

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: 55	
3 COMMITTEE NAME HCA Texas Good Government Fund				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/03/2025 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 checked="" 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 type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 08/26/2025 09/25/2025				

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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)	\$ 84,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,679.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 139,239.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT		
<p>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.</p>		
<p style="text-align: right;">Kristin Dyer _____ Signature of Campaign Treasurer</p>		
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>		
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>		
<p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>		

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
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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	\$ 84,450.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 2,400.00
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	\$ 2,679.37
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	\$ 0.49

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/40 Rpt: 4/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amaya, Gladis <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78541-4636	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) VP Quality		9 Employer (See Instructions) Rio Grande Regional Hospital
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Ashlyn <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510-2187	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Emergency Svcs		Employer (See Instructions) HCA Houston Clear Lake
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armendariz, Elias <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-8859	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Pearland Reg Med Cen
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Augustine, Mahala <hr/> Contributor address; City; State; Zip Code Baytown, TX 77523-2046	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Mgr Dialysis		Employer (See Instructions) HCA Houston Pearland
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Augustine, Mahala <hr/> Contributor address; City; State; Zip Code Baytown, TX 77523-2046	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Mgr Dialysis		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: 2/40 Rpt: 5/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bamburg, Jeanna <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-5027	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Womans Hosp Texas
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbarin, LaSharndra <hr/> Contributor address; City; State; Zip Code Trophy Club, TX 76262-5594	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Medical City Arlington
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batongmalaki, Melissa <hr/> Contributor address; City; State; Zip Code Houston, TX 77089-7054	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir Patient Experience		Employer (See Instructions) HCA Houston Pearland
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Katherine <hr/> Contributor address; City; State; Zip Code Haslet, TX 76052-1377	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Procedural Svcs		Employer (See Instructions) Med City Fort Worth
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berczy, Mary <hr/> Contributor address; City; State; Zip Code Conroe, TX 77303-5050	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Critical Care IMCU		Employer (See Instructions) HCA Houston Conroe

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/40 Rpt: 6/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergholtz, Sandra <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77429-6316	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Mgr Office		9 Employer (See Instructions) HCA Houston Tomball
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Andres <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-3484	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Sr Dir IT		Employer (See Instructions) IT&S - Gulf Coast Division
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boots, Rhonda <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067-0127	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Medical City Lewisville
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Jennifer <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-5844	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) HCA Houston Clear Lake
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Deidre <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) VP HR		Employer (See Instructions) HCA HR Field Operations

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/40 Rpt: 7/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brissett, Joel <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Dir Ancillary Svcs/Behav Hlth		9 Employer (See Instructions) Medical City Green Oaks Hospit
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Amy <hr/> Contributor address; City; State; Zip Code Huffman, TX 77336-1457	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) VP Business Development		Employer (See Instructions) Gulf Coast Division Office
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, James <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478-3953	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) North Cypress Med Ctr
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bui Dinh, Mindy <hr/> Contributor address; City; State; Zip Code Houston, TX 77059-3004	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Laboratory		Employer (See Instructions) RRL - Gulf Coast Division
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burriss, Ashley <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-7579	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) VP Quality		Employer (See Instructions) Texas Orthopedic Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/40 Rpt: 8/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burton, Bret <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-1136	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) CMO		9 Employer (See Instructions) Med City Fort Worth
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caliva, Todd <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-5024	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Clear Lake Reg Med Ctr
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Marcia <hr/> Contributor address; City; State; Zip Code League City, TX 77573-7166	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Neuroscience		Employer (See Instructions) HCA Houston Clear Lake
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castelitz, Tiffany <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536-7404	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) HCA Houston Southeast
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Kendall <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-8203	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Respiratory Therapy		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: 6/40 Rpt: 9/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Lashieki <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77057-5752	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) VP HR		9 Employer (See Instructions) HCA HR Field Operations
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Cyrus <hr/> Contributor address; City; State; Zip Code Dallas, TX 75224-1048	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Dir Hospitality EVS		Employer (See Instructions) North Texas Support Services
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copelin, Rachel <hr/> Contributor address; City; State; Zip Code League City, TX 77573-1549	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Dir Quality		Employer (See Instructions) HCA Houston Clear Lake
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cormier, Michael <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-6018	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Diagnostic Imaging		Employer (See Instructions) HCA Houston Mainland
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coulson, Jeffrey <hr/> Contributor address; City; State; Zip Code Denton, TX 76208-8003	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Admin Dir DSS		Employer (See Instructions) North Texas Division Office

