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

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			1		
2 COMMITTEE NAME	overse and Evend		13 Filer		(Ethics Commission Filers)
HCA Texas Good Go	overnment Fund		0003	1590	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Manauran	A. Supported			
	Measures (Describe by date and location)	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION	1 TOTAL LINITEMIZE	I D POLITICAL CONTRIBUTIONS (OTHER THA	ΔN 1		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
		L CONTRIBUTIONS			
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOAN		\$	84,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	2,679.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE G PERIOD	LAST DAY	\$	139,239.21
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD		\$	0.00
6 AFFIDAVIT			<u> </u>		
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	y of perjury, tha Il information re	nt the acc equired to	companying report is o be reported by me
			Kristin Dyer		
			of Campaign T	Freacure	<u> </u>
		Signature	or Campaign 1	reasure	ı
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ped before me, by the said _		, this the		day
		which, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	Title	of officer	administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 55
17 CO	MMITTE	E NAME	18 Filer ID	(Ethic	s Commission Filers)
НС	A Texa	s Good Government Fund	00031590		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	84,450.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	2,400.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	400.00
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	2,679.37
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	0.49

	MONEI	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 1/40 Rpt: 4/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/11/2025	 Full name of contributor out-of Amaya, Gladis Contributor address; City; State; Zip C 	-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
_	Data disal asses	Edinburg, TX 78541-4636	la la	For all and (On a land west in a	_		
8	VP Quality	pation / Job title (See Instructions)	9	Employer (See Instructions Rio Grande Regional Ho		ital	
	Date 09/15/2025	Full name of contributor out-of Anderson, Ashlyn Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
		Santa Fe, TX 77510-2187	1				
	Principal occu Dir Emergen	pation / Job title (See Instructions) cy Svcs		Employer (See Instructions HCA Houston Clear Lak			
	Date 09/13/2025	Armendariz, Elias Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$1,200.00
	Principal occu	Pearland, TX 77581-8859 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	CEO	pation 7 000 title (Occ modulons)		Pearland Reg Med Cen	')		
	Date 09/05/2025	Full name of contributor out-of Augustine, Mahala Contributor address; City; State; Zip C Baytown, TX 77523-2046	-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Mgr Dialysis	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Pearland)		
	Date 09/10/2025	Full name of contributor out-of Augustine, Mahala Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Mgr Dialysis	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Pearland	<u> </u>		
			•				

	MONET	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/40 Rpt: 5/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/08/2025	5 Full name of contributor Bamburg, Jeanna6 Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code)	7	Amount of Contribution (\$)	\$1,200.00
_		Houston, TX 77007-5027			Ĺ		
8	CEO	pation / Job title (See Instructions	9	Employer (See Instructions Womans Hosp Texas	5)		
	Date 09/03/2025	Full name of contributor Barbarin, LaSharndra Contributor address; City; S Trophy Club, TX 76262-5	tate; Zip Code)		Amount of Contribution (\$)	\$1,200.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u> </u> 		
	CEO			Medical City Arlington			
	Date 09/15/2025	Full name of contributor Batongmalaki, Melissa Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Houston, TX 77089-7054					
	Principal occu Dir Patient E	pation / Job title (See Instructions experience	s)	Employer (See Instructions HCA Houston Pearland	•		
	Date 09/02/2025	Full name of contributor Beck, Katherine Contributor address; City; S Haslet, TX 76052-1377)	•	Amount of Contribution (\$)	\$250.00
	Principal occu VP Procedur	pation / Job title (See Instructions ral Svcs	3)	Employer (See Instructions Med City Fort Worth	5)		
	Date 09/08/2025	Full name of contributor Berczy, Mary Contributor address; City; S Conroe, TX 77303-5050	out-of-state PAC (ID#:tate; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu Dir Critical C	pation / Job title (See Instructions are IMCU	S)	Employer (See Instructions HCA Houston Conroe	s)		
				2			

	MONEI	ARY POLITICAL CONTR	RIBUTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete 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 00031590	n Filers)
4	Date 09/08/2025	 Full name of contributor out-of-s Bergholtz, Sandra Contributor address; City; State; Zip Co 	state PAC (ID#:)de	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Mgr Office	Cypress, TX 77429-6316 pation / Job title (See Instructions)	Employer (See Instructions HCA Houston Tomball	s)		
	Date 09/08/2025	Full name of contributor out-of-s Blanco, Andres Contributor address; City; State; Zip Co	state PAC (ID#:)de		Amount of Contribution (\$)	\$200.00
	Principal occu Sr Dir IT	pation / Job title (See Instructions)	Employer (See Instructions IT&S - Gulf Coast Divisi			
	Date 09/16/2025	Full name of contributor out-of-s Boots, Rhonda Contributor address; City; State; Zip Co	de		Amount of Contribution (\$)	\$750.00
		Lewisville, TX 75067-0127 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/04/2025	Full name of contributor out-of-s Bowman, Jennifer Contributor address; City; State; Zip Co	Medical City Lewisville state PAC (ID#:) de		Amount of Contribution (\$)	\$250.00
	Principal occu Asst CNO	pation / Job title (See Instructions)	Employer (See Instructions HCA Houston Clear Lak			
	Date 09/10/2025	Full name of contributor out-of-s Bradley, Deidre Contributor address; City; State; Zip Co	otate PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu VP HR	pation / Job title (See Instructions)	Employer (See Instructions HCA HR Field Operation			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 4/40 Rpt: 7/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/15/2025	Full name of contributor Brissett, Joel Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75240					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Dir Ancillary	Svcs/Behav Hlth		Medical City Green Oak	s ŀ	łospit	
	Date 09/11/2025	Full name of contributor Brown, Amy Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
		Huffman, TX 77336-1457			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions			
	VP Business	Development		Gulf Coast Division Office	e 		
	Date 09/08/2025	Full name of contributor Brown, James Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$1,200.00
		Sugar Land, TX 77478-395	53				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	CEO			North Cypress Med Ctr			
	Date 09/04/2025	Full name of contributor Bui Dinh, Mindy Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Dir Laborato	pation / Job title (See Instructions) ry		Employer (See Instructions RRL - Gulf Coast Divisions			
	Date 09/02/2025	Full name of contributor Burriss, Ashley Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$350.00
	Principal occu VP Quality	pation / Job title (See Instructions)		Employer (See Instructions Texas Orthopedic Hospi			

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 5/40 Rpt: 8/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/24/2025	 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$750.00
_		Fort Worth, TX 76107-1136			Ĺ		
8	CMO	pation / Job title (See Instructions)	9	Employer (See Instructions Med City Fort Worth	S) 		
	Date 09/04/2025	Full name of contributor out-of-state PAC (ID Caliva, Todd Contributor address; City; State; Zip Code Pearland, TX 77581-5024)		Amount of Contribution (\$)	\$1,200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	CEO			Clear Lake Reg Med Ct	r		
	Date 09/04/2025	Full name of contributor out-of-state PAC (ID Carleton, Marcia Contributor address; City; State; Zip Code	O#:)		Amount of Contribution (\$)	\$200.00
	Delinational	League City, TX 77573-7166		Farada a a (Carada a transfer a t	<u></u>		
	Dir Neurosci	pation / Job title (See Instructions) ence		Employer (See Instructions HCA Houston Clear Lak			
	Date 09/02/2025	Full name of contributor out-of-state PAC (ID Castelitz, Tiffany Contributor address; City; State; Zip Code Deer Park, TX 77536-7404)		Amount of Contribution (\$)	\$250.00
	Principal occu Asst CNO	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Southeas			
	Date 09/09/2025	Full name of contributor out-of-state PAC (ID Childs, Kendall Contributor address; City; State; Zip Code Galveston, TX 77554-8203			•	Amount of Contribution (\$)	\$200.00
		pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
	Dir Respirato	лу гнегару		nca nousion Clear Lab	\e		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 6/40 Rpt: 9/55	
2	FILER NAME HCA Texas	Good Government Fund			3 Filer ID (Ethics Commission F 00031590	ilers)
4	Date 09/16/2025	Full name of contributor Clark, Lashieki Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code)	7 Amount of Contribution (\$)	\$250.00
		Houston, TX 77057-5752				
8	Principal occu VP HR	pation / Job title (See Instructions)	9	Employer (See Instructions HCA HR Field Operation		
	Date 09/10/2025	Full name of contributor [Cooper, Cyrus Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution (\$)	\$250.00
	Principal occu	Dallas, TX 75224-1048 pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Dir Hospitali			North Texas Support Se		
	Date 09/03/2025	Full name of contributor Copelin, Rachel Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution (\$)	\$250.00
		League City, TX 77573-154	19			
	Principal occu Dir Quality	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak		
	Date 09/10/2025	Full name of contributor Cormier, Michael Contributor address; City; Star Friendswood, TX 77546-60	·)	Amount of Contribution (\$)	\$200.00
	Principal occu Dir Diagnost	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Mainland		
	Date 09/12/2025	Full name of contributor Coulson, Jeffrey Contributor address; City; Star Denton, TX 76208-8003	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$200.00
	Principal occu Admin Dir D	pation / Job title (See Instructions) SS		Employer (See Instructions North Texas Division Of		
			·			

