MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Tł	ne MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00031590	2 Total pages filed: 21
3	COMMITTEE NAME			
ľ	HCA Texas Good (Sovernment Fund		OFFICE USE ONLY
				Date Received ELECTRONICALLY FILED 11/05/2024
4	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
5	CAMPAIGN	MS/MRS/MR FIRST	MI	Date Hand-delivered of Date Postmarked
ľ	TREASURER			Receipt # Amount
	NAME	Kristin		Anount
				Date Processed
		NICKNAME LAST	SUFFI	•
		Dyer		Date Imaged
		Dyei		Date imaged
	CAMDAICN			ATE; ZIP CODE
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE
	STREET	13155 Noel Road, Ste. 2000		
	ADDRESS (Residence or Business)			
	(Residence of Business)	Dallas, TX 75240		
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
	TREASURER	13155 Noel Road, Ste. 2000	, ,	,
	MAILING ADDRESS	10100 11001 11044, 0101 2000		
		Dallas, TX 75240		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
	TREASURER PHONE	(972) 401-8770		
	THOME	(372) 401-0170		
9	REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10	MONTHLY REPORT FILING	January 5 April	5 July 5	October 5
	DEADLINE			
		February 5 May	5 August 5	X November 5
		March 5 June	e 5 September 5	December 5
11	PERIOD	Month Day Year	THROUGH Month	Day Year
	COVERED	09/26/2024	10/25/	2024
⊢				
		GO ⁻	TO PAGE 2	
E0	rms provided by Tex	as Ethics Commission www.et	thics.state.tx.us	Version V4.1.0.48da51f7

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	rnment Fund		00031590	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Angela Paxton State Senator		
(Attach lists on plain paper to complete this report if necessary.)		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	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 PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,650.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	4. TOTAL POLITICA	L EXPENDITURES	\$	59,003.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL O OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	169,467.55
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 pe true and correct and includes all infor under Title 15, Election Code.	erjury, that the a mation require	accompanying report is d to be reported by me
		Kristi	in Dyer	
		Signature of Ca		ırer
	STAMP / SEAL ABOVE			
		, t	his the	day
of	, 20, to certify (which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

FORM MPAC

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12 COMMITTEE NAME HCA Texas Good Govern	ment Fund				13 Filer ID 00031590	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Brooks Land	graf State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Chris Turner	State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Christian Mar	nuel State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		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.)					

FORM MPAC

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						5
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Govern	ment Fund				00031590	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	David Spiller Sta	ate Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Gary VanDeaver	State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jeff Barry State	Representative		
(Attach lists on plain paper to complete this report if necessary.)		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.)					
	application, diaboning by party.)	I				

FORM MPAC

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Govern	ment Fund			00031590	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jeff Leach State Representative		
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		John Bryant State Representativ	/e	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mihaela Plesa State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		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.)				

FORM MPAC

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12 COMMITTEE NAME	mont Fund				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Govern	ment Fund				00031590	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Nathan Johnso	n State Senator		
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Solomon Ortiz	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rafael Anchia	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
		-				

FORM MPAC

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						5
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Govern	ment Fund				00031590	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ramon Ron	nero State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rhetta Bow	ers State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Tan Parker	State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. 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.) 					
	1	1				

FORM MPAC

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Govern	ment Fund				00031590	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dade Phelan	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dan Patrick L	ieutenant Govern	or	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Greg Abbott	Governor		
(Attach lists on plain paper to complete this report if necessary.)		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.)					

FORM MPAC

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				1	
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
HCA Texas Good Governr	ment Fund	_		00031590	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Joan Huffman State Senator		
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Todd Hunter State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY		A. Supported	Lady Will Metcalf State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				

FORM MPAC COVER SHEET PG 3 10 of 21

17 COMMITTI	EE NAME	18 Filer ID	(Ethics Commission Filers)
HCA Texa	as Good Government Fund	00031590	
19 SCHEDUL			
NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$ 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 CONTRIBUTIONS	6	\$ 59,003.20
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 1,501.43

SUBTOTALS - MPAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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Th	e Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 11/21	
2 FIL	ER NAME			3	Filer ID (Ethics Commissio	on Filers)
нс	CA Texas (Good Government Fund			00031590	
4 Dat	te	5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	
10/	/01/2024	Armendariz, Elias				\$750.00
		6 Contributor address; City; State; Zip Code				
		Pearland, TX 77581				
8 Prii	ncipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
CC	00		Clear Lake Reg Med Ct	r		
Dat	te	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/	/01/2024	Bradley, Deidre				\$200.00
		Contributor address; City; State; Zip Code				
		League City, TX 77573-2598				
Prii	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
VP	P HR		HCA Healthcare			
Dat	te	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Γ	Amount of Contribution (\$)	
09/	/27/2024	Cabacungan, Marylyn	/			\$100.00
		Contributor address; City; State; Zip Code		1		
		Spring, TX 77379				
Prii	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Mg	gr PACU		HCA Houston Northwes	st		
Dat	te	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
10/	/01/2024	Russell, James				\$1,200.00
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546				
Prii	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
CE	0		Mainland Med Ctr			