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/40 Rpt: 10/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curran, David 6 Contributor address; City; State; Zip Code Pasadena, TX 77504-3049	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Dir IT		9 Employer (See Instructions) IT&S - Gulf Coast Division
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dakay, Archelus Contributor address; City; State; Zip Code Friendswood, TX 77546-6186	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir Patient Safety		Employer (See Instructions) HCA Houston Pearland
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale, Elyse Contributor address; City; State; Zip Code Magnolia, TX 77355-7948	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Quality		Employer (See Instructions) HCA Houston N Cypress
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Andrea Contributor address; City; State; Zip Code Palmer, TX 75152-1252	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Medical City Heart & Spine
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danser, Pamela Contributor address; City; State; Zip Code Robstown, TX 78380-5866	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Admin Dir Emergency Svcs		Employer (See Instructions) Corpus Christi Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/40 Rpt: 11/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darilek, Michael <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573-2611	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Dir Critical Care ICU		9 Employer (See Instructions) HCA Houston Clear Lake
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Christopher <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-9633	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Conroe Reg Med Ctr
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeRose, Shelby <hr/> Contributor address; City; State; Zip Code Webster, TX 77598-4220	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Asst Administrator		Employer (See Instructions) HCA Houston Clear Lake
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dehoyos, Stacey <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-5838	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) Corpus Christi Medical Center
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desimone, Darren <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) HCA Houston Med Ctr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/40 Rpt: 12/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devenny, Jay <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-8556	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Med City Dallas Hosp
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dies, Austin <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-5313	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Asst CFO		Employer (See Instructions) HCA Houston Pearland
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Disque, Laura <hr/> Contributor address; City; State; Zip Code Pharr, TX 78577-4424	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Rio Grande Reg Hosp
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Kristin <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033-3011	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Div CFO		Employer (See Instructions) N Texas
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eastom, Kara <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-8463	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) VP HR		Employer (See Instructions) HCA HR Field Operations

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/40 Rpt: 13/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eberly, Kristen <hr/> 6 Contributor address; City; State; Zip Code Brenham, TX 77833-5592	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Admin Dir Critical Care		9 Employer (See Instructions) HCA Houston Northwest
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egan, Melissa <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-8570	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) HCA Healthcare
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmerich, Courtney <hr/> Contributor address; City; State; Zip Code League City, TX 77573-4607	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir L&D		Employer (See Instructions) HCA Houston Clear Lake
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Sarah <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-5458	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir PACU		Employer (See Instructions) HCA Houston N Cypress
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foxy, Michelle <hr/> Contributor address; City; State; Zip Code Houston, TX 77084-7232	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Adv Clinical Applications		Employer (See Instructions) HCA Houston West