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/40 Rpt: 10/55	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	HCA Texas	Good Government Fund				00031590	
4	Date 09/03/2025	5 Full name of contributor [Curran, David6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$200.00
8	Dringinal occu	Pasadena, TX 77504-3049 pation / Job title (See Instructions)		Employer (See Instructions			
°	Dir IT	pation / Job title (See instructions)	9	IT&S - Gulf Coast Division			
				TIWS - Guil Coast Divisi			
	Date 09/15/2025	Full name of contributor [Dakay, Archelus Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$100.00
		Friendswood, TX 77546-61	.86				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dir Patient S	afety		HCA Houston Pearland			
	Date 09/18/2025	Full name of contributor Dale, Elyse Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$250.00
		Magnolia, TX 77355-7948					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP Quality			HCA Houston N Cypres	s		
	Date 09/17/2025	Full name of contributor Daniels, Andrea Contributor address; City; Sta Palmer, TX 75152-1252	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1,200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Medical City Heart & Sp	•		
	Date 09/03/2025	Full name of contributor Danser, Pamela Contributor address; City; Sta Robstown, TX 78380-5866				Amount of Contribution (\$)	\$250.00
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		nergency Svcs		Corpus Christi Medical (nter	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/40 Rpt: 11/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/12/2025	5 Full name of contributorDarilek, Michael6 Contributor address; City; St			7	Amount of Contribution (\$)	\$200.00
_	Dringing con	League City, TX 77573-26		• Employer (Coo Instructions	<u></u>		
ŏ	Dir Critical C	pation / Job title (See Instructions are ICU	5)	9 Employer (See Instructions HCA Houston Clear Lak			
	Date 09/08/2025	Full name of contributor Davis, Christopher Contributor address; City; St Montgomery, TX 77316-9)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	:) 		
	CEO	(,	Conroe Reg Med Ctr	,		
	Date 09/09/2025	Full name of contributor DeRose, Shelby Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$250.00
	Deinsinalassa	Webster, TX 77598-4220	, I	Formula van (Oa a la atmostica a	Ĺ		
	Asst Adminis	pation / Job title (See Instructions strator	5)	Employer (See Instructions HCA Houston Clear Lak			
	Date 09/15/2025	Full name of contributor Dehoyos, Stacey Contributor address; City; St	·)		Amount of Contribution (\$)	\$350.00
	Principal occu Asst CNO	pation / Job title (See Instructions	5)	Employer (See Instructions Corpus Christi Medical (nter	
	Date 09/17/2025	Full name of contributor Desimone, Darren Contributor address; City; St Dallas, TX 75240	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu Asst CNO	pation / Job title (See Instructions	s)	Employer (See Instructions HCA Houston Med Ctr	5)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to com	plete this forn	n.	1	Total pages Schedule A1: Sch: 9/40 Rpt: 12/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/10/2025	Devenny, Jay	state PAC (ID#:		7	Amount of Contribution (\$)	\$1,200.00
		Plano, TX 75093-8556					
8	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Med City Dallas Hosp)		
	Date 09/15/2025	Full name of contributor out-of- Dies, Austin Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$350.00
	Dringing! aggs	Pearland, TX 77581-5313	-	Employer (Coo Instructions			
	Asst CFO	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Pearland)		
	Date 08/31/2025	Full name of contributor out-of- Disque, Laura Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$1,200.00
		Pharr, TX 78577-4424					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Rio Grande Reg Hosp)		
	Date 09/12/2025	Dyer, Kristin	state PAC (ID#:			Amount of Contribution (\$)	\$750.00
	Principal occu Div CFO	pation / Job title (See Instructions)		Employer (See Instructions N Texas)		
	Date 09/09/2025	Eastom, Kara	state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu VP HR	pation / Job title (See Instructions)		Employer (See Instructions HCA HR Field Operation			
			•				

	MONET	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 10/40 Rpt: 13/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/17/2025	 5 Full name of contributor out-of-state PAC (II Eberly, Kristen 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
_	Deinsinal assu	Brenham, TX 77833-5592	lo.	Franks var (Coo kastrustis va	<u></u>		
8	Admin Dir Cı	pation / Job title (See Instructions) ritical Care	9	Employer (See Instructions HCA Houston Northwes			
	Date 09/03/2025	Full name of contributor out-of-state PAC (II Egan, Melissa Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	Plano, TX 75093-8570 pation / Job title (See Instructions)		Employer (See Instructions	s) 		
	Managing Co			HCA Healthcare	-,		
	Date 09/09/2025	Full name of contributor out-of-state PAC (II Emmerich, Courtney Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$200.00
		League City, TX 77573-4607					
	Principal occu Dir L&D	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
	Date 09/12/2025	Full name of contributor out-of-state PAC (II Figueroa, Sarah Contributor address; City; State; Zip Code Cypress, TX 77429-5458				Amount of Contribution (\$)	\$200.00
	Principal occu Dir PACU	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston N Cypres			
	Date 09/04/2025	Full name of contributor out-of-state PAC (II Foxx, Michelle Contributor address; City; State; Zip Code Houston, TX 77084-7232			•	Amount of Contribution (\$)	\$200.00
	•	pation / Job title (See Instructions) cal Applications		Employer (See Instructions HCA Houston West	5)		
	2 7.GV OIIII	- Abusanous					

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 11/40 Rpt: 14/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/11/2025	5 Full name of contributorFrazier, Brandon6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu CFO	Spring, TX 77386-4819 pation / Job title (See Instructions)		Employer (See Instructions Conroe Reg Med Ctr	5)		
	Date 09/03/2025	Full name of contributor Furay, Melissa Contributor address; City; Sta Plano, TX 75075-8124	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Dir Clinical Ir	pation / Job title (See Instructions)		Employer (See Instructions Medical City Green Oak		łospit	
	Date 09/09/2025	Full name of contributor Galaviz, Joe Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	Mission, TX 78574-4572 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	VP Operation	ns		Rio Grande Regional Ho	osp	ital	
	Date 09/08/2025	Full name of contributor Gardner, Reese Contributor address; City; Sta Houston, TX 77027	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu VP Operation	pation / Job title (See Instructions)		Employer (See Instructions Womans Hospital of Tex			
	Date 09/08/2025	Full name of contributor Gelbs-Gadd, Hannah Contributor address; City; Sta)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Womans Hosp Texas	5)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 12/40 Rpt: 15/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/07/2025	5 Full name of contributor George, Julie6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$150.00
8		Pearland, TX 77584-3300 pation / Job title (See Instructions		Employer (See Instructions			
	Asst CNO Date 09/11/2025	Full name of contributor Ghebremariam, Amica Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	Womans Hospital of Tex	xas	Amount of Contribution (\$)	\$750.00
	Principal occu	Dallas, TX 75252-2545 pation / Job title (See Instructions)	Employer (See Instructions West Houston Med Ctr	<u> </u> 5)		
	Date 09/09/2025	Full name of contributor Gibson, Tremaine Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Houston, TX 77021-6018 pation / Job title (See Instructions)	Employer (See Instructions	•		
	VP Operation Date 09/09/2025	Full name of contributor Gomez Naranjo, Adriana Contributor address; City; St McAllen, TX 78504-4688	out-of-state PAC (ID#:	HCA Houston Northwes	et	Amount of Contribution (\$)	\$750.00
	Principal occu CMO	pation / Job title (See Instructions)	Employer (See Instructions Rio Grande Reg Hosp	5)		
	Date 09/12/2025	Full name of contributor Gonzalez, Teresa Contributor address; City; St Alvin, TX 77511-1125	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Dir Cardiova	pation / Job title (See Instructions scular Svcs		Employer (See Instructions HCA Houston Clear Lak			