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.					Schedule C3: t: 12/21	
2	2 FILER NAME				Filer ID	(Ethics Commission Filers)	
	HCA Texas Good Government Fund				00031590		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	10/25/2024 HCA, Inc.				40	0.00	

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking 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: 1/8 Rpt: 13/21	HCA Texas Good Government Fund 00031590								
4 Date 10/03/2024	5 Payee name Abbott, Greg								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$20,000.00	PO Box 308								
Expenditure from corporate funds	Austin, TX 78767-0308								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Greg Abbott/Support/2026 General								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
10/03/2024	Anchia, Rafael (Rep.)								
Amount (\$)	Payee address; City; State; Zip Code								
\$1,000.00	PO Box 4468								
Expenditure from corporate funds	Dallas, TX 75208-0468								
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rafael Anchia/Support/2024 General 								
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
10/03/2024	Barry, Jeff								
Amount (\$)	Payee address; City; State; Zip Code								
\$500.00	4418 Broadway St								
Expenditure from corporate funds	Pearland, TX 77581								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Contributions/Donations Made By								
	Candidate/Officeholder/Political Committee Jeff Barry/Support/2024 General								
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking 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: 2/8 Rpt: 14/21	HCA Texas Good Government Fund 00031590								
4 Date	5 Payee name								
10/03/2024	Bowers, Rhetta (Rep.)								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$500.00	3526 Lakeview Parkway, Ste. B211								
Expenditure from corporate funds	Rowlett, TX 75088								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Contributions/Donations Made By								
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Rhetta Bowers/Support/2024 General								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
10/03/2024	Bryant, John (Rep.)								
Amount (\$)	Payee address; City; State; Zip Code								
\$500.00	P.O. Box 140977								
Expenditure from corporate funds	Dallas, TX 75214								
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense John Bryant/Support/2024 General 								
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H								
Date	Payee name								
10/03/2024	Huffman, Joan (Sen.)								
Amount (\$)	Payee address; City; State; Zip Code								
\$2,500.00	3375 Westpark Drive								
Expenditure from corporate funds	Houston, TX 77005								
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee								
	Candidate/Officeholder/Political Committee Joan Huffman/Support/2024 General								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
Sch: 3/8 Rpt: 15/21	HCA Texas Good Government Fund 00031590								
4 Date	5 Payee name								
10/03/2024	Hunter, Todd (Rep.)								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$500.00	445 Cape Henry Dr								
Expenditure from corporate funds	Corpus Christi, TX 78412-2633								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee								
	Todd Hunter/Support/2024 General								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
10/03/2024	Johnson, Nathan (Sen.)								
Amount (\$)	Payee address; City; State; Zip Code								
\$1,000.00	78711-2068								
Expenditure from corporate funds	Dallas, TX 78711-2068								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee								
	Nathan Johnson/Support/2024 General								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H								
Date	Payee name								
10/03/2024	Landgraf, Brooks (Rep.)								
Amount (\$)	Payee address; City; State; Zip Code								
\$500.00	2331 Ladue Lane								
Expenditure from corporate funds	Odessa, TX 79762								
PURPOSE OF	 (a) Category (See Categories listed at the top of this schedule) (b) Description (contributions/Donations Made By (b) Description (contributions/Donations Made By 								
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee								
	Brooks Landgraf/Support/2024 General								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking 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: 4/8 Rpt: 16/21	HCA Texas Good Government Fund 00031590								
4 Date	5 Payee name								
10/03/2024	Leach, Jeff (Rep.)								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$500.00	PO Box 866186								
Expenditure from corporate funds	Plano, TX 75086-6186								
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Jeff Leach/Support/2024 General								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
10/03/2024	Manuel, Christian (Rep.)								
Amount (\$)	Payee address; City; State; Zip Code								
\$500.00	3801 Turtlecreek Dr.								
Expenditure from corporate funds	Port Arthur, TX 77642								
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Christian Manuel/Support/2024 General 								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
10/03/2024	Metcalf, Will (Rep.)								
Amount (\$)	Payee address; City; State; Zip Code								
\$1,000.00	PO Box 454								
Expenditure from corporate funds	Conroe, TX 77305-0454								
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Will Metcalf/Support/2024 General 								
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking 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: 5/8 Rpt: 17/21	HCA Texas Good Government Fund 00031590								
4 Date 10/03/2024	5 Payee name Ortiz, Solomon								
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 286								
corporate funds	Corpus Christi, TX 78403								