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/40 Rpt: 14/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Brandon <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77386-4819	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) Conroe Reg Med Ctr
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furay, Melissa <hr/> Contributor address; City; State; Zip Code Plano, TX 75075-8124	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir Clinical Informatics		Employer (See Instructions) Medical City Green Oaks Hospit
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galaviz, Joe <hr/> Contributor address; City; State; Zip Code Mission, TX 78574-4572	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Rio Grande Regional Hospital
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Reese <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Womans Hospital of Texas
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelbs-Gadd, Hannah <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-2539	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Womans Hosp Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/40 Rpt: 15/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Julie <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584-3300	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Asst CNO		9 Employer (See Instructions) Womans Hospital of Texas
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghebremariam, Amica <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252-2545	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) West Houston Med Ctr
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Tremaine <hr/> Contributor address; City; State; Zip Code Houston, TX 77021-6018	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) HCA Houston Northwest
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez Naranjo, Adriana <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-4688	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) Rio Grande Reg Hosp
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Teresa <hr/> Contributor address; City; State; Zip Code Alvin, TX 77511-1125	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Cardiovascular Svcs		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: 13/40 Rpt: 16/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Jeremy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204-3413	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) Regional CFO		9 Employer (See Instructions) HCA Healthcare
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grajeda, Tyler <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-1880	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Asst Administrator		Employer (See Instructions) HCA Houston Med Ctr
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hahn, Gale <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-6178	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Magnet Prgm		Employer (See Instructions) HCA Houston Clear Lake
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Jaelyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-7996	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Coord Stroke		Employer (See Instructions) HCA Houston Pearland
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock, Dawn <hr/> Contributor address; City; State; Zip Code East Bernard, TX 77435-9441	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Quality		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: 14/40 Rpt: 17/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Kimberly <hr/> 6 Contributor address; City; State; Zip Code Hickory Creek, TX 75065-7661	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) AVP Operations UC		9 Employer (See Instructions) CARENOW - PRIMARY HEALTH INC
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Allen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-4114	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Div President		Employer (See Instructions) N Texas
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatcher, Christina <hr/> Contributor address; City; State; Zip Code League City, TX 77573-3573	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mgr Facilities Mgmt		Employer (See Instructions) HCA Houston Clear Lake
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Pamela <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir Rehab Svcs		Employer (See Instructions) Texas Orthopedic Hospital
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Jose <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78596-7003	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Valley Reg Med Ctr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/40 Rpt: 18/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrington, Beverly 6 Contributor address; City; State; Zip Code Frisco, TX 75035-5758	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Admin Dir Clinical Services		9 Employer (See Instructions) Medical City Green Oaks Hospit
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heslinga, Julie Contributor address; City; State; Zip Code Friendswood, TX 77546-3123	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mgr Neonatal ICU		Employer (See Instructions) HCA Houston Clear Lake
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Richard Contributor address; City; State; Zip Code Seabrook, TX 77586-1693	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mgr Hyperbaric		Employer (See Instructions) HCA Houston Clear Lake
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley, Jordan Contributor address; City; State; Zip Code Carrollton, TX 75007-6230	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director of Intake		Employer (See Instructions) Medical City Green Oaks Hospit
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Jack Contributor address; City; State; Zip Code Salem, VA 24153-1773	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Critical Care CVICU		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: 16/40 Rpt: 19/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holson, Celina <hr/> 6 Contributor address; City; State; Zip Code Delray Beach, FL 33484-1881	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) HCA Houston Southeast
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, Thomas <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-1700	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Houston Northwest
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, Thomas <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-1700	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Houston Northwest
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Patricia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) Clear Lake Reg Med Ctr
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibarra, Latisha <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77505-4232	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Diagnostic Imaging		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: 17/40 Rpt: 20/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irizarry Jr, David <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2709	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Corpus Christi Med Ctr
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, Deborah <hr/> Contributor address; City; State; Zip Code Houston, TX 77058-4335	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mgr Adv Clinical Applications		Employer (See Instructions) HCA Houston Clear Lake
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, April <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dir Hospitality FNS		Employer (See Instructions) North Texas Support Services
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Roy <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77583-2048	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Infection Prevention		Employer (See Instructions) HCA Houston Clear Lake
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Jones, Alexis <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-5864	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Medical City Green Oaks Hospit