	MONET	ARY POLITICAL CONTRIBUT	OI	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 13/40 Rpt: 16/55	
2	FILER NAME HCA Texas (Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/17/2025	 Full name of contributor	-		7	Amount of Contribution (\$)	\$750.00
8	Principal occu Regional CF	Dallas, TX 75204-3413 pation / Job title (See Instructions) O	9	Employer (See Instructions HCA Healthcare	<u> </u> s)		
	Date 09/15/2025	Full name of contributor out-of-state PAC (ID Grajeda, Tyler Contributor address; City; State; Zip Code Houston, TX 77019-1880				Amount of Contribution (\$)	\$50.00
	Principal occu Asst Adminis	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Med Ctr	<u> </u> s)		
	Date 09/09/2025	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00
	Principal occu Dir Magnet F	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
	Date 09/12/2025	Full name of contributor out-of-state PAC (ID Hamilton, Jaelyn				Amount of Contribution (\$)	\$25.00
	Principal occur Coord Stroke	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Pearland	<u>l</u> S)		
	Date 09/11/2025	Full name of contributor out-of-state PAC (ID Hancock, Dawn Contributor address; City; State; Zip Code East Bernard, TX 77435-9441			•	Amount of Contribution (\$)	\$250.00
	Principal occu VP Quality	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Pearland	s)		
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 14/40 Rpt: 17/55	
2	FILER NAME HCA Texas (Good Government Fund			3 Filer ID (Ethics Commissi 00031590	on Filers)
4	Date 09/17/2025	Full name of contributor Harper, KimberlyContributor address; City; States	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$250.00
_	Britania di godu	Hickory Creek, TX 75065-		2. Family and Cook Instructions		
8	AVP Operati	upation / Job title (See Instructions)) [9 Employer (See Instructions CARENOW - PRIMARY		
	Date 08/27/2025	Full name of contributor Harrison, Allen Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Dallas, TX 75230-4114 upation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 	
	Div Presiden			N Texas		
	Date 09/16/2025	Full name of contributor Hatcher, Christina Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$100.00
		League City, TX 77573-35				
	Principal occu Mgr Facilities	upation / Job title (See Instructions) s Mgmt)	Employer (See Instructions HCA Houston Clear Lak		
	Date 09/19/2025	Full name of contributor Henry, Pamela Contributor address; City; Sta Dallas, TX 75240)	Amount of Contribution (\$)	\$100.00
	Principal occu Dir Rehab Sv	upation / Job title (See Instructions))	Employer (See Instructions Texas Orthopedic Hospi		
	Date 09/09/2025	Full name of contributor Hernandez, Jose Contributor address; City; Sta Weslaco, TX 78596-7003			Amount of Contribution (\$)	\$1,200.00
	Principal occu CEO	upation / Job title (See Instructions))	Employer (See Instructions Valley Reg Med Ctr	5)	

	MONEI	ARY POLITICAL CONTRIBUTI	Or	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	rm.	1	Total pages Schedule A1: Sch: 15/40 Rpt: 18/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/08/2025	 Full name of contributor	#:)	7	Amount of Contribution (\$)	\$200.00
0	Dringing aggu	Frisco, TX 75035-5758	ام	Employer (See Instructions	<u>''</u>		
8		pation / Job title (See Instructions) linical Services	9	Employer (See Instructions Medical City Green Oak		lospit	
	Date 09/10/2025	Full name of contributor out-of-state PAC (ID: Heslinga, Julie Contributor address; City; State; Zip Code Friendswood, TX 77546-3123	#:)	•	Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
	Mgr Neonata	Full name of contributor out-of-state PAC (ID:	<u></u>	HCA Houston Clear Lar	T	Amount of Contribution (\$)	
	09/08/2025	Hess, Richard Contributor address; City; State; Zip Code Seabrook, TX 77586-1693				`,	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> S)		
	Mgr Hyperba	aric		HCA Houston Clear Lak	е		
	Date 09/16/2025	Full name of contributor out-of-state PAC (ID: Holley, Jordan Contributor address; City; State; Zip Code Carrollton, TX 75007-6230	#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Medical City Green Oak		lospit	
	Date	Full name of contributor ut-of-state PAC (ID:	#:)		Amount of Contribution (\$)	
	09/09/2025	Holmes, Jack Contributor address; City; State; Zip Code Salem, VA 24153-1773					\$200.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Dir Critical C	are CVICU		HCA Houston Clear Lak	е		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 16/40 Rpt: 19/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/08/2025	 Full name of contributor out-of-state PAC (ID#:_Holson, Celina Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$750.00
		Delray Beach, FL 33484-1881					
8	Principal occu COO	pation / Job title (See Instructions)	9	Employer (See Instructions HCA Houston Southeas			
	Date 09/11/2025	Full name of contributor out-of-state PAC (ID#:_ Holt, Thomas Contributor address; City; State; Zip Code Montgomery, TX 77356-1700)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	CFO			Houston Northwest			
	Date 09/18/2025	Full name of contributor out-of-state PAC (ID#:_ Holt, Thomas Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Montgomery, TX 77356-1700					
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Houston Northwest	5)		
	Date 09/11/2025	Full name of contributor out-of-state PAC (ID#:_ Howard, Patricia Contributor address; City; State; Zip Code Dallas, TX 75240			•	Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Clear Lake Reg Med Ct			
	Date 09/15/2025	Full name of contributor out-of-state PAC (ID#:_ Ibarra, Latisha Contributor address; City; State; Zip Code Pasadena, TX 77505-4232)	•	Amount of Contribution (\$)	\$200.00
	Principal occu Dir Diagnost	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Pearland	5)		
	ואסווטאנע ווע	и пладиту	<u>l</u>	TICA HOUSION PERINTIN			

	MONEI	ARY POLITICAL CONTR	KIBUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 17/40 Rpt: 20/55	
2	FILER NAME	Cood Covernment Fund			3	Filer ID (Ethics Commission	on Filers)
_		Good Government Fund				00031590	
4	Date 08/28/2025	Full name of contributor	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$1,200.00
		Corpus Christi, TX 78412-2709					
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	CEO			Corpus Christi Med Ctr			
	Date 09/04/2025	Full name of contributor out-of-st JOHNSON, Deborah Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Houston, TX 77058-4335					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Mgr Adv Clin	nical Applications		HCA Houston Clear Lak	е		
	Date 09/18/2025	Full name of contributor out-of-st Jackson, April Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75240					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Dir Hospitalit	ty FNS		North Texas Support Se	rvi	ces	
	Date 09/15/2025	Full name of contributor out-of-st John, Roy Contributor address; City; State; Zip Cod Rosharon, TX 77583-2048	ate PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Dir Infection	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
				TICA Houston Clear Lak			
	Date 09/02/2025	Johnson-Jones, Alexis Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Date of the	Allen, TX 75013-5864	 	Frankria (O. 1. i. i.			
	Principal occu VP Operation	pation / Job title (See Instructions) ns		Employer (See Instructions Medical City Green Oak		lospit	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/40 Rpt: 21/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 08/28/2025	5 Full name of contributor Johnston, Chad6 Contributor address; City; State	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$1,200.00
8	Principal occu	Richmond, TX 77406-296		9 Employer (See Instructions	?) 		
	SVP Strateg		, , , , , , , , , , , , , , , , , , ,	HCA Healthcare	-,		
	Date 09/18/2025	Full name of contributor Kapuscinski, Lita Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu	Dallas, TX 75244-6522	1	Employer (See Instructions	;) 		
	Div SVP Stra		,	HCA Healthcare	-,		
	Date 09/15/2025	Full name of contributor Kemp, Toi Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Glenn Heights, TX 75154-	8291				
	Principal occu Dir Behavior	pation / Job title (See Instructions al Health)	Employer (See Instructions Medical City Green Oak	•	łospit	
	Date 08/26/2025	Full name of contributor Kimberly, Randall Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Dir Cardiac (pation / Job title (See Instructions) Cath Lab)	Employer (See Instructions HCA Houston N Cypres			
	Date 09/09/2025	Full name of contributor Kingrea, Charlene Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Mgr PACU	pation / Job title (See Instructions))	Employer (See Instructions HCA Houston Clear Lak			
			-				