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Solomon Ortiz/Support/2024 General 								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
10/03/2024	Parker, Tan (Sen.)								
Amount (\$)	Payee address; City; State; Zip Code								
\$1,000.00	PO Box 271741								
Expenditure from corporate funds	Flower Mound, TX 75027-1741								
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tan Parker/Support/2024 General 								
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
10/03/2024	Patrick, Dan								
Amount (\$)	Payee address; City; State; Zip Code								
\$15,000.00	1 E. Greenway Plz., Ste. 225								
Expenditure from corporate funds	Houston, TX 77046								
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dan Patrick/Support/2024 General 								
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking 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: 6/8 Rpt: 18/21	HCA Texas Good Government Fund 00031590								
4 Date	5 Payee name								
10/03/2024	Paxton, Angela (Sen.)								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$1,000.00	5613 S. Woodcreek Circle								
Expenditure from corporate funds	McKinney, TX 75071								
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Angela Paxton/Support/2024 General								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
10/03/2024	Phelan, Dade (Rep.)								
Amount (\$)	Payee address; City; State; Zip Code								
\$10,000.00	PO Box 848								
Expenditure from corporate funds	Nederland, TX 77627-0848								
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dade Phelan/Support/2024 General 								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
10/03/2024	Plesa, Mihaela (Rep.)								
Amount (\$)	Payee address; City; State; Zip Code								
\$500.00	PO Box 796311								
Expenditure from corporate funds	Dallas, TX 75248								
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mihaela Plesa/Support/2024 General 								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
Sch: 7/8 Rpt: 19/21	HCA Texas Good Government Fund 00031590								
4 Date	5 Payee name								
10/03/2024	Romero, Ramon (Rep.)								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$500.00	PO Box 181								
Expenditure from corporate funds	Ft Worth, TX 76101-0181								
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee								
	Ramon Romero/Support/2024 General								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
10/03/2024	Spiller, David (Rep.)								
Amount (\$)	Payee address; City; State; Zip Code								
\$500.00	P.O. Box 447								
Expenditure from corporate funds	Jacksboro, TX 76458								
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense David Spiller/Support/2024 General 								
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
10/01/2024	Stripe Inc.								
Amount (\$)	Payee address; City; State; Zip Code								
\$3.20	185 Berry Street, Suite 550								
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 ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense dy - Gift/Awards/Memorials Expense al Committee Legal Services			Expense Iorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 15 how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAM	Ξ					3	Filer ID	(Ethics Commission Filers)	
	Sch: 8/8 Rpt: 20/21		HCA Texas	Good Gove	ernment Fund					00031590		
4	Date	5	Payee name						I			
	10/03/2024		Turner, Ch									
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de					
	\$500.00		PO Box 18	2093								
	Expenditure from corporate funds			X 76096-20								
8	PURPOSE OF	(a)			ed at the top of this sche	edule)	(b)	Description		da af T aura - Oar		
	EXPENDITURE			ns/Donations	s Made By ′Political Comm	ittoo				officeholder living	nplete Schedule T. a expense	
			Canuluale	Onicendiaen	Folitical Comm	lilee		Chris Turner/				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder nam	ie C	office sou	ght			Office h	eld	
	Date		Payee name									
	10/03/2024		VanDeaver	, Gary (Rep.)							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$500.00		211 County	/ Road 1420								
	Expenditure from corporate funds		Bogata, TX	75417								
	PURPOSE	(a)	Category (S	ee Categories liste	ed at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ns/Donation							nplete Schedule T.	
			Candidate/	Political Comm	ittee		Check if Austin, TX, officeholder living expense Gary VanDeaver/Support/2024 General					
								Gary vanuea	ave	n/Suppon/20	024 General	
	Operation ONITY is aligned						1- 4			0.4% a a h	- 1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	-	Januluale/OII	iceholder nam	ie C	office sou	gnt			Office h	eid	

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

SCHEDULE K

The Instru	bages Schedule K: L/1 Rpt: 21/21					
2 FILER NAME			D (Ethics Commissi	ion Filers)		
HCA Texas	Good Government Fund	00031	31590			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
10/03/2024	Ellen Troxclair Campaign			\$500.00		
	6 Address of person from whom amount is received; City; State; Zip Code]			
	Marble Falls, TX 78654					
	7 Purpose for which amount is received X Check if p Void of 11/17/2023 contribution	olitical contr	ribution returned to fi	ler		
Date	Name of person from whom amount is received		Amount (\$)			
10/11/2024	Toni Rose			\$1,000.00		
	Address of person from whom amount is received; City; State; Zip Code		1			
	Dallas, TX 75241					
		political contr	ribution returned to fi	ler		
	Void of 9/19/2023 contribution					
Date	Name of person from whom amount is received		Amount (\$)			
09/30/2024	Wells Fargo Bank			\$1.43		
	Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038					
			I ribution returned to fi	ilor		
	Interest	Juniour conta				