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/40 Rpt: 21/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Chad <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77406-2968	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) SVP Strategic Planning		9 Employer (See Instructions) HCA Healthcare
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapuscinski, Lita <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-6522	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Div SVP Strategy & Dev		Employer (See Instructions) HCA Healthcare
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, Toi <hr/> Contributor address; City; State; Zip Code Glenn Heights, TX 75154-8291	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir Behavioral Health		Employer (See Instructions) Medical City Green Oaks Hospit
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly, Randall <hr/> Contributor address; City; State; Zip Code Houston, TX 77065-4136	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Cardiac Cath Lab		Employer (See Instructions) HCA Houston N Cypress
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingrea, Charlene <hr/> Contributor address; City; State; Zip Code Bacliff, TX 77518-8671	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mgr PACU		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: 19/40 Rpt: 22/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kotal, Brenda <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77510-8925	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dir Quality		9 Employer (See Instructions) HCA Houston Mainland
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafleur, Ashlee <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536-2529	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Cardiovascular Svcs IMCU		Employer (See Instructions) HCA Houston Clear Lake
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, George <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401-1215	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Corpus Christi Medical Center
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance li, Michael <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-8050	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Div Chief Development Officer		Employer (See Instructions) HCA Healthcare
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Kurt <hr/> Contributor address; City; State; Zip Code Houston, TX 77058-2115	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir IMU/Onc		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: 20/40 Rpt: 23/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Timika <hr/> 6 Contributor address; City; State; Zip Code Baytown, TX 77523-0736	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Mgr HR		9 Employer (See Instructions) HCA HR Field Operations
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Lee <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1820	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Corpus Christi Med Ctr
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magno, Telemachus Delfin <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-7042	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mgr Physical Therapy		Employer (See Instructions) HCA Houston Pearland
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magoulas, Demetri <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-2991	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) HCA Houston Southeast
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marietta, Kathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-6753	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) West Houston Med Ctr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/40 Rpt: 24/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsh, Allen <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75022-5191	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Med City Weatherford
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martineau, Jacquelyn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-5069	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) AVP Div Community Engagement		Employer (See Instructions) MCA Group Operations
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Christina <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7422	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Medical City Las Colinas
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFall, Michael <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-5160	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Finance		Employer (See Instructions) HCA Houston Clear Lake
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGusty, Tricia <hr/> Contributor address; City; State; Zip Code Houston, TX 77069-2316	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Houston Northwest

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/40 Rpt: 25/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcdaniel, Yasmene <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77079-6808	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) HCA Houston Southeast
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mier, John <hr/> Contributor address; City; State; Zip Code Spring, TX 77389-3743	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) West Houston Med Ctr
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Wendy <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033-4721	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Div Controller		Employer (See Instructions) HCA Healthcare
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mnjoyan, Sofya <hr/> Contributor address; City; State; Zip Code Houston, TX 77054-3800	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mgr Pharm Clin		Employer (See Instructions) Gulf Coast Supply Chain
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Modi, Jaimin <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539-1827	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Rio Grande Reg Hosp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/40 Rpt: 26/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77020-8639	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Admin Dir Cardiovascular/Surgi		9 Employer (See Instructions) HCA Houston Pearland
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-6842	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) HCA Houston Healthcare Tom
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Adrian <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-3743	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Kingwood Med Ctr
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Octavia <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-2362	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) HCA Houston Kingwood
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moser, Lucki <hr/> Contributor address; City; State; Zip Code Spring, TX 77389-3896	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Adv Clinical Applications		Employer (See Instructions) HCA Houston Tomball

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/40 Rpt: 27/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moser, Mary Ann <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75025-2092	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Div Dir FNS		9 Employer (See Instructions) North Texas Support Services
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Motanya, Stella <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469-5383	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) Womans Hospital of Texas
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muehr, Lauren <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539-8481	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Adv Clinical Applications		Employer (See Instructions) HCA Houston Mainland
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelms, Amy <hr/> Contributor address; City; State; Zip Code League City, TX 77573-7401	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Neonatal ICU		Employer (See Instructions) HCA Houston Clear Lake
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Shante <hr/> Contributor address; City; State; Zip Code Houston, TX 77059-3902	Amount of Contribution (\$) \$250.00
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: 25/40 Rpt: 28/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nix, Laura <hr/> 6 Contributor address; City; State; Zip Code Melissa, TX 75454-2475	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) MC Alliance Mental Health
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nkansah, Vivian <hr/> Contributor address; City; State; Zip Code League City, TX 77573-7781	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) HCA Houston Mainland
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Joel <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) Houston Northwest
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PORTER, WILLIAM <hr/> Contributor address; City; State; Zip Code Navasota, TX 77868-1427	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) West Houston Med Ctr
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pani, Arabinda <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469-4290	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) Houston Northwest