	MONET	ARY POLITICAL (CONTRIBUTIO	N _	S 		SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 19/40 Rpt: 22/55	
2	FILER NAME HCA Texas	Good Government Fund				3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/11/2025	5 Full name of contributor Kotal, Brenda6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		Santa Fe, TX 77510-8925						
8	Principal occu Dir Quality	pation / Job title (See Instructions	s) <u> </u>		Employer (See Instructions HCA Houston Mainland	s)		
	Date 09/08/2025	Full name of contributor Lafleur, Ashlee Contributor address; City; Si)		Amount of Contribution (\$)	\$200.00
	Principal occu	Deer Park, TX 77536-252 pation / Job title (See Instructions			Employer (See Instructions	;) 		
		scular Svcs IMCU	"		HCA Houston Clear Lak			
	Date 09/14/2025	Full name of contributor Lamb, George Contributor address; City; Si)		Amount of Contribution (\$)	\$200.00
		Corpus Christi, TX 78401	-1215					
	Principal occu VP Operation	pation / Job title (See Instructions ns	s)		Employer (See Instructions Corpus Christi Medical (•	nter	
	Date 09/11/2025	Full name of contributor Lance Ii, Michael Contributor address; City; Si Katy, TX 77450-8050	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,200.00
		pation / Job title (See Instructions evelopment Officer	(3)		Employer (See Instructions HCA Healthcare	5)		
	Date 09/15/2025	Full name of contributor Larson, Kurt Contributor address; City; Si Houston, TX 77058-2115	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Dir IMU/Onc	pation / Job title (See Instructions	s)		Employer (See Instructions HCA Houston Clear Lak			
			L					

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 20/40 Rpt: 23/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/10/2025	5 Full name of contributor Lee, Timika6 Contributor address; City; St	out-of-state PAC (ID#:tate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
		Baytown, TX 77523-0736					
8	Principal occu Mgr HR	pation / Job title (See Instructions	.) 9	Employer (See Instructions HCA HR Field Operation			
	Date 09/15/2025	Full name of contributor Lopez, Lee Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$750.00
	Principal occu	Corpus Christi, TX 78411-		Employer (See Instructions	<u> </u> s)		
	CFO	(´	Corpus Christi Med Ctr	,		
	Date 09/04/2025	Full name of contributor Magno, Telemachus Delfi Contributor address; City; St				Amount of Contribution (\$)	\$100.00
		Pearland, TX 77584-7042	<u>.</u>				
	Principal occu Mgr Physica	pation / Job title (See Instructions Il Therapy	;)	Employer (See Instructions HCA Houston Pearland	s)		
	Date 09/14/2025	Full name of contributor Magoulas, Demetri Contributor address; City; St Missouri City, TX 77459-2				Amount of Contribution (\$)	\$750.00
	Principal occu CFO	pation / Job title (See Instructions	;)	Employer (See Instructions HCA Houston Southeas			
	Date 09/02/2025	Full name of contributor Marietta, Kathryn Contributor address; City; St Houston, TX 77008-6753)	•	Amount of Contribution (\$)	\$1,200.00
	Principal occu CEO	I pation / Job title (See Instructions	;)	Employer (See Instructions West Houston Med Ctr	5)		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 21/40 Rpt: 24/55	
2	FILER NAME HCA Texas (Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/15/2025	 Full name of contributor	AC (ID#:		7	Amount of Contribution (\$)	\$750.00
		Flower Mound, TX 75022-5191					
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Med City Weatherford	5)		
	Date 09/05/2025	Full name of contributor out-of-state PA Martineau, Jacquelyn Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occur	Dallas, TX 75230-5069 pation / Job title (See Instructions)	- 1	Employer (See Instructions	:) 		
		mmunity Engagement		MCA Group Operations	')		
	Date 08/27/2025	Full name of contributor out-of-state PA Mathis, Christina Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$1,200.00
		Dallas, TX 75244-7422					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Medical City Las Colina:	•		
	Date 09/04/2025	Full name of contributor out-of-state PA McFall, Michael Contributor address; City; State; Zip Code Pearland, TX 77581-5160)		Amount of Contribution (\$)	\$250.00
	Principal occu VP Finance	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
	Date 09/17/2025	Full name of contributor out-of-state PAMcGusty, Tricia Contributor address; City; State; Zip Code Houston, TX 77069-2316)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Houston Northwest	5)		
			•				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 22/40 Rpt: 25/55	
2	FILER NAME	Cood Covernment Fund			3	Filer ID (Ethics Commission	on Filers)
_		Good Government Fund			L	00031590	
4	Date 08/28/2025	 Full name of contributor Mcdaniel, Yasmene Contributor address; City; S 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,200.00
		Houston, TX 77079-6808	, ·				
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	<u></u>		
	CEO		ĺ	HCA Houston Southeas			
	Date	Full name of contributor	out-of-state PAC (ID#:	\	Г	Amount of Contribution (\$)	
	09/15/2025	Mier, John	U out-or-state PAC (ID#)		Amount of Contribution (\$)	\$500.00
	03/13/2023						Ψ300.00
		Contributor address; City; S	tate; Zip Code				
		Spring TV 77200 2742					
	Deignainal	Spring, TX 77389-3743	<u> </u>	Franksian (Caa kastuustiana	<u></u>		
		pation / Job title (See Instructions	5)	Employer (See Instructions West Houston Med Ctr	5)		
	CNO			West Houston Med Ctr			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/17/2025	Miller, Wendy					\$200.00
		Contributor address; City; S	tate; Zip Code				
		Frisco, TX 75033-4721					
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	5)		
	Div Controlle	er		HCA Healthcare			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/04/2025	Mnjoyan, Sofya					\$100.00
		Contributor address; City; S	tate; Zip Code				
			•				
		Houston, TX 77054-3800					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>-</u>		
	Mgr Pharm (Clin		Gulf Coast Supply Chair	n		
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Π	Amount of Contribution (\$)	
	09/08/2025	Modi, Jaimin	out of state 1740 (IB#	/		7 mileant of Continuation (4)	\$750.00
	03/00/2020		toto: Zin Codo				Ψ100.00
		Contributor address; City; S	late, Zip Code				
		Edinburg, TX 78539-1827	,				
	Principal occur	pation / Job title (See Instructions		Employer (See Instructions	.) 		
	COO	padon / Job tille (See Instructions)	Rio Grande Reg Hosp	')		
				The Grande Ney Hosp			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/40 Rpt: 26/55	
2	FILER NAME	Cond Consumer of Fred			3	Filer ID (Ethics Commission	on Filers)
		Good Government Fund				00031590	
4	Date 09/09/2025	Full name of contributor Moore, Elizabeth Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$200.00
0	Principal occu	Houston, TX 77020-8639 pation / Job title (See Instructions)	la l	Employer (See Instructions			
O		pation / 300 title (See instructions) ardiovascular/Surgi		HCA Houston Pearland)		
				TICA Houston Featianu	_		
	Date 09/16/2025	Full name of contributor Moore, Richard Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77008-6842	1				
		pation / Job title (See Instructions)		Employer (See Instructions		_	
	СМО		HCA Houston Healthcar	e 1	Tom		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$750.00	
		Houston, TX 77008-3743					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
	coo	,		Kingwood Med Ctr	,		
Date Full name of contributor out-of-state PAC (ID#:_09/11/2025 Morris, Octavia Contributor address; City; State; Zip Code Cypress, TX 77433-2362					Amount of Contribution (\$)	\$50.00	
	Principal occu Asst CNO	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Kingwood			
	Date 08/26/2025	Full name of contributor Moser, Lucki Contributor address; City; Sta Spring, TX 77389-3896	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dir Adv Clini	cal Applications		HCA Houston Tomball			
			<u>'</u>				

	MONEI	ARY POLITICAL CONTRIBU	JIION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 24/40 Rpt: 27/55	
2	FILER NAME	010			3	Filer ID (Ethics Commission	n Filers)
		Good Government Fund				00031590	
4	Date 09/02/2025	 5 Full name of contributor out-of-state PAG Moser, Mary Ann 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Plano, TX 75025-2092	1-				
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Div Dir FNS			North Texas Support Se	ervi	ces	
	Date 09/08/2025	Full name of contributor out-of-state PAG Motanya, Stella Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$150.00
	Delegalent	Richmond, TX 77469-5383	-	Faceles on (Constructions	<u></u>		
	Asst CNO	pation / Job title (See Instructions)		Employer (See Instructions Womans Hospital of Tex			
					, as		
	Date 09/04/2025	Full name of contributor out-of-state PAG Muehr, Lauren Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$200.00
		Dickinson, TX 77539-8481					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Dir Adv Clini	cal Applications		HCA Houston Mainland			
	Date 09/04/2025	Full name of contributor out-of-state PAG Nelms, Amy Contributor address; City; State; Zip Code League City, TX 77573-7401	C (ID#:)		Amount of Contribution (\$)	\$200.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Dir Neonatal	ICU		HCA Houston Clear Lak	œ		
	Date 09/09/2025	Full name of contributor out-of-state PAG Newton, Shante Contributor address; City; State; Zip Code Houston, TX 77059-3902	C (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	VP Operation			HCA Houston Clear Lak			

