

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 5811 PELICAN BAY BLVD SUITE 500 NAPLES FL 34108

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00442418 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 26 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joseph Meek

Signature of Treasurer Electronically Filed by Joseph Meek Date 01 27 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 8 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

Report Covering the Period: From:

M	M
1	1

D	D
2	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	8									
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">34058.14</td></tr></table>	34058.14										
34058.14												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">8888.09</td></tr></table>	8888.09	<table border="1" style="width: 100%;"><tr><td align="right">55241.70</td></tr></table>	55241.70								
8888.09												
55241.70												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">42946.23</td></tr></table>	42946.23	<table border="1" style="width: 100%;"><tr><td align="right">55241.70</td></tr></table>	55241.70								
42946.23												
55241.70												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">139.08</td></tr></table>	139.08	<table border="1" style="width: 100%;"><tr><td align="right">12434.55</td></tr></table>	12434.55								
139.08												
12434.55												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">42807.15</td></tr></table>	42807.15	<table border="1" style="width: 100%;"><tr><td align="right">42807.15</td></tr></table>	42807.15								
42807.15												
42807.15												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

Report Covering the Period: From:

M	M
1	1

D	D
2	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8465.35	49077.21
(i) Itemized (use Schedule A)	422.74	6164.49
(ii) Unitemized	8888.09	55241.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8888.09	55241.70
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8888.09	55241.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8888.09	55241.70

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	139.08	784.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	139.08	784.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	11650.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	139.08	12434.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	139.08	12434.55

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8888.09	55241.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8888.09	55241.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	139.08	784.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	139.08	784.55

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.

Full Name (Last, First, Middle Initial) Cassie Ball		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 1407 Red Oak Way		Transaction ID: SA11AI.4592
City Winder	State GA	Zip Code 30680
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Barrow Regional Med Ctr	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

B.

Full Name (Last, First, Middle Initial) Cassie Ball		Date of Receipt MM / DD / YYYY 12 / 11 / 2008
Mailing Address 1407 Red Oak Way		Transaction ID: SA11AI.4654
City Winder	State GA	Zip Code 30680
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Barrow Regional Med Ctr	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

C.

Full Name (Last, First, Middle Initial) Cassie Ball		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 1407 Red Oak Way		Transaction ID: SA11AI.4624
City Winder	State GA	Zip Code 30680
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Barrow Regional Med Ctr	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional)	▶	126.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.	Full Name (Last, First, Middle Initial) Ann Barnhart		Date of Receipt
	Mailing Address 5811 Pelican Bay Blvd Suite 500		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Naples	FL	34108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4593
Name of Employer Health Management Assoc.		Occupation healthcare	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 499.98	<input type="text"/> 166.66

B.	Full Name (Last, First, Middle Initial) Ann Barnhart		Date of Receipt
	Mailing Address 5811 Pelican Bay Blvd Suite 500		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Naples	FL	34108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4655
Name of Employer Health Management Assoc.		Occupation healthcare	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 666.64	<input type="text"/> 166.66

C.	Full Name (Last, First, Middle Initial) Ann Barnhart		Date of Receipt
	Mailing Address 5811 Pelican Bay Blvd Suite 500		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Naples	FL	34108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4625
Name of Employer Health Management Assoc.		Occupation healthcare	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 833.30	<input type="text"/> 166.66

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 499.98
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.	Full Name (Last, First, Middle Initial) Kim Bassett	Date of Receipt MM / DD / YYYY 11 / 30 / 2008
	Mailing Address 1998 O/S Hwy A33	Transaction ID: SA11AI.4594
	City State Zip Code Marathon FL 33050	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Fishermen's Hospital Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 583.38	

B.	Full Name (Last, First, Middle Initial) Kim Bassett	Date of Receipt MM / DD / YYYY 12 / 11 / 2008
	Mailing Address 1998 O/S Hwy A33	Transaction ID: SA11AI.4656
	City State Zip Code Marathon FL 33050	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Fishermen's Hospital Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.72	

C.	Full Name (Last, First, Middle Initial) Kim Bassett	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 1998 O/S Hwy A33	Transaction ID: SA11AI.4626
	City State Zip Code Marathon FL 33050	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Fishermen's Hospital Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.06	

SUBTOTAL of Receipts This Page (optional)	250.02
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.	Full Name (Last, First, Middle Initial) Robert Bigley		Date of Receipt																					
	Mailing Address 270 S Kennedy St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	3	0	/	2	0	0	8														
	City	State	Zip Code		Transaction ID: SA11AI.4595																			
Metter	GA	30437																						
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
				83.34																				
Name of Employer East Georgia Regional		Occupation CEO																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		583.38																						