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/40 Rpt: 29/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, Glenda <hr/> 6 Contributor address; City; State; Zip Code Hitchcock, TX 77563-1721	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Dir Critical Care ICU		9 Employer (See Instructions) HCA Houston Mainland
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Colleen <hr/> Contributor address; City; State; Zip Code Clute, TX 77531-1545	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir OB		Employer (See Instructions) HCA Houston Clear Lake
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena Jr, Samuel <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6410	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Houston Med Ctr
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrin, Nicole <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536-4038	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) HCA Houston Clear Lake
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plucinski, Lauren <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-4544	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Med City Fort Worth

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/40 Rpt: 30/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prevost, Michael <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77469-6393	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dir Contracts		9 Employer (See Instructions) HealthTrust Supply Chain
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prunty, Brandon <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-5001	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CDO		Employer (See Instructions) Med City Dallas Hosp
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puente, Daniel <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520-2106	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Valley Reg Med Ctr
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulido, Laura <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-6286	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Fac Comms & CE		Employer (See Instructions) MCA Group Operations
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, Christopher <hr/> Contributor address; City; State; Zip Code Fairview, TX 75069-9457	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Dir Facilities Mgmt		Employer (See Instructions) Medical City Green Oaks Hospit

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/40 Rpt: 31/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rakestraw, Shelley <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77406-6789	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Asst CNO		9 Employer (See Instructions) Texas Orthopedic Hospital
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Gregory <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-6781	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dir Facilities Mgmt		Employer (See Instructions) HCA Houston Pearland
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawski, Katrina <hr/> Contributor address; City; State; Zip Code League City, TX 77573-9010	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Cardiac Cath Lab		Employer (See Instructions) HCA Houston Clear Lake
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read, Kristi <hr/> Contributor address; City; State; Zip Code Katy, TX 77493-9504	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir Radiation Therapy		Employer (See Instructions) HCA Houston N Cypress
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Russell <hr/> Contributor address; City; State; Zip Code Combine, TX 75159-6238	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) Green Oaks Hosp

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/40 Rpt: 32/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renovato, Luis <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573-3383	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Mgr Facilities Mgmt		9 Employer (See Instructions) HCA Houston Clear Lake
Date 09/11/2025	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 (\$) \$75.00
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) HCA Houston Kingwood
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renzano, Alice <hr/> Contributor address; City; State; Zip Code Houston, TX 77063-5355	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Quality		Employer (See Instructions) HCA Houston Southeast
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberson, Miranda <hr/> Contributor address; City; State; Zip Code Huffman, TX 77336-4682	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP HR		Employer (See Instructions) HCA HR Field Operations
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohmfeld, Kate <hr/> Contributor address; City; State; Zip Code League City, TX 77573-6360	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Asst CFO		Employer (See Instructions) HCA Houston Mainland

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/40 Rpt: 33/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Brian <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77469-8502	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Dir Emergency Svcs		9 Employer (See Instructions) HCA Houston Pearland
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubano, Kathleen <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6039	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) Corpus Christi Med Ctr
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Christen <hr/> Contributor address; City; State; Zip Code Alvin, TX 77511-2901	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Surgery		Employer (See Instructions) HCA Houston Pearland
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, James <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226-3622	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Med City Alliance
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabina, Robert <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77381-3836	Amount of Contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Houston Med Ctr

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/40 Rpt: 34/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Julian <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77375-0170	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) Conroe Reg Med Ctr
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott III, Alvin <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591-4029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) HCA Houston Clear Lake
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Searls, Gary <hr/> Contributor address; City; State; Zip Code Riverview, FL 33569-8741	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Div CFO		Employer (See Instructions) Gulf Coast
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Secrest, Chelsey <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304-1295	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Asst Administrator		Employer (See Instructions) HCA Houston Conroe
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellers, Kinyatta <hr/> Contributor address; City; State; Zip Code Houston, TX 77048-4215	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Dir Respiratory Therapy		Employer (See Instructions) HCA Houston Pearland