	MONET	ARY POLITICAL C	ONTRIBUTION	S 		SCHEDUL	_E A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 25/40 Rpt: 28/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/02/2025	5 Full name of contributor [Nix, Laura6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$750.00
		Melissa, TX 75454-2475					
8	Principal occu CNO	pation / Job title (See Instructions)	9	Employer (See Instructions MC Alliance Mental Hea			
	Date 09/04/2025	Full name of contributor [Nkansah, Vivian Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	League City, TX 77573-778 pation / Job title (See Instructions)	31	Employer (See Instructions	 		
	Asst CNO			HCA Houston Mainland			
	Date 09/08/2025	Full name of contributor [North, Joel Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,200.00
		Dallas, TX 75240					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Houston Northwest	s)		
	Date 09/11/2025	Full name of contributor PORTER, WILLIAM Contributor address; City; State Navasota, TX 77868-1427	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$750.00
	Principal occu CMO	pation / Job title (See Instructions)		Employer (See Instructions West Houston Med Ctr	5)		
	Date 09/16/2025	Full name of contributor Pani, Arabinda Contributor address; City; Star Richmond, TX 77469-4290				Amount of Contribution (\$)	\$500.00
	Principal occu CMO	pation / Job title (See Instructions)		Employer (See Instructions Houston Northwest	5)		
			1				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/40 Rpt: 29/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/08/2025	5 Full name of contributor Parrish, Glenda6 Contributor address; City; Sta	·		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Hitchcock, TX 77563-1721 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
Ü	Dir Critical C			HCA Houston Mainland	')		
	Date 09/15/2025	Full name of contributor Patton, Colleen Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu	Clute, TX 77531-1545 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Dir OB	pation 7 300 title (See Instructions)		HCA Houston Clear Lak			
	Date 09/03/2025	Full name of contributor Pena Jr, Samuel Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$750.00
		Corpus Christi, TX 78414-6410					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Houston Med Ctr	5)		
Date 08/29/2025		Full name of contributor Perrin, Nicole Contributor address; City; Sta				Amount of Contribution (\$)	\$250.00
	Principal occu VP Operation	pation / Job title (See Instructions) ns		Employer (See Instructions HCA Houston Clear Lak			
	Date 09/02/2025	Full name of contributor Plucinski, Lauren Contributor address; City; Sta	·			Amount of Contribution (\$)	\$250.00
	Principal occu VP Operation	pation / Job title (See Instructions) ns		Employer (See Instructions Med City Fort Worth	5)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 27/40 Rpt: 30/55	
2	FILER NAME HCA Texas (Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/18/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions HealthTrust Supply Cha			
	Date 09/18/2025	Full name of contributor out-of-state PAC (ID# Prunty, Brandon Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$750.00
	Principal occu	Fort Worth, TX 76109-5001 pation / Job title (See Instructions)		Employer (See Instructions Med City Dallas Hosp	<u> </u> s)		
	Date 09/08/2025	Full name of contributor	t:			Amount of Contribution (\$)	\$750.00
	Principal occu	Brownsville, TX 78520-2106 pation / Job title (See Instructions)		Employer (See Instructions Valley Reg Med Ctr	<u> </u> s)		
	Date 09/09/2025	Full name of contributor out-of-state PAC (ID# Pulido, Laura Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu Dir Fac Com	McAllen, TX 78504-6286 pation / Job title (See Instructions) ms & CE		Employer (See Instructions MCA Group Operations			
	Date 09/11/2025	Full name of contributor out-of-state PAC (ID# Pyle, Christopher Contributor address; City; State; Zip Code Fairview, TX 75069-9457)		Amount of Contribution (\$)	\$40.00
	Principal occu Dir Facilities	pation / Job title (See Instructions) Mgmt		Employer (See Instructions Medical City Green Oak		lospit	
			•				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 28/40 Rpt: 31/55	
2	FILER NAME HCA Texas (Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/08/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_		Richmond, TX 77406-6789	<u> </u>				
8	Principal occu Asst CNO	pation / Job title (See Instructions)	9	Employer (See Instructions Texas Orthopedic Hosp			
	Date 09/17/2025	Full name of contributor out-of-state PAC (ID# Ramos, Gregory Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00
	Drincinal occur	Pearland, TX 77584-6781 pation / Job title (See Instructions)	_	Employer (See Instructions	·)		
	Dir Facilities			HCA Houston Pearland	·)		
	Date 09/12/2025	Full name of contributor out-of-state PAC (ID# Rawski, Katrina Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$200.00
		League City, TX 77573-9010					
	Principal occu Dir Cardiac (pation / Job title (See Instructions) Cath Lab		Employer (See Instructions HCA Houston Clear Lake			
	Date 09/12/2025	Full name of contributor out-of-state PAC (ID# Read, Kristi Contributor address; City; State; Zip Code Katy, TX 77493-9504			•	Amount of Contribution (\$)	\$100.00
	Principal occu Dir Radiation	pation / Job title (See Instructions) n Therapy		Employer (See Instructions HCA Houston N Cypres	•		
	Date 09/15/2025	Full name of contributor out-of-state PAC (ID# Reed, Russell Contributor address; City; State; Zip Code Combine, TX 75159-6238			•	Amount of Contribution (\$)	\$200.00
	Principal occu CNO	pation / Job title (See Instructions)		Employer (See Instructions Green Oaks Hosp	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	TOI	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	is foi	m.	1	Total pages Schedule A1: Sch: 29/40 Rpt: 32/55	
2	FILER NAME HCA Texas (Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/11/2025	 Full name of contributor out-of-state PAC (I Renovato, Luis Contributor address; City; State; Zip Code 	D#:		7	Amount of Contribution (\$)	\$100.00
8	Dringinal occur	League City, TX 77573-3383 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
0	Mgr Facilities			HCA Houston Clear Lak			
	Date 09/11/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	VP Operation			HCA Houston Kingwood			
	Date Full name of contributor out-of-state PAC (ID#:) 09/04/2025 Renzano, Alice Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
		Houston, TX 77063-5355					
	Principal occu VP Quality	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Southeas			
	Date 09/18/2025	Full name of contributor out-of-state PAC (I Roberson, Miranda Contributor address; City; State; Zip Code Huffman, TX 77336-4682)	•	Amount of Contribution (\$)	\$250.00
	Principal occu VP HR	pation / Job title (See Instructions)		Employer (See Instructions HCA HR Field Operation			
	Date 09/08/2025	Full name of contributor out-of-state PAC (I Rohmfeld, Kate Contributor address; City; State; Zip Code League City, TX 77573-6360	D#:		•	Amount of Contribution (\$)	\$200.00
	Principal occu Asst CFO	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Mainland			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 30/40 Rpt: 33/55	
2	FILER NAME HCA Texas (Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/08/2025	5 Full name of contributor Rose, Brian6 Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$50.00
8	Principal occur	Richmond, TX 77469-8502 pation / Job title (See Instructions)		Employer (See Instructions			
0	Dir Emergen	. , ,	9	HCA Houston Pearland)		
	Date 09/15/2025	Full name of contributor Rubano, Kathleen Contributor address; City; Stat	·)		Amount of Contribution (\$)	\$500.00
	Principal occu	Corpus Christi, TX 78414-6 pation / Job title (See Instructions)	5039	Employer (See Instructions)		
	CNO	,		Corpus Christi Med Ctr	,		
	Date 09/15/2025	Full name of contributor Ruiz, Christen Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$200.00
		Alvin, TX 77511-2901					
	Principal occu Dir Surgery	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Pearland)		
	Date 09/08/2025	Full name of contributor Russell, James Contributor address; City; Stat Argyle, TX 76226-3622	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$1,200.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Med City Alliance)		
	Date 08/26/2025	Full name of contributor Sabina, Robert Contributor address; City; Stat The Woodlands, TX 77381-)		Amount of Contribution (\$)	\$1,250.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Houston Med Ctr)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 31/40 Rpt: 34/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/08/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$150.00
_		The Woodlands, TX 77375-0170			Ĺ		
8	Principal occu COO	pation / Job title (See Instructions)	9	Employer (See Instructions Conroe Reg Med Ctr	5)		
	Date 09/12/2025	Full name of contributor)		Amount of Contribution (\$)	\$100.00
	Princinal occu	Texas City, TX 77591-4029 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
	Controller	pation / oob title (ooe monactions)		HCA Houston Clear Lak			
	Date 09/09/2025	Full name of contributor out-of-state PAC (ID) Searls, Gary Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,200.00
		Riverview, FL 33569-8741	_				
	Principal occu Div CFO	pation / Job title (See Instructions)		Employer (See Instructions Gulf Coast	5)		
	Date 09/11/2025	Full name of contributor out-of-state PAC (ID: Secrest, Chelsey Contributor address; City; State; Zip Code Conroe, TX 77304-1295				Amount of Contribution (\$)	\$100.00
	Principal occu Asst Adminis	pation / Job title (See Instructions) strator		Employer (See Instructions HCA Houston Conroe	5)		
	Date 09/10/2025	Full name of contributor out-of-state PAC (ID: Sellers, Kinyatta Contributor address; City; State; Zip Code Houston, TX 77048-4215)		Amount of Contribution (\$)	\$70.00
	Principal occu Dir Respirato	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Pearland	5)		

