

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00031590		2 Total pages filed: 12	
3 COMMITTEE NAME HCA Texas Good Government Fund				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 09/03/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 13155 Noel Road Suite 2000 Dallas, TX 75240				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Kristin				
	NICKNAME LAST SUFFIX Dyer				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13155 Noel Road, Ste. 2000 Dallas, TX 75240				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 13155 Noel Road, Ste. 2000 Dallas, TX 75240				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 401-8770				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/26/2025 08/25/2025				

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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
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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,975.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 195.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 59,353.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 400.00

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**FORM MPAC**
COVER SHEET PG 3
3 of 12

17 COMMITTEE NAME HCA Texas Good Government Fund		18 Filer ID (Ethics Commission Filers) 00031590
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,575.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
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	\$ 195.73
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	\$ 0.45

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adamson, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78573-8408	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Dir Clinical Operations		9 Employer (See Instructions) Rio Grande Regional Hospital
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Eric <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-1215	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Texas Orthopedic Hosp
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jared <hr/> Contributor address; City; State; Zip Code Spring, TX 77386-4751	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP HR		Employer (See Instructions) HCA Healthcare
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbeil, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Kingwood Med Ctr
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deal, Nathan <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-3207	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) Clear Lake Reg Med Ctr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Vince <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75070-4436	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) Div CIO		9 Employer (See Instructions) HCA Healthcare
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dsouza, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2963	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Tomball Regional Med Ctr
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eastland, Toby <hr/> Contributor address; City; State; Zip Code Prosper, TX 75078-2124	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Div VP Sales N Texas		Employer (See Instructions) HCA Healthcare
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ervin, Richard <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377-8568	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) HCA Houston Healthcare Tom
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanyak-Howell, Teresa <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-5079	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mgr Office		Employer (See Instructions) HCA Houston Pearland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Melissa <hr/> 6 Contributor address; City; State; Zip Code El Campo, TX 77437-0108	7 Amount of Contribution (\$) \$175.00
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) HCA Houston West
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerker, Juliana <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-7830	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Dir Government Relations		Employer (See Instructions) HCA Healthcare
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marmenstein, Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-3832	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) HCA Houston Healthcare Tom
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mascorro, Alfred <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552-6801	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) Rio Grande Regional Hospital
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Skyler <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-1223	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Med City Dallas Children

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhemann, Angelle <hr/> 6 Contributor address; City; State; Zip Code Porter, TX 77365-8407	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) Kingwood Med Ctr
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabrsula, Karen <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-2743	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Rehab Svcs		Employer (See Instructions) HCA Houston N Cypress
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saini, Gurvir <hr/> Contributor address; City; State; Zip Code Houston, TX 77059-1408	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) HCA Houston Southeast
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sartorius, Matthew <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102-2683	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Med City Fort Worth
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tertel, Jenifer <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-4740	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RVP HR		Employer (See Instructions) HCA Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/12
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waheed, Musaddiq <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584-9836	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) CMO		9 Employer (See Instructions) HCA Houston Southeast
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warford, Karen <hr/> Contributor address; City; State; Zip Code Texas City, TX 77568-2563	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) HCA Houston Southeast
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Meghan <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-4036	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Dir Government Relations		Employer (See Instructions) HCA Healthcare

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: 9/12

2 FILER NAME

HCA Texas Good Government Fund

3 Filer ID (Ethics Commission Filers)
00031590

4 Date

08/25/2025

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: 1/2 Rpt: 10/12	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/07/2025	5 Payee name Stripe Inc.	
6 Amount (\$) \$29.30 <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 08/19/2025	Payee name Stripe Inc.	
Amount (\$) \$14.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/20/2025	Payee name Stripe Inc.	
Amount (\$) \$110.55 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
Complete <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: 2/2 Rpt: 11/12	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
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4 Date 08/21/2025	5 Payee name Stripe Inc.
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6 Amount (\$) \$28.15 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/22/2025	Payee name Stripe Inc.
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Amount (\$) \$12.93 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 12/12

2 FILER NAME

HCA Texas Good Government Fund

3 Filer ID (Ethics Commission Filers)
00031590

4 Date

07/31/2025

5 Name of person from whom amount is received

Wells Fargo Bank

8 Amount (\$)

\$0.37

6 Address of person from whom amount is received; City; State; Zip Code

Irving, TX 75038

7 Purpose for which amount is received

Interest

☐ Check if political contribution returned to filer

Date

07/31/2025

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

☐ Check if political contribution returned to filer