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/40 Rpt: 35/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sewell, Jason <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418-7525	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Asst CNO		9 Employer (See Instructions) Corpus Christi Medical Center
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharma, Harpreet <hr/> Contributor address; City; State; Zip Code Houston, TX 77059-1408	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Asst CNO		Employer (See Instructions) HCA Houston Clear Lake
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Michelle <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-4318	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dir Laboratory		Employer (See Instructions) RRL - Gulf Coast Division
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Bryan <hr/> Contributor address; City; State; Zip Code Spring, TX 77382-2513	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Clear Lake Reg Med Ctr
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmerman, Jack <hr/> Contributor address; City; State; Zip Code League City, TX 77573-2658	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mgr Facilities Mgmt		Employer (See Instructions) HCA Houston Clear Lake

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/40 Rpt: 36/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sliwinski, Derek <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77581-4859	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Asst CFO		9 Employer (See Instructions) HCA Houston Clear Lake
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kenneth <hr/> Contributor address; City; State; Zip Code Pharr, TX 78577-8123	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Dir Respiratory Therapy		Employer (See Instructions) Rio Grande Regional Hospital
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sneed, Emily <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-4817	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) Medical City Lewisville
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stegall, Brandy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) Med City Fort Worth
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stemley, Michelle <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578-2037	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) Womans Hosp Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/40 Rpt: 37/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-3305	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) Medical City Lewisville
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Christophe <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-0059	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) Texas Orthopedic Hosp
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strange, Kip <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75150-1212	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dir Ancillary Svcs/Behav Hlth		Employer (See Instructions) Medical City Green Oaks Hospit
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturgeon, Renee <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-2935	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Medical City McKinney
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanagan, Lindsay <hr/> Contributor address; City; State; Zip Code Houston, TX 77089-5455	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Admin Dir Outpatient		Employer (See Instructions) HCA Houston Southeast

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/40 Rpt: 38/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sweeney, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248-8375	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) Div VP Supplemental Pmt Prgms		9 Employer (See Instructions) HCA Healthcare
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tezanos, Francis <hr/> Contributor address; City; State; Zip Code Spring, TX 77373-8768	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Asst CFO		Employer (See Instructions) HCA Houston Kingwood
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tumlinson, Mariana <hr/> Contributor address; City; State; Zip Code Rancho Viejo, TX 78575-9739	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Dir Fac Comms & CE		Employer (See Instructions) MCA Group Operations
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Spencer <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036-9272	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Medical City North Hills
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler, Michelle <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-7701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP HR		Employer (See Instructions) HCA HR Field Operations

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/40 Rpt: 39/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uresti, Michael <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573-6251	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Dir Facilities Mgmt		9 Employer (See Instructions) HCA Houston Clear Lake
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Juan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201-3730	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Local Government Relations Mgr		Employer (See Instructions) HCA Healthcare
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Jose <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-2776	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Rio Grande Reg Hosp
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth, DO FACOI, Lawrence <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77354-4159	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) Conroe Reg Med Ctr
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vergara, Kimberly <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) Valley Reg Med Ct

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/40 Rpt: 40/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villagran, David <hr/> 6 Contributor address; City; State; Zip Code Haslet, TX 76052-6144	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) MC Fort Worth/Weatherford
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Troy <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-6833	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Div President Gulf Coast		Employer (See Instructions) HCA Healthcare
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Jackson <hr/> Contributor address; City; State; Zip Code Houston, TX 77035-4230	Amount of Contribution (\$) \$255.00
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) HCA Houston Southeast
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, John <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077-1802	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Medical City Lewisville
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Glenn <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-3902	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Medical City Alliance