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 32/40 Rpt: 35/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/10/2025	 Full name of contributor out-of-state F Sewell, Jason Contributor address; City; State; Zip Code 	-		7	Amount of Contribution (\$)	\$200.00
	Dringing! goog	Corpus Christi, TX 78418-7525	lo.	Employer (See Instructions	<u></u>		
8	Asst CNO	pation / Job title (See Instructions)	g	Employer (See Instructions Corpus Christi Medical (nter	
	Date 09/09/2025	Full name of contributor out-of-state F Sharma, Harpreet Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$250.00
		Houston, TX 77059-1408					
	Principal occu Asst CNO	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
	Date 09/15/2025	Full name of contributor out-of-state F Shelton, Michelle Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Friendswood, TX 77546-4318					
	Principal occu Dir Laborato	pation / Job title (See Instructions) ry		Employer (See Instructions RRL - Gulf Coast Divisions)	•		
	Date 08/27/2025	Full name of contributor out-of-state P Shepherd, Bryan Contributor address; City; State; Zip Code Spring, TX 77382-2513	-			Amount of Contribution (\$)	\$750.00
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Clear Lake Reg Med Ct			
	Date 09/12/2025	Full name of contributor out-of-state F Simmerman, Jack Contributor address; City; State; Zip Code League City, TX 77573-2658	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Mgr Facilities	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Clear Lak			
	wy raciilles	o ivigitit		TICA FIGUSION Clear Lak	.e		

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 33/40 Rpt: 36/55	
2	FILER NAME HCA Texas (Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/10/2025	 Full name of contributor out-of-state P Sliwinski, Derek Contributor address; City; State; Zip Code 	-		7	Amount of Contribution (\$)	\$250.00
		Pearland, TX 77581-4859					
8	Principal occu Asst CFO	pation / Job title (See Instructions)	9	Employer (See Instructions HCA Houston Clear Lak			
	Date 09/08/2025	Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$200.00
	Principal occu	Pharr, TX 78577-8123 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Dir Respirato	,		Rio Grande Regional Ho		pital	
	Date 09/03/2025	Full name of contributor out-of-state P Sneed, Emily Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$750.00
		Dallas, TX 75204-4817					
	Principal occu CNO	pation / Job title (See Instructions)		Employer (See Instructions Medical City Lewisville	5)		
	Date 09/02/2025	Full name of contributor out-of-state P Stegall, Brandy Contributor address; City; State; Zip Code Dallas, TX 75240	,			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Med City Fort Worth	5)		
	Date 09/02/2025	Full name of contributor out-of-state P Stemley, Michelle Contributor address; City; State; Zip Code Manvel, TX 77578-2037	PAC (ID#:			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Womans Hosp Texas	5)		
			'				

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 34/40 Rpt: 37/55	
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/09/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,200.00
		Frisco, TX 75034-3305					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions Medical City Lewisville	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/15/2025 Stewart, Christophe Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00		
	Principal occu	Cypress, TX 77433-0059 pation / Job title (See Instructions)		Employer (See Instructions	;)		
	CNO Texas Orthopedic Hos						
	Date 09/16/2025	Full name of contributor	ID#:			Amount of Contribution (\$)	\$50.00
		Mesquite, TX 75150-1212					
		pation / Job title (See Instructions) Svcs/Behav Hlth		Employer (See Instructions Medical City Green Oak	•	lospit	
	Date Full name of contributor out-of-state PAC (ID#:) 09/09/2025 Sturgeon, Renee Contributor address; City; State; Zip Code Allen, TX 75013-2935			Amount of Contribution (\$)	\$750.00		
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Medical City McKinney	5)		
	Date 09/08/2025	Full name of contributor out-of-state PAC (Swanagan, Lindsay Contributor address; City; State; Zip Code Houston, TX 77089-5455	, ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Admin Dir O	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Southeas			
		- T 2112			-		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 35/40 Rpt: 38/55		
2	FILER NAME HCA Texas	Good Government Fund			3	Filer ID (Ethics Commission 00031590	on Filers)	
4	Date 09/03/2025			7	Amount of Contribution (\$)	\$750.00		
8		Keller, TX 76248-8375 pation / Job title (See Instructions) plemental Pmt Prgms	s)	Employer (See Instructions HCA Healthcare	<u> </u> ;)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/08/2025 Tezanos, Francis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
	Spring, TX 77373-8768 Principal occupation / Job title (See Instructions) Asst CFO Employer (See Instruction HCA Houston Kingwood)							
	Date Full name of contributor out-of-state PAC (ID#:) 09/16/2025 Tumlinson, Mariana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00			
		pation / Job title (See Instructions		Employer (See Instructions	<u> </u> 5)			
	Date Full name of contributor out-of-state PAC (ID#:) Turner, Spencer Contributor address; City; State; Zip Code Frisco, TX 75036-9272			Amount of Contribution (\$)	\$1,200.00			
	Principal occu CEO	pation / Job title (See Instructions	s)	Employer (See Instructions Medical City North Hills	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/17/2025 Tyler, Michelle Contributor address; City; State; Zip Code Flower Mound, TX 75028-7701			Amount of Contribution (\$)	\$250.00			
	Principal occu VP HR	pation / Job title (See Instructions	5)	Employer (See Instructions HCA HR Field Operation				

	MONEI	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this t	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 00031590	n Filers)
4	09/04/2025 Uresti, Michael 6 Contributor address; City; State; Zip Code League City, TX 77573-6251		7	Amount of Contribution (\$)	\$200.00	
Ω	Dringinal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	-) 		
0	Dir Facilities		HCA Houston Clear Lak			
	Date Full name of contributor out-of-state PAC (ID#:) 09/16/2025 Valdez, Juan Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78201-3730	T = 1 (2 1 1 1	Ĺ		
	Principal occupation / Job title (See Instructions) Employer (See Instruction Local Government Relations Mgr HCA Healthcare		S)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/08/2025 Vela, Jose Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00	
	Dringing con	McAllen, TX 78504-2776	Employer (See Instructions	<u>'</u>		
	CFO	pation / Job title (See Instructions)	Employer (See Instructions Rio Grande Reg Hosp	>)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/11/2025 Verfurth, DO FACOI, Lawrence Contributor address; City; State; Zip Code The Woodlands, TX 77354-4159		•	Amount of Contribution (\$)	\$750.00	
	Principal occu CMO	pation / Job title (See Instructions)	Employer (See Instructions Conroe Reg Med Ctr	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/08/2025 Vergara, Kimberly Contributor address; City; State; Zip Code Brownsville, TX 78520		•	Amount of Contribution (\$)	\$750.00	
	Principal occu CNO	pation / Job title (See Instructions)	Employer (See Instructions Valley Reg Med Ct	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS	SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 37/40 Rpt: 40/55	
2	FILER NAME HCA Texas	Good Government Fund			3 Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/02/2025	5 Full name of contributor out-of-state PAC (ID#:) Villagran, David 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$750.00	
		Haslet, TX 76052-6144	·	5 1 (0 1 1 1		
8	CFO	pation / Job title (See Instructions) 9	Employer (See Instructions MC Fort Worth/Weather		
	Date Full name of contributor out-of-state PAC (ID#:) 09/02/2025 Villarreal, Troy Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$2,500.00		
	Houston, TX 77024-6833 Principal occupation / Job title (See Instructions) Employer (See Instruction				<u> </u> 	
	Div President Gulf Coast HCA Healthcare		,			
	Date Full name of contributor out-of-state PAC (ID#:) 09/15/2025 Wagner, Jackson Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$255.00		
		Houston, TX 77035-4230				
	Principal occu VP Operation	pation / Job title (See Instructions))	Employer (See Instructions HCA Houston Southeas		
	Date Full name of contributor out-of-state PAC (ID#:) 09/03/2025 Walker, John Contributor address; City; State; Zip Code Highland Village, TX 75077-1802		Amount of Contribution (\$)	\$1,000.00		
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Medical City Lewisville	i ;)	
	Date Full name of contributor out-of-state PAC (ID#:) 09/04/2025 Wallace, Glenn Contributor address; City; State; Zip Code Colleyville, TX 76034-3902		Amount of Contribution (\$)	\$1,000.00		
	Principal occu CEO	pation / Job title (See Instructions))	Employer (See Instructions Medical City Alliance	(5)	

