

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full) **Federation of American Health Systems Political Action Committee** C80002261

15. Full Name, Mailing Address and ZIP Code Robert A. Horar 930 Travelers Ct. Nashville, TN 37220	Name of Employer: Community Health Systems	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: VP Administration	6/17/99	\$215.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$215.00			
16. Full Name, Mailing Address and ZIP Code Wayne T. Smith 530 Primrose Way Louisville, KY 40206	Name of Employer: Community Health Systems	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: President & CEO	6/17/99	\$4,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$4,000.00			
17. Full Name, Mailing Address and ZIP Code W. Larry Cash 5234 Margarets Place Brentwood, TN 37027	Name of Employer: Community Health Systems	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: > Executive Vice President & CFO	6/17/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$1,000.00			
18. Full Name, Mailing Address and ZIP Code Linda Parsons 1121 Holly Tree Farm Road Brentwood, TN 37027	Name of Employer: Community Health Systems	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	6/17/99	\$210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$210.00			
19. Full Name, Mailing Address and ZIP Code Mary Ann Wolf (Chris) 3 Garden Circle Cheraw, SC 29520	Name of Employer: Chesterfield General Hospital (CHS)	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: Travel Agent	6/17/99	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$200.00			
20. Full Name, Mailing Address and ZIP Code R. Milton Johnson 4329 Estes Road Nashville, TN 37215	Name of Employer: Columbia/HCA	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: Vice President & Controller	6/23/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$1,000.00			
21. Full Name, Mailing Address and ZIP Code Sam Hawkins P.O. Box 1191 Crystal Beach, FL 34681	Name of Employer: Columbia/HCA	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: West Florida Division CFO	6/23/99	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$500.00			

SUBTOTAL of Receipts This Page (optional)	\$7,125.00
TOTAL This Period (last page this line number only)	\$