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/40 Rpt: 41/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, D D <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77041-6614	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) VP Quality		9 Employer (See Instructions) HCA Houston West
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Caryn <hr/> Contributor address; City; State; Zip Code Alvin, TX 77511-1263	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mgr L&D		Employer (See Instructions) HCA Houston Clear Lake
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winslow, Virgil <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Kingwood Med Ctr
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, John <hr/> Contributor address; City; State; Zip Code League City, TX 77573-5887	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Mainland Med Ctr
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Lisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3532	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Div ECO		Employer (See Instructions) HCA Healthcare

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/40 Rpt: 42/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wren, Jason 6 Contributor address; City; State; Zip Code Decatur, TX 76234-3756	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Medical City Decatur
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yacoubian, Maggie Contributor address; City; State; Zip Code Tomball, TX 77375-2315	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) North Cypress Med Ctr
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yazdchi, Michelle Contributor address; City; State; Zip Code League City, TX 77573-4505	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mgr Pharm Ops		Employer (See Instructions) Gulf Coast Supply Chain
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeh, Daniel Contributor address; City; State; Zip Code Houston, TX 77018-4638	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) HCA Houston Kingwood
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeung, Daisy Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Texas Orthopedic Hosp

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/40 Rpt: 43/55
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeid, Yasser <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404-1706	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) CMO		9 Employer (See Instructions) Corpus Christi Med Ctr
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zwiebel, Samantha <hr/> Contributor address; City; State; Zip Code League City, TX 77573-6860	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Asst Administrator		Employer (See Instructions) HCA Houston Pearland
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deno, mark <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182-2003	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Medical City McKinney
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) edgar, steven <hr/> Contributor address; City; State; Zip Code Lantana, TX 76226-6538	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Medical City Denton

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.				1 Total pages Schedule B: Sch: 1/3 Rpt: 44/55	
2 FILER NAME HCA Texas Good Government Fund				3 Filer ID (Ethics Commission Filers) 00031590	
4 TOTAL OF UNITEMIZED PLEDGES				\$ 0.00	

5 Date 09/05/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartonico, John Patrick <hr/> 7 Pledgor Address; City; State; Zip Code Cedar Park, TX 78613-7417	8 Amount of pledge (\$) \$750.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
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10 Principal occupation / Job title (See Instructions) COO	11 Employer (See Instructions) Round Rock Med Ctr
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5 Date 09/03/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Michael <hr/> 7 Pledgor Address; City; State; Zip Code Fort Worth, TX 76116-4415	8 Amount of pledge (\$) \$100.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
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10 Principal occupation / Job title (See Instructions) Asst CNO	11 Employer (See Instructions) Med City Fort Worth
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5 Date 09/03/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Michael <hr/> 7 Pledgor Address; City; State; Zip Code Fort Worth, TX 76116-4415	8 Amount of pledge (\$) \$100.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
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10 Principal occupation / Job title (See Instructions) Asst CNO	11 Employer (See Instructions) Med City Fort Worth
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5 Date 09/10/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Jessica <hr/> 7 Pledgor Address; City; State; Zip Code McAllen, TX 78504-0588	8 Amount of pledge (\$) \$200.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
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10 Principal occupation / Job title (See Instructions) Mgr Surgical Svcs	11 Employer (See Instructions) Rio Grande Regional Hospital
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PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 2/3 Rpt: 45/55	
2 FILER NAME HCA Texas Good Government Fund		3 Filer ID (Ethics Commission Filers) 00031590	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	

5 Date 09/01/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, San <hr/> 7 Pledgor Address; City; State; Zip Code Highland Village, TX 75077-6752	8 Amount of pledge (\$) \$750.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
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10 Principal occupation / Job title (See Instructions) CNO	11 Employer (See Instructions) HCA Houston Healthcare Tom
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5 Date 09/10/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romel, Michelle <hr/> 7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78414-6267	8 Amount of pledge (\$) \$100.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
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10 Principal occupation / Job title (See Instructions) VP Business Development	11 Employer (See Instructions) Gulf Coast Division Office
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5 Date 09/10/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romel, Michelle <hr/> 7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78414-6267	8 Amount of pledge (\$) \$100.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
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10 Principal occupation / Job title (See Instructions) VP Business Development	11 Employer (See Instructions) Gulf Coast Division Office
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5 Date 09/10/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romel, Michelle <hr/> 7 Pledgor Address; City; State; Zip Code Corpus Christi, TX 78414-6267	8 Amount of pledge (\$) \$100.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
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10 Principal occupation / Job title (See Instructions) VP Business Development	11 Employer (See Instructions) Gulf Coast Division Office
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PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 3/3 Rpt: 46/55