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 38/40 Rpt: 41/55	
2	FILER NAME HCA Texas (Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 09/02/2025	09/02/2025 White, D D 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00	
_		Houston, TX 77041-6614		5 1 (0 1 1 1			
8	VP Quality	pation / Job title (See Instructions)	9	Employer (See Instructions HCA Houston West			
	Date Full name of contributor out-of-state PAC (ID#:) 09/12/2025 Wilson, Caryn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occur	Alvin, TX 77511-1263 pation / Job title (See Instructions)	_	Employer (See Instructions	:) 		
				HCA Houston Clear Lak			
	Date Full name of contributor out-of-state PAC (ID#:) 09/08/2025 Winslow, Virgil Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00		
		Dallas, TX 75240					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Kingwood Med Ctr	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/15/2025 Wolf, John Contributor address; City; State; Zip Code League City, TX 77573-5887			Amount of Contribution (\$)	\$750.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Mainland Med Ctr	5)		
	Date 09/08/2025	Full name of contributor out-of-state PAC (ID# Woods, Lisa Contributor address; City; State; Zip Code Houston, TX 77005-3532				Amount of Contribution (\$)	\$250.00
	Principal occu Div ECO	pation / Job title (See Instructions)		Employer (See Instructions HCA Healthcare	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 39/40 Rpt: 42/55	
2	FILER NAME HCA Texas (Good Government Fund			3	Filer ID (Ethics Commission 00031590	n Filers)
4	Date 08/31/2025	B/31/2025 Wren, Jason 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
_		Decatur, TX 76234-3756	-		_		
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Medical City Decatur	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/17/2025 Yacoubian, Maggie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00		
	Tomball, TX 77375-2315 Principal occupation / Job title (See Instructions) Employer (See Instruction				<u> </u> s)		
	CNO North Cypress Med Ct			,			
	Date 09/09/2025	Full name of contributor out-of-state PAC (I Yazdchi, Michelle Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$100.00
		League City, TX 77573-4505	_		<u> </u>		
	Mgr Pharm C	pation / Job title (See Instructions) Dps		Employer (See Instructions Gulf Coast Supply Chai	•		
	Date Full name of contributor out-of-state PAC (ID#:) 09/16/2025 Yeh, Daniel Contributor address; City; State; Zip Code Houston, TX 77018-4638			Amount of Contribution (\$)	\$50.00		
	Principal occu VP Operation	pation / Job title (See Instructions)		Employer (See Instructions HCA Houston Kingwood	•		
	Date 09/03/2025	Full name of contributor out-of-state PAC (I Yeung, Daisy Contributor address; City; State; Zip Code Dallas, TX 75240)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Texas Orthopedic Hosp			
			1				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/40 Rpt: 43/55	
2	FILER NAME HCA Texas	Good Government Fund		3	Filer ID (Ethics Commission 00031590	on Filers)
4	Date 09/17/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$750.00
_	5	Corpus Christi, TX 78404-1706	10 5 1 10 11			
8	Principal occupation / Job title (See Instructions) CMO 9 Employer (See Instructions) Corpus Christi Med Ctr)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/11/2025 Zwiebel, Samantha Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	League City, TX 77573-6860 Principal occupation / Job title (See Instructions) Asst Administrator Employer (See Instructions) HCA Houston Pearland					
	Date Full name of contributor out-of-state PAC (ID#:) 08/27/2025 deno, mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,200.00	
		North Richland Hills, TX 76182-2003				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Medical City McKinney)		
	Date 09/05/2025	Full name of contributor out-of-state PAC (ID#:_edgar, steven Contributor address; City; State; Zip Code Lantana, TX 76226-6538			Amount of Contribution (\$)	\$1,200.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Medical City Denton)		

PLEDG	SED CONTRIBUTI	ONS			SCHEDULE B		
The	Instruction Guide explai	ins how to comple	te this form.	1 Total pages Schedule B: Sch: 1/3 Rpt: 44/55			
2 FILER NAME HCA Texas	E s Good Government Fund			3 Filer ID (Eth 00031590	nics Commission Filers)		
4 TOTAL OI	F UNITEMIZED PLEDGES	S		\$	0.00		
5 Date 09/05/2025	6 Full name of pledgor Bartonico, John Patrick 7 Pledgor Address;	out-of-state PAC (ID#:_ City; State; Zip Code		8 Amount of pledge (\$) \$750.00	9 In-kind description (If applicable)		
	Cedar Park, TX 78613-7	417		Check if travel out:	I I side of Texas. Complete Schedule T.		
10 Principal occupation / Job title (See Instructions) COO COO COO COO COO COO COO COO COO CO				•			
5 Date 09/03/2025	6 Full name of pledgor Estrada, Michael 7 Pledgor Address; Fort Worth, TX 76116-44	City; State; Zip Code		8 Amount of pledge (\$) \$100.00	9 In-kind description (If applicable) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
10 Principal occ Asst CNO	cupation / Job title (See Instruction		11 Employer (See Instru Med City Fort Wo	uctions)	300 01 100001 3311piote 231222		
5 Date 09/03/2025	6 Full name of pledgor Estrada, Michael 7 Pledgor Address; Fort Worth, TX 76116-44	City; State; Zip Code		8 Amount of pledge (\$) \$100.00	9 In-kind description (If applicable) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
10 Principal occ Asst CNO	cupation / Job title (See Instruction		11 Employer (See Instru Med City Fort Wo	uctions)			
5 Date 09/10/2025	6 Full name of pledgor Garcia, Jessica 7 Pledgor Address;	out-of-state PAC (ID#:_ City; State; Zip Code)	8 Amount of pledge (\$) \$200.00	9 In-kind description (If applicable)		
	McAllen, TX 78504-0588		,	<u> </u>	side of Texas. Complete Schedule T.		
10 Principal occ Mgr Surgica	cupation / Job title (See Instructional Svcs	ons)	11 Employer (See Instru Rio Grande Regio	•			

PLEDG	SED CONTRIBUT	IONS			SCHEDULE B		
The	Instruction Guide expla	ains how to comple	te this form.	1 Total pages Schedule B: Sch: 2/3 Rpt: 45/55			
2 FILER NAME HCA Texas	E s Good Government Fund			3 Filer ID (Eth 00031590	ics Commission Filers)		
4 TOTAL OI	F UNITEMIZED PLEDGE	ES		\$	0.00		
5 Date	6 Full name of pledgor Garza, San			8 Amount of pledge (\$)	9 In-kind description (If applicable)		
7 Pledgor Address; City; State; Zip Code 09/01/2025		\$750.00	 				
	Highland Village, TX 75	077-6752		Check if travel outs	ide of Texas. Complete Schedule T.		
10 Principal occupation / Job title (See Instructions)11 Employer (See Instructions)CNOHCA Houston Hea				*			
5 Date	6 Full name of pledgor Romel, Michelle	out-of-state PAC (ID#:_)	8 Amount of pledge (\$)	9 In-kind description (If applicable)		
09/10/2025	7 Pledgor Address;	City; State; Zip Code		\$100.00			
Corpus Christi, TX 78414-6267				<u> </u>	side of Texas. Complete Schedule T.		
	cupation / Job title (See Instruct ss Development	ions)	11 Employer (See Instru Gulf Coast Division	*			
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:_)	8 Amount of pledge (\$)	9 In-kind description (If applicable)		
	Romel, Michelle			\$100.00	(«pp)		
09/10/2025	7 Pledgor Address; Corpus Christi, TX 7941	City; State; Zip Code					
10 Principal occ	Corpus Christi, TX 7843 cupation / Job title (See Instruct		11 Family or (Coo Instru		side of Texas. Complete Schedule T.		
·	ss Development		11 Employer (See Instru Gulf Coast Division	*			
5 Date	6 Full name of pledgor Romel, Michelle 7 Pledgor Address;	out-of-state PAC (ID#:_)	8 Amount of pledge (\$) \$100.00	9 In-kind description (If applicable)		
09/10/2025							
	Corpus Christi, TX 7841			Check if travel outs	ide of Texas. Complete Schedule T.		
10 Principal occupation / Job title (See Instructions)11 Employer (See InstruVP Business DevelopmentGulf Coast Division				•			
VP Busines	<u>SS Development</u>		Gulf Coast Division	on Office			