B.	Full Name (Last, First, Middle Initial) Robert Bigley		Date of Receipt																					
	Mailing Address 270 S Kennedy St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	1	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	1	1	/	2	0	0	8														
	City	State	Zip Code		Transaction ID: SA11AI.4657																			
Metter	GA	30437																						
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
				83.34																				
Name of Employer East Georgia Regional		Occupation CEO																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		666.72																						

C.	Full Name (Last, First, Middle Initial) Robert Bigley		Date of Receipt																					
	Mailing Address 270 S Kennedy St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	3	1	/	2	0	0	8														
	City	State	Zip Code		Transaction ID: SA11AI.4627																			
Metter	GA	30437																						
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
				83.34																				
Name of Employer East Georgia Regional		Occupation CEO																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		750.06																						

SUBTOTAL of Receipts This Page (optional)	▶	250.02
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.

Full Name (Last, First, Middle Initial)
Dwayne Blaylock

Mailing Address 111 St Andrews PI

City State Zip Code
Tullahoma TN 37388

FEC ID number of contributing federal political committee. **C**

Name of Employer Tullahoma Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.38

Date of Receipt
MM / DD / YYYY
11 / 30 / 2008

Transaction ID: SA11AI.4596

Amount of Each Receipt this Period
83.34

B.

Full Name (Last, First, Middle Initial)
Dwayne Blaylock

Mailing Address 111 St Andrews PI

City State Zip Code
Tullahoma TN 37388

FEC ID number of contributing federal political committee. **C**

Name of Employer Tullahoma Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.72

Date of Receipt
MM / DD / YYYY
12 / 11 / 2008

Transaction ID: SA11AI.4658

Amount of Each Receipt this Period
83.34

C.

Full Name (Last, First, Middle Initial)
Dwayne Blaylock

Mailing Address 111 St Andrews PI

City State Zip Code
Tullahoma TN 37388

FEC ID number of contributing federal political committee. **C**

Name of Employer Tullahoma Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: SA11AI.4628

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► **250.02**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A. Full Name (Last, First, Middle Initial)
Kathy Burke

Mailing Address 3425 Palmeto Drive

City State Zip Code
Hernando Beach FL 34607

FEC ID number of contributing federal political committee. **C**

Name of Employer Brodisville Regional Occupation VP/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.62

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 30 / 2008

Transaction ID: SA11AI.4597

Amount of Each Receipt this Period
166.66

B. Full Name (Last, First, Middle Initial)
Kathy Burke

Mailing Address 3425 Palmeto Drive

City State Zip Code
Hernando Beach FL 34607

FEC ID number of contributing federal political committee. **C**

Name of Employer Brodisville Regional Occupation VP/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.28

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 11 / 2008

Transaction ID: SA11AI.4659

Amount of Each Receipt this Period
166.66

C. Full Name (Last, First, Middle Initial)
Kathy Burke

Mailing Address 3425 Palmeto Drive

City State Zip Code
Hernando Beach FL 34607

FEC ID number of contributing federal political committee. **C**

Name of Employer Brodisville Regional Occupation VP/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1499.94

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2008

Transaction ID: SA11AI.4629

Amount of Each Receipt this Period
166.66

SUBTOTAL of Receipts This Page (optional) ▶ **499.98**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 33
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.

Full Name (Last, First, Middle Initial)
James 'Mike' Cowling

Mailing Address 10 Dogwood Valley

City State Zip Code
Lititz PA 17543

FEC ID number of contributing federal political committee. **C**

Name of Employer Lancaster Regional Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	8

Transaction ID: SA11AI.4598

Amount of Each Receipt this Period 83.34

B.

Full Name (Last, First, Middle Initial)
James 'Mike' Cowling

Mailing Address 10 Dogwood Valley

City State Zip Code
Lititz PA 17543

FEC ID number of contributing federal political committee. **C**

Name of Employer Lancaster Regional Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	8

Transaction ID: SA11AI.4660

Amount of Each Receipt this Period 83.34

C.