2 FILER NAME

HCA Texas Good Government Fund

3 Filer ID (Ethics Commission Filers)
00031590

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

09/10/2025

6 Full name of pledgor

Romel, Michelle

☐ out-of-state PAC (ID#: _____)

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78414-6267

8 Amount of
pledge (\$)

\$100.00

9 In-kind description
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

VP Business Development

11 Employer (See Instructions)

Gulf Coast Division Office

5 Date

09/10/2025

6 Full name of pledgor

Romel, Michelle

☐ out-of-state PAC (ID#: _____)

7 Pledgor Address; City; State; Zip Code

Corpus Christi, TX 78414-6267

8 Amount of
pledge (\$)

\$100.00

9 In-kind description
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

VP Business Development

11 Employer (See Instructions)

Gulf Coast Division Office

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: 47/55

2 FILER NAME

HCA Texas Good Government Fund

3 Filer ID (Ethics Commission Filers)
00031590

4 Date

09/25/2025

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: 1/7 Rpt: 48/55	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/26/2025	5 Payee name Stripe Inc.	
6 Amount (\$) \$7.55 <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 08/27/2025	Payee name Stripe Inc.	
Amount (\$) \$140.15 <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 08/28/2025	Payee name Stripe Inc.	
Amount (\$) \$105.90 <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: 2/7 Rpt: 49/55	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 08/29/2025	5 Payee name Stripe Inc.	
6 Amount (\$) \$136.05 <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 09/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Stripe Inc.		
Amount (\$) \$70.20 <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 09/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Stripe Inc.		
Amount (\$) \$42.65 <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: 3/7 Rpt: 50/55	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/04/2025	5 Payee name Stripe Inc.	
6 Amount (\$) \$281.15 <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 09/05/2025	Payee name Stripe Inc.	
Amount (\$) \$168.90 <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 09/08/2025	Payee name Stripe Inc.	
Amount (\$) \$155.30 <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: 4/7 Rpt: 51/55	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/09/2025	5 Payee name Stripe Inc.	
6 Amount (\$) \$42.95 <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 09/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Stripe Inc.		
Amount (\$) \$361.90 <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 09/11/2025	Candidate/Officeholder name Office sought Office held	
Payee name Stripe Inc.		
Amount (\$) \$263.98 <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: 5/7 Rpt: 52/55	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/12/2025	5 Payee name Stripe Inc.	
6 Amount (\$) \$78.98 <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 09/15/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$167.94 <input type="checkbox"/> Expenditure from corporate funds	Payee name Stripe Inc. 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 09/16/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$60.28 <input type="checkbox"/> Expenditure from corporate funds	Payee name Stripe Inc. 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: 6/7 Rpt: 53/55	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/17/2025	5 Payee name Stripe Inc.	
6 Amount (\$) \$268.65 <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 09/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name Stripe Inc.		
Amount (\$) \$125.10 <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 09/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name Stripe Inc.		
Amount (\$) \$111.44 <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: 7/7 Rpt: 54/55	2 FILER NAME HCA Texas Good Government Fund	3 Filer ID (Ethics Commission Filers) 00031590
4 Date 09/22/2025	5 Payee name Stripe Inc.	
6 Amount (\$) \$87.10 <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 09/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name Stripe Inc.		
Amount (\$) \$3.20 <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		
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: 55/55

2 FILER NAME

HCA Texas Good Government Fund

3 Filer ID (Ethics Commission Filers)
00031590

4 Date
08/29/2025

5 Name of person from whom amount is received

Wells Fargo Bank

8 Amount (\$)

\$0.08

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
08/29/2025

Name of person from whom amount is received

Wells Fargo Bank

Amount (\$)

\$0.41

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