PLED	GED CONTRIBU	TIONS			SCHEDULE B		
The	Instruction Guide exp	lains how to comple	te this form.	1 Total pages Schedule B: Sch: 3/3 Rpt: 46/55			
2 FILER NAM	IE s Good Government Fund				ics Commission Filers)		
<u> </u>					0.00		
TOTAL	F UNITEMIZED PLEDG	ES		\$	0.00		
6 Full name of pledgorout-of-state PAC (ID#: Romel, Michelle			8 Amount of pledge (\$)	9 In-kind description (If applicable)			
09/10/2025	7 Pledgor Address;	City; State; Zip Code		\$100.00	 		
	Corpus Christi, TX 784	114-6267		Check if travel outs	I I ide of Texas. Complete Schedule T.		
	cupation / Job title (See Instructs ss Development	ctions)	11 Employer (See Instru Gulf Coast Division				
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of	9 In-kind description		
	Romel, Michelle			pledge (\$)	(If applicable)		
09/10/2025	7 Pledgor Address;	City; State; Zip Code		\$100.00			
	Corpus Christi, TX 784	114-6267		Check if travel outs	i ide of Texas. Complete Schedule T.		
10 Principal oc	L cupation / Job title (See Instru		11 Employer (See Instru	<u> </u>			
	ss Development		Gulf Coast Division				

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instru	ctio	on Guide explains how to complete this form.	1	Total pages S Sch: 1/1 Rp	Schedule C3: t: 47/55
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	HCA Texas	God	od Government Fund		00031590	
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	09/25/2025		HCA, Inc.			400.00

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By - Gift/Awards/Memorials Expense
Candidate/Officeholder/Political Committee 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)

Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 1/7 Rpt: 48/55	HCA Texas Good Government Fund		00031590				
4 Date	5 Payee name		·				
08/26/2025	Stripe Inc.						
6 Amount (\$)	7 Payee address; City; State; Zip C	ode					
\$7.55	185 Berry Street, Suite 550						
	-						
Expenditure from corporate funds	San Francisco, CA 94107						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description				
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.				
			Check if Austin, TX, officeholder living expense Merchant Fees				
		"	neremant r ees				
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held				
expenditure to benefit C/Ol		ugni	Office neta				
Date	Payee name						
08/27/2025	Stripe Inc.						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$140.15	185 Berry Street, Suite 550						
Expenditure from corporate funds	San Francisco, CA 94107						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description				
OF	Fees	`	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE			Check if Austin, TX, officeholder living expense				
		N	Merchant Fees				
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held				
expenditure to benefit C/O	H						
Date	Payee name						
08/28/2025	Stripe Inc.						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$105.90	185 Berry Street, Suite 550						
,_53.00							
Expenditure from corporate funds	San Francisco, CA 94107						
	San Flancisco, CA 94107	1					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Fees	-	Check if Austin, TX, officeholder living expense				
			Aerchant Fees				
Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>	Office held				
expenditure to benefit C/OH							

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 2/7 Rpt: 49/55	HCA Texas	Good Government F	und				00031590	
4 Date	5 Payee name							
08/29/2025	Stripe Inc.							
6 Amount (\$) \$136.05	7 Payee addres	ss; City; treet, Suite 550	State; Zip Co	ode				
,								
Expenditure from corporate funds	San Francis	co, CA 94107						
8 PURPOSE	(a) Category (Se	e Categories listed at the top o	f this schedule)	(b)	Description			
OF EXPENDITURE	Fees				=			pplete Schedule T.
					Merchant Fee		officeholder living	g expense
					Merchant Fee	35		
Complete ONLY if direct expenditure to benefit C/OI	 Candidate/Offi 	ceholder name	Office sou	<u>l</u> ught			Office he	eld
Date	Payee name							
09/02/2025	Stripe Inc.							
Amount (\$)	Payee addres	ss; City;	State; Zip Co	nde				
\$70.20	1	treet, Suite 550	Otato, Zip O	ouc				
Ψ10.20	100 Berry 0	ireet, Juite 330						
Expenditure from corporate funds	San Francis	co, CA 94107						
PURPOSE	(a) Category (Se	e Categories listed at the top o	f this schedule)	(b)	Description			
OF EXPENDITURE	Fees				_			pplete Schedule T.
					Merchant Fee		officeholder living	g expense
					Merchant Fee	55		
Complete ONLY if direct	Candidate/Offi	achaldar nama	Office sou	ught			Office he	old
expenditure to benefit C/OI		cendider name	Office sor	ugnt			Office fit	eiu
Date	Payee name							
09/03/2025	Stripe Inc.							
Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode				
\$42.65	185 Berry S	treet, Suite 550						
Expenditure from corporate funds	San Francis	co, CA 94107						
PURPOSE	(a) Category (Se	e Categories listed at the top o	of this schedule)	(b)	Description			
OF EXPENDITURE	Fees							plete Schedule T.
							officeholder living	g expense
					Merchant Fee	55		
Complete ONLY if direct	Candidate/Offi	caholder name	Office sou	labt			Office he	old
expenditure to benefit C/OI		Sendiuei Haille	Office SOL	ayııı			Office H	ciu
•								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7	<u> </u>
1 Total pages Schedule F1: Sch: 3/7 Rpt: 50/55	2 FILER NAME 3 Filer ID (Ethics Commission Filers) HCA Texas Good Government Fund 00031590
•	
4 Date	5 Payee name
09/04/2025	Stripe Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$281.15	185 Berry Street, Suite 550
Expenditure from	Con Francisco CA 04107
corporate funds	San Francisco, CA 94107
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Merchant Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/05/2025	Stripe Inc.
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$168.90	185 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) a
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
09/08/2025	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$155.30	185 Berry Street, Suite 550
4100.00	
Expenditure from	
corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	┨

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/7 Rpt: 51/55	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
09/09/2025	Stripe Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$42.95	185 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Merchant Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff C/O	•
Date	Payee name
09/10/2025	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$361.90	185 Berry Street, Suite 550
4001.00	100 Bony Guidou, Guillo Goo
Expenditure from	0 5
corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•
Date	Payee name
09/11/2025	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$263.98	185 Berry Street, Suite 550
,_53,00	
Expenditure from	San Francisco CA 04107
corporate funds	San Francisco, CA 94107
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Merchant Fees
	Wichdian Fees
Complete ONLY if allow	Condidate/Officeholder name Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/7 Rpt: 52/55	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
09/12/2025	Stripe Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$78.98	185 Berry Street, Suite 550
— Foresteller of forest	
Expenditure from corporate funds	San Francisco, CA 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense Merchant Fees
	Merchant Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
5.	
Date	Payee name
09/15/2025	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$167.94	185 Berry Street, Suite 550
Evpanditura from	
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete ONLY if direct	Condidate/Office holds name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
09/16/2025	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$60.28	185 Berry Street, Suite 550
Expenditure from	
corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
D. LIBITORE	Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete Chill V if all a	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
, ,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/7 Rpt: 53/55	HCA Texas Good Government Fund 00031590
4 Date	5 Payee name
09/17/2025	Stripe Inc.
6 Amount (\$) \$268.65	7 Payee address; City; State; Zip Code 185 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/18/2025	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$125.10	185 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Merchant Fees
	Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
09/19/2025	Stripe Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$111.44	185 Berry Street, Suite 550
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
D. LIBITORE	Check if Austin, TX, officeholder living expense
	Merchant Fees
Complete Chill V if all a	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	\neg
Sch: 7/7 Rpt: 54/55	HCA Texas Good Government Fund 00031590	
4 Date	5 Payee name	
09/22/2025	Stripe Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$87.10	185 Berry Street, Suite 550	
Expenditure from corporate funds	San Francisco, CA 94107	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Merchant Fees	
	WEIGHART FEES	
2 Octobrillate ONII V if alimont	Office held	\dashv
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	···	
Date	Payee name	
09/23/2025	Stripe Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$3.20	185 Berry Street, Suite 550	
Expenditure from corporate funds	San Francisco, CA 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Merchant Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialities to benefit 5/5/		
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 55/55 2 FILER NAME Filer ID (Ethics Commission Filers) **HCA Texas Good Government Fund** 00031590 8 Amount (\$) Date 5 Name of person from whom amount is received 08/29/2025 \$0.08 Wells Fargo Bank 6 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038 Purpose for which amount is received Check if political contribution returned to filer Interest Amount (\$) Name of person from whom amount is received Date 08/29/2025 Wells Fargo Bank \$0.41 Address of person from whom amount is received; City; State; Zip Code Irving, TX 75038 Purpose for which amount is received Check if political contribution returned to filer Interest