Full Name (Last, First, Middle Initial)
James 'Mike' Cowling

Mailing Address 10 Dogwood Valley

City State Zip Code
Lititz PA 17543

FEC ID number of contributing federal political committee. **C**

Name of Employer Lancaster Regional Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.4630

Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional) ► **250.02**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

<p>A. Full Name (Last, First, Middle Initial) Fred Drow</p> <p>Mailing Address 6869 Wellington Dr</p> <p>City State Zip Code Naples FL 34109</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Health Management Associates Occupation SVP Human Resources</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1166.62</p>	<p>Date of Receipt MM / DD / YYYY 11 / 30 / 2008</p> <p>Transaction ID: SA11AI.4599</p> <p>Amount of Each Receipt this Period 166.66</p>
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<p>B. Full Name (Last, First, Middle Initial) Fred Drow</p> <p>Mailing Address 6869 Wellington Dr</p> <p>City State Zip Code Naples FL 34109</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Health Management Associates Occupation SVP Human Resources</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1333.28</p>	<p>Date of Receipt MM / DD / YYYY 12 / 11 / 2008</p> <p>Transaction ID: SA11AI.4661</p> <p>Amount of Each Receipt this Period 166.66</p>
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<p>C. Full Name (Last, First, Middle Initial) Fred Drow</p> <p>Mailing Address 6869 Wellington Dr</p> <p>City State Zip Code Naples FL 34109</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Health Management Associates Occupation SVP Human Resources</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1416.61</p>	<p>Date of Receipt MM / DD / YYYY 12 / 31 / 2008</p> <p>Transaction ID: SA11AI.4631</p> <p>Amount of Each Receipt this Period 83.33</p>
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SUBTOTAL of Receipts This Page (optional)	416.65
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A. Full Name (Last, First, Middle Initial)
John Erickson
 Mailing Address 5811 Pelican Bay Blvd Ste 500
 City State Zip Code
 Naples FL 34108
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8
Transaction ID: SA11AI.4632
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Management Associates
 Occupation healthcare
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

B. Full Name (Last, First, Middle Initial)
John R Finnegan
 Mailing Address 1280 Harding St
 City State Zip Code
 Winter Park FL 32789
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 8
Transaction ID: SA11AI.4601
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Management - Div 7
 Occupation Senior VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1750.00

C. Full Name (Last, First, Middle Initial)
John R Finnegan
 Mailing Address 1280 Harding St
 City State Zip Code
 Winter Park FL 32789
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 1 / 2 0 0 8
Transaction ID: SA11AI.4663
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Management - Div 7
 Occupation Senior VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

SUBTOTAL of Receipts This Page (optional) ► **550.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.	Full Name (Last, First, Middle Initial) John R Finnegan	Date of Receipt
	Mailing Address 1280 Harding St	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Winter Park FL 32789	<input type="text"/> 1 2 / <input type="text"/> 3 1 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4633
	Name of Employer Health Management - Div 7 Occupation Senior VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 250.00	
Aggregate Year-to-Date ▼ <input type="text"/> 2250.00		

B.	Full Name (Last, First, Middle Initial) Nancy Fodi	Date of Receipt
	Mailing Address 3710 Muir Woods Way	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Naples FL 34116	<input type="text"/> 1 1 / <input type="text"/> 3 0 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4602
	Name of Employer Little Rock Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 83.34	
Aggregate Year-to-Date ▼ <input type="text"/> 583.38		

C.	Full Name (Last, First, Middle Initial) Nancy Fodi	Date of Receipt
	Mailing Address 3710 Muir Woods Way	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Naples FL 34116	<input type="text"/> 1 2 / <input type="text"/> 1 1 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.4664
	Name of Employer Little Rock Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 83.34	
Aggregate Year-to-Date ▼ <input type="text"/> 666.72		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 416.68
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.

Full Name (Last, First, Middle Initial)
Nancy Fodi

Mailing Address 3710 Muir Woods Way

City State Zip Code
Naples FL 34116

FEC ID number of contributing federal political committee. **C**

Name of Employer Little Rock Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4634

Amount of Each Receipt this Period
83.34

B.

Full Name (Last, First, Middle Initial)
San Juana Garza

Mailing Address PO Box 8231

City State Zip Code
Sebring FL 33872

FEC ID number of contributing federal political committee. **C**

Name of Employer Sebring Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.4603

Amount of Each Receipt this Period
60.00

C.

Full Name (Last, First, Middle Initial)
San Juana Garza

Mailing Address PO Box 8231

City State Zip Code
Sebring FL 33872

FEC ID number of contributing federal political committee. **C**

Name of Employer Sebring Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.4665

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **203.34**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.	Full Name (Last, First, Middle Initial) San Juana Garza		Date of Receipt
	Mailing Address PO Box 8231		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Sebring	FL	33872
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4635
Name of Employer Sebring		Occupation CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 60.00
		<input type="text"/> 480.00	

B.	Full Name (Last, First, Middle Initial) James Scott Hartsell		Date of Receipt
	Mailing Address 3837 Swans Landing Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Land O'Lakes	FL	34639
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4604
Name of Employer Spring Hill Regional Hosp.		Occupation Associate Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) James Scott Hartsell		Date of Receipt
	Mailing Address 3837 Swans Landing Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Land O'Lakes	FL	34639
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4666
Name of Employer Spring Hill Regional Hosp.		Occupation Associate Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 350.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 160.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A. Full Name (Last, First, Middle Initial)
James Scott Hartsell

Mailing Address 3837 Swans Landing Dr

City Land O'Lakes State FL Zip Code 34639

FEC ID number of contributing federal political committee. **C**

Name of Employer Spring Hill Regional Hosp. Occupation Associate Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 31 / 2008

Transaction ID: SA11AI.4636

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Emily Holliman

Mailing Address 501 Sundance Trail

City Vero Beach State FL Zip Code 32963

FEC ID number of contributing federal political committee. **C**

Name of Employer Sebastian River Med Ctr Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 30 / 2008

Transaction ID: SA11AI.4606

Amount of Each Receipt this Period 83.34

C. Full Name (Last, First, Middle Initial)
Emily Holliman

Mailing Address 501 Sundance Trail

City Vero Beach State FL Zip Code 32963

FEC ID number of contributing federal political committee. **C**

Name of Employer Sebastian River Med Ctr Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 541.71

Date of Receipt 12 / 11 / 2008

Transaction ID: SA11AI.4667

Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional) ► 216.68

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.	Full Name (Last, First, Middle Initial) Emily Holliman	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 501 Sundance Trail	Transaction ID: SA11AI.4637
	City State Zip Code Vero Beach FL 32963	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sebastian River Med Ctr Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.05

B.	Full Name (Last, First, Middle Initial) Kathleen Holloway	Date of Receipt MM / DD / YYYY 11 / 30 / 2008
	Mailing Address 6792 Compton Lane N	Transaction ID: SA11AI.4607
	City State Zip Code Naples FL 34104	Amount of Each Receipt this Period 166.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Management Associates Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.62

C.	Full Name (Last, First, Middle Initial) Kathleen Holloway	Date of Receipt MM / DD / YYYY 12 / 11 / 2008
	Mailing Address 6792 Compton Lane N	Transaction ID: SA11AI.4668
	City State Zip Code Naples FL 34104	Amount of Each Receipt this Period 166.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Management Associates Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.28

SUBTOTAL of Receipts This Page (optional)	416.66
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A. Full Name (Last, First, Middle Initial)
Kathleen Holloway
 Mailing Address 6792 Compton Lane N
 City Naples State FL Zip Code 34104
 Date of Receipt 12 / 31 / 2008
Transaction ID: SA11AI.4638
 Amount of Each Receipt this Period 166.66
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Management Associates Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1499.94

B. Full Name (Last, First, Middle Initial)
Robert Mahaffey
 Mailing Address 3600 S Highlands Ave
 City Sebring State FL Zip Code 33870
 Date of Receipt 11 / 30 / 2008
Transaction ID: SA11AI.4608
 Amount of Each Receipt this Period 83.34
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highlands Regional Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

C. Full Name (Last, First, Middle Initial)
Robert Mahaffey
 Mailing Address 3600 S Highlands Ave
 City Sebring State FL Zip Code 33870
 Date of Receipt 12 / 11 / 2008
Transaction ID: SA11AI.4669
 Amount of Each Receipt this Period 83.34
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highlands Regional Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

SUBTOTAL of Receipts This Page (optional) ► **333.34**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A. Full Name (Last, First, Middle Initial)
Robert Mahaffey

Mailing Address 3600 S Highlands Ave

City State Zip Code
Sebring FL 33870

FEC ID number of contributing federal political committee. **C**

Name of Employer Highlands Regional Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4639

Amount of Each Receipt this Period
83.34

B. Full Name (Last, First, Middle Initial)
John W. McClellan

Mailing Address 1709 Alldou St

City State Zip Code
Kennett MO 63057

FEC ID number of contributing federal political committee. **C**

Name of Employer HMA - Kennett, MO Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4640

Amount of Each Receipt this Period
83.34

C. Full Name (Last, First, Middle Initial)
Joseph Meek

Mailing Address 5811 Pelican Bay Blvd Suite 500

City State Zip Code
Naples FL 34108

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Management Associates Occupation VP & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.4610

Amount of Each Receipt this Period
166.66

SUBTOTAL of Receipts This Page (optional) ► **333.34**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A. Full Name (Last, First, Middle Initial)
Joseph Meek

Mailing Address 5811 Pelican Bay Blvd
Suite 500

City Naples State FL Zip Code 34108

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Management Associates Occupation VP & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.28

Date of Receipt MM / DD / YYYY 12 / 11 / 2008

Transaction ID: SA11AI.4670

Amount of Each Receipt this Period 166.66

B. Full Name (Last, First, Middle Initial)
Joseph Meek

Mailing Address 5811 Pelican Bay Blvd
Suite 500

City Naples State FL Zip Code 34108

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Management Associates Occupation VP & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1499.94

Date of Receipt MM / DD / YYYY 12 / 31 / 2008

Transaction ID: SA11AI.4641

Amount of Each Receipt this Period 166.66

C. Full Name (Last, First, Middle Initial)
John Merriwether

Mailing Address 2147 Morning Sun Lane

City Naples State FL Zip Code 34119

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Management Assoc Occupation Vp of Financial Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.62

Date of Receipt MM / DD / YYYY 11 / 30 / 2008

Transaction ID: SA11AI.4611

Amount of Each Receipt this Period 166.66

SUBTOTAL of Receipts This Page (optional) ► 499.98

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.

Full Name (Last, First, Middle Initial) John Merriwether		Date of Receipt MM / DD / YYYY 12 / 11 / 2008
Mailing Address 2147 Morning Sun Lane		Transaction ID: SA11AI.4671
City Naples	State FL	Zip Code 34119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.66
Name of Employer Health Management Assoc	Occupation Vp of Financial Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.28	

B.

Full Name (Last, First, Middle Initial) John Merriwether		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 2147 Morning Sun Lane		Transaction ID: SA11AI.4642
City Naples	State FL	Zip Code 34119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Health Management Assoc	Occupation Vp of Financial Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1416.61	

C.

Full Name (Last, First, Middle Initial) Karen Metz		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 824 St. Andrews Rd		Transaction ID: SA11AI.4612
City Statesville	State NC	Zip Code 28625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Davis Regional Med Ctr	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

SUBTOTAL of Receipts This Page (optional)	333.33
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A. Full Name (Last, First, Middle Initial)
Karen Metz
 Mailing Address 824 St. Andrews Rd
 City Statesville State NC Zip Code 28625
 Date of Receipt 12 / 11 / 2008
Transaction ID: SA11AI.4672
 Amount of Each Receipt this Period 83.34
 FEC ID number of contributing federal political committee. C
 Name of Employer Davis Regional Med Ctr Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 666.72

B. Full Name (Last, First, Middle Initial)
Karen Metz
 Mailing Address 824 St. Andrews Rd
 City Statesville State NC Zip Code 28625
 Date of Receipt 12 / 31 / 2008
Transaction ID: SA11AI.4643
 Amount of Each Receipt this Period 83.34
 FEC ID number of contributing federal political committee. C
 Name of Employer Davis Regional Med Ctr Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 750.06

C. Full Name (Last, First, Middle Initial)
Geoffrey Moebius
 Mailing Address 2843 Wild Orchid Ct
 City Naples State FL Zip Code 34119
 Date of Receipt 12 / 31 / 2008
Transaction ID: SA11AI.4644
 Amount of Each Receipt this Period 83.34
 FEC ID number of contributing federal political committee. C
 Name of Employer PRMC Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 208.35

SUBTOTAL of Receipts This Page (optional) ► 250.02
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 33
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.

Full Name (Last, First, Middle Initial)
Jose Morillo

Mailing Address 4230 Cazes Ave

City North Port State FL Zip Code 34287

FEC ID number of contributing federal political committee. **C**

Name of Employer LeHigh Regional Med Ctr Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	8

Transaction ID: SA11AI.4614

Amount of Each Receipt this Period 41.64

B.

Full Name (Last, First, Middle Initial)
Jose Morillo

Mailing Address 4230 Cazes Ave

City North Port State FL Zip Code 34287

FEC ID number of contributing federal political committee. **C**

Name of Employer LeHigh Regional Med Ctr Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	8

Transaction ID: SA11AI.4673

Amount of Each Receipt this Period 41.64

C.

Full Name (Last, First, Middle Initial)
Jose Morillo

Mailing Address 4230 Cazes Ave

City North Port State FL Zip Code 34287

FEC ID number of contributing federal political committee. **C**

Name of Employer LeHigh Regional Med Ctr Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 374.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.4645

Amount of Each Receipt this Period 41.64

SUBTOTAL of Receipts This Page (optional) ► **124.92**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A. Full Name (