

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full) Federation of American Health Systems Political Action Committee	C00002261
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22. Full Name, Mailing Address and ZIP Code James W. Slack, Jr. 10124 Woodland Hills Way Tallahassee, FL 32306	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$1,500.00
	Occupation: President, North Florida Division		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		
23. Full Name, Mailing Address and ZIP Code Richard M. Brockan 1106 Belle Meade Blvd. Nashville, TN 37205	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$2,500.00
	Occupation: President, Western Group		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$2,500.00		
24. Full Name, Mailing Address and ZIP Code Frank Houser, M.D. 834 Curlewwood Lane Nashville, TN 37204	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$1,500.00
	Occupation: SVP & Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		
25. Full Name, Mailing Address and ZIP Code David G. Anderson 5216 Apple Mill Ct. Brentwood, TN 37027	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$1,500.00
	Occupation: SVP, Finance & Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		
26. Full Name, Mailing Address and ZIP Code A. Bruce Moore 2105 Golf Club Lane Nashville, TN 37215	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$1,500.00
	Occupation: SVP, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		
27. Full Name, Mailing Address and ZIP Code Abraham Martinez 611 Merlin Road Laredo, TX 78041	Name of Employer: Doctors Hospital of Laredo	Date (month, day, year) 10/16/00	Amount of Each Receipt this Period \$200.00
	Occupation: CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
28. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >		

SUBTOTAL of Receipts This Page (optional).....	\$8,700.00
TOTAL This Period (last page this line number only).....	\$28,500.00