	Full name of contributor Ruiz, Christen Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Alvin, TX 77511					
	Principal occu Dir Surgery	pation / Job title (See Instructions)		Employer (See Instructions) HCA Houston Pearland	)		
	Date 08/29/2024	Full name of contributor  Scott III, Alvin  Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	<u> </u>	Texas City, TX 77591					
	Controller	pation / Job title (See Instructions)		Employer (See Instructions) HCA Houston Clear Lake			
	Date 08/28/2024	Full name of contributor Sharma, Harpreet Contributor address; City; State	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
		Houston, TX 77059					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions) HCA Houston Clear Lake			

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/22	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/09/2024	Stemley, Michelle	ut-of-state PAC (ID#: ip Code	)	7	Amount of Contribution (\$)	\$750.00
_		Pearland, TX 77584-4087					
8	Principal occu CNO	pation / Job title (See Instructions)		Employer (See Instructions Woman's Hospital of Te:		(	
	Date 09/09/2024	Vaidya, Rishika Contributor address; City; State; Z				Amount of Contribution (\$)	\$250.00
	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)		Employer (See Instructions	)		
	VP Operations			Womans Hospital of Tex			
	Date 08/28/2024	Full name of contributor on the original of th	ut-of-state PAC (ID#: ip Code	)		Amount of Contribution (\$)	\$100.00
		Deer Park, TX 77536					
	Principal occu Dir Diagnost	pation / Job title (See Instructions) ic Imaging		Employer (See Instructions HCA Houston Clear Lak	•		
	Date 08/29/2024	Villarreal, Troy		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Div Presiden	pation / Job title (See Instructions)		Employer (See Instructions HCA Healthcare Gulf Co		t	
	Date 09/04/2024	Full name of contributor on West, Jessica  Contributor address; City; State; Z  Cypress, TX 77433	ut-of-state PAC (ID#:ip Code	)		Amount of Contribution (\$)	\$200.00
	Principal occu Dir Infection	pation / Job title (See Instructions)		Employer (See Instructions			
	in intection	Control	I	HCA Houston N Cypres:	ა 		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/11 Rpt: 14/22	
2	FILER NAME HCA Texas	Good Government Fund		3	Filer ID (Ethics Commissio 00031590	n Filers)
4	Date 08/27/2024	5 Full name of contributor out-of-state PAC (ID#:_White, D D  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	Houston, TX 77041  upation / Job title (See Instructions)	Employer (See Instructions     HCA Houston West	<u> </u> s)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#:_ Williams, Danyell Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$200.00
	Principal occu Dir Patient S	Houston, TX 77044  upation / Job title (See Instructions)  Safety	Employer (See Instructions HCA Houston Clear Lak			
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_ Woodfin, Beverly  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$250.00
	Principal occu	Cypress, TX 77433  Ipation / Job title (See Instructions)	Employer (See Instructions HCA Houston West	<u> </u> s)		

PLEDO	GED CONTRIBUT	IONS				SCHEDULE B
The	Instruction Guide expla	ains how to comple	te this form.	1	Total pages Scheo Sch: 1/1 Rpt: 15	
2 FILER NAM				3	Filer ID (Ethi	cs Commission Filers)
	Good Government Fund			L	00031590	
TOTAL O	F UNITEMIZED PLEDGE	:S			\$	0.00
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID#:_		8	Amount of pledge (\$)	9 In-kind description (If applicable)
	Garza, San					(11 applicable) 
08/30/2024	7 Pledgor Address;	City; State; Zip Code			\$250.00	
	Highland Village, TX 75	077-6752		[	Check if travel outs	i i ide of Texas. Complete Schedule T
	cupation / Job title (See Instruct	ions)	11 Employer (See Instru			
Asst CNO			HCA Houston Tor	mb	all	

## MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instru	ctic	on Guide explains how to complete this form.	1	Total pages Sch: 1/1 Rp	Schedule C3: ot: 16/22	
2	FILER NAME     HCA Texas Good Government Fund					(Ethics Commission Filers)	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	100	
	09/25/2024		HCA, Inc.			400.	.00

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 1/5 Rpt: 17/22	HCA Texas Good Government Fund 00031590	
4 Date	5 Payee name	
08/26/2024	Stripe Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$103.96	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	
	Werdiantrees	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	=
08/27/2024	Stripe Inc.	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1.75	185 Berry Street, Suite 550	
Ψ1.73	100 Berry Street, Stille 330	
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	
	Werdiantrees	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
expenditure to benefit C/O		
Date	Dougo nama	_
08/28/2024	Payee name Stripe Inc.	
	<u> </u>	_
Amount (\$)	Payee address; City; State; Zip Code	
\$12.20	185 Berry Street, Suite 550	
Expenditure from corporate funds	San Francisco, CA 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Merchant Fees	
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	O. Eller D. MAME
1 Total pages Schedule F1: Sch: 2/5 Rpt: 18/22	2 FILER NAME HCA Texas Good Government Fund  3 Filer ID (Ethics Commission Filers) 00031590
4 Date	5 Payee name
08/29/2024	Stripe Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$42.13	185 Berry Street, Suite 550
	·
Expenditure from	Can Francisco CA 04407
corporate funds	San Francisco, CA 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Merchant Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
08/30/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$30.50	185 Berry Street, Suite 550
	·
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$117.20	185 Berry Street, Suite 550
Expenditure from	
corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Categories listed at the top of this scriedule)  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	

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 19/22	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
09/04/2024	Stripe Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$99.33	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
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/05/2024	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.
	Check if Austin, TX, officeholder living expense  Merchant Fees
	moronau i oso
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$13.65	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/Oł	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	l Committee L	egal Services The Instruction Guide exp		Nages	/Contract Labor		OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 4/5 Rpt: 20/22	HCA Texas (	Good Government Fu	nd				00031590	
4 Date	5 Payee name							
09/09/2024	Stripe Inc.							
6 Amount (\$)	7 Payee address	s; City;	State; Zip Co	ode				
\$16.85	185 Berry Sti	eet, Suite 550						
— Forest diture from								
Expenditure from corporate funds	San Francisc	o, CA 94107						
8 PURPOSE	(a) Category (See	Categories listed at the top of the	his schedule)	(b)	Description			
OF EXPENDITURE	Fees				<b>=</b>			plete Schedule T.
					Merchant Fee		officeholder living	g expense
					Welchant Fee	53		
O Complete ONLY !! -!!	Condidat-105	ahaldar na za a	O#:	10/2+			O#:!	old
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	enolaer name	Office sou	ignt			Office he	eia
,								
Date	Payee name							
09/10/2024	Stripe Inc.							
Amount (\$)	Payee address	s; City;	State; Zip Co	ode				
\$22.05	185 Berry Sti	eet, Suite 550						
Expenditure from corporate funds	San Francisc	o, CA 94107						
PURPOSE	(a) Category (See	Categories listed at the top of the	his schedule)	(b)	Description			
OF EXPENDITURE	Fees	3	,			outsi	de of Texas. Com	plete Schedule T.
EXPENDITURE							officeholder living	g expense
					Merchant Fee	es		
Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ıght			Office he	eld
expenditure to benefit C/O	7							
Date	Payee name							
09/11/2024	Stripe Inc.							
Amount (\$)	Payee address	s; City;	State: Zip Co	ode				
\$23.80	1	eet, Suite 550	,p oc	•				
Ψ20.00	100 Dony Ou	out out ou						
Expenditure from	Con Francis	o CA 04107						
corporate funds	San Francisc	0, CA 94107						
PURPOSE OF	(a) Category (See	Categories listed at the top of the	his schedule)	(b)	Description			
EXPENDITURE	Fees				<b>=</b>			plete Schedule T.
					Merchant Fee		officeholder living	g expense
					werdhant ret	در		
Complete ONLY if direct	Candidate/Office	sholder name	Office	lap+			Office he	old
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		enoluei name	Office sou	igill			Office ne	ciu
,								

#### 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	/ - al Co	mmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			nse es/Contract Labo		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	EII ER NAM						Filer ID	(Ethics Commission Filers)
	Sch: 5/5 Rpt: 21/22	-		s Good Governmen	nt Fund				00031590	(
4	Date	5	Payee name	e						
	09/18/2024		Stripe Inc.							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code	<u>;</u>			
	\$103.19		185 Berry	Street, Suite 550						
	Expenditure from corporate funds		San Franci	isco, CA 94107						
8	PURPOSE	(a)	Category (S	See Categories listed at the t	op of this sche	edule) (k	) Descriptio	n		
	OF EXPENDITURE		Fees						de of Texas. Com	
l	ZA ZHOHOKZ								officeholder living	expense
							Merchan	rees		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	0	office sough	t		Office he	eld

## INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 22/22 2 FILER NAME Filer ID (Ethics Commission Filers) **HCA Texas Good Government Fund** 00031590 8 Amount (\$) Date 5 Name of person from whom amount is received 08/30/2024 Wells Fargo Bank \$1.22 6 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038 Purpose for which amount is received Check if political contribution returned to filer Interest Amount (\$) Name of person from whom amount is received Date 08/30/2024 Wells Fargo Bank \$0.08 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038 Purpose for which amount is received Check if political contribution returned to filer Interest