

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,920.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 608.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 179,719.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Kristin Dyer

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME HCA Texas Good Government Fund		18 Filer ID (Ethics Commission Filers) 00031590
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22,520.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 250.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 400.00
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 608.66
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1.30

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/11 Rpt: 4/22
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Dana <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Admin Dir Cardiovascular Svcs		9 Employer (See Instructions) HCA Houston Clear Lake
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bamburg, Jeanna <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Womans Hosp Texas
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Jennifer <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) HCA Houston Clear Lake
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Justin <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) West Houston Med Ctr
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Amy <hr/> Contributor address; City; State; Zip Code Huffman, TX 77336	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Business Development		Employer (See Instructions) Gulf Coast Division Office

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/22
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bui-Dinh, Mindy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77059	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Dir Laboratory		9 Employer (See Instructions) RRL - Gulf Coast Division
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Brenda <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Critical Care IMCU		Employer (See Instructions) HCA Houston N Cypress
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, John <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Pharm D		Employer (See Instructions) Gulf Coast Supply Chain
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Lashieki <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP, Human Resources		Employer (See Instructions) Womans Hospital of Texas
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darilek, Michael <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Critical Care ICU		Employer (See Instructions) HCA Houston Clear Lake

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/22
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawdy, Francesca	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Richmond, TX 77469-5693		
8 Principal occupation / Job title (See Instructions) VP Business Development		9 Employer (See Instructions) Gulf Coast Division Office
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deal, Nathan	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code Bellaire, TX 77401		
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) Clear Lake Reg Med Ctr
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desimone, Darren	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75240		
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) Kingwood Med Ctr
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Gordon	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Katy, TX 77494		
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) HCA Houston West
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Sarah	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Cypress, TX 77429		
Principal occupation / Job title (See Instructions) Dir PACU		Employer (See Instructions) HCA Houston N Cypress

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/22
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Reese	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77027	
8 Principal occupation / Job title (See Instructions) Asst Administrator		9 Employer (See Instructions) Womans Hospital of Texas
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelbs-Gadd, Hannah	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Womans Hosp Texas
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Julie	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) Womans Hospital of Texas
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gessner-Wharton, Mallory	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75240	
Principal occupation / Job title (See Instructions) Dir Pharm E		Employer (See Instructions) Gulf Coast Supply Chain
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghebremariam, Amica	Amount of Contribution (\$) \$110.00
	Contributor address; City; State; Zip Code Dallas, TX 75252	
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) HCA Houston Kingwood

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/22
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Patricia <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) Clear Lake Reg Med Ctr
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahl, Vicky <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) VP HR		Employer (See Instructions) HCA HR Field Operations
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamber, Sean <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Med City Weatherford
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimball, Terri <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Quality II		Employer (See Instructions) Womans Hospital of Texas
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Terry <hr/> Contributor address; City; State; Zip Code Streetman, TX 75859	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) Womans Hospital of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction 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		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Floyd <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$3,548.00
8 Principal occupation / Job title (See Instructions) Chief Staffing Officer		9 Employer (See Instructions) HCA Houston Clear Lake
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maarouf, Ahmad <hr/> Contributor address; City; State; Zip Code Porter, TX 77365	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) Kingwood Med Ctr
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marietta, Kathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) West Houston Med Ctr
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathieu, Aki <hr/> Contributor address; City; State; Zip Code Deerfield, NH 03037-1733	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Womans Hospital of Texas
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMullen, Nakia <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP Quality II		Employer (See Instructions) HCA Houston Kingwood

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/22
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mier, John	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Spring, TX 77389	
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) West Houston Med Ctr
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Octavia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) HCA Houston Kingwood
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muehr, Lauren	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Dickinson, TX 77539	
Principal occupation / Job title (See Instructions) Dir Adv Clinical Applications		Employer (See Instructions) HCA Houston Mainland
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelms, Amy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Dir Neonatal ICU		Employer (See Instructions) HCA Houston Clear Lake
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Shante	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77059	
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) HCA Houston Clear Lake

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/22
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nkansah, Vivian <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Asst CNO		9 Employer (See Instructions) HCA Houston Mainland
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paxton, Jana <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir Med/Surg		Employer (See Instructions) HCA Houston Clear Lake
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pryor, Tracy <hr/> Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Asst COO		Employer (See Instructions) HCA Houston Mainland
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read, Kristi <hr/> Contributor address; City; State; Zip Code Katy, TX 77493	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir Radiation Therapy		Employer (See Instructions) HCA Houston N Cypress
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rentie, Leah <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$172.00
Principal occupation / Job title (See Instructions) Asst Administrator		Employer (See Instructions) HCA Houston Kingwood

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/22
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stemley, Michelle <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584-4087	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) Woman's Hospital of Texax
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaidya, Rishika <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Womans Hospital of Texas
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicinanza, William <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir Diagnostic Imaging		Employer (See Instructions) HCA Houston Clear Lake
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Troy <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Div President		Employer (See Instructions) HCA Healthcare Gulf Coast
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Jessica <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Infection Control		Employer (See Instructions) HCA Houston N Cypress

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/22
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, D D	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77041	
8 Principal occupation / Job title (See Instructions) VP Quality		9 Employer (See Instructions) HCA Houston West
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Danyell	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Houston, TX 77044	
Principal occupation / Job title (See Instructions) Dir Patient Safety		Employer (See Instructions) HCA Houston Clear Lake
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodfin, Beverly	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) HCA Houston West

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 15/22

2 FILER NAME
HCA Texas Good Government Fund

3 Filer ID (Ethics Commission Filers)
00031590

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date
08/30/2024

6 Full name of pledgor out-of-state PAC (ID#: _____)
Garza, San

7 Pledgor Address; City; State; Zip Code

Highland Village, TX 75077-6752

8 Amount of
pledge (\$)
\$250.00

9 In-kind description
(If applicable)

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)
Asst CNO

11 Employer (See Instructions)
HCA Houston Tomball

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: 16/22
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/25/2024	5 Corporation / Labor Organization name HCA, Inc.	6 Amount (\$) 400.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 17/22	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
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4 Date 08/26/2024	5 Payee name Stripe Inc.
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6 Amount (\$) \$103.96	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/27/2024	Payee name Stripe Inc.
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Amount (\$) \$1.75	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/28/2024	Payee name Stripe Inc.
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Amount (\$) \$12.20	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 18/22	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/29/2024	5 Payee name Stripe Inc.	
6 Amount (\$) \$42.13 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/30/2024	Candidate/Officeholder name Stripe Inc.	
Amount (\$) \$30.50 <input type="checkbox"/> Expenditure from corporate funds	Office sought 185 Berry Street, Suite 550 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/03/2024	Candidate/Officeholder name Stripe Inc.	
Amount (\$) \$117.20 <input type="checkbox"/> Expenditure from corporate funds	Office sought 185 Berry Street, Suite 550 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 19/22	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/04/2024	5 Payee name Stripe Inc.	
6 Amount (\$) \$99.33 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/05/2024	Candidate/Officeholder name Stripe Inc.	
Amount (\$) \$22.05 <input type="checkbox"/> Expenditure from corporate funds	Office sought 185 Berry Street, Suite 550 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/06/2024	Candidate/Officeholder name Stripe Inc.	
Amount (\$) \$13.65 <input type="checkbox"/> Expenditure from corporate funds	Office sought 185 Berry Street, Suite 550 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 20/22	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/09/2024	5 Payee name Stripe Inc.	
6 Amount (\$) \$16.85 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/10/2024	Candidate/Officeholder name Stripe Inc.	
Amount (\$) \$22.05 <input type="checkbox"/> Expenditure from corporate funds	Office sought 185 Berry Street, Suite 550 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/11/2024	Candidate/Officeholder name Stripe Inc.	
Amount (\$) \$23.80 <input type="checkbox"/> Expenditure from corporate funds	Office sought 185 Berry Street, Suite 550 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 21/22	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/18/2024	5 Payee name Stripe Inc.	
6 Amount (\$) \$103.19 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 22/22
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/30/2024	5 Name of person from whom amount is received Wells Fargo Bank	8 Amount (\$) \$1.22
6 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038		
7 Purpose for which amount is received Interest		
<input type="checkbox"/> Check if political contribution returned to filer		
Date 08/30/2024	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$0.08
Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038		
Purpose for which amount is received Interest		
<input type="checkbox"/> Check if political contribution returned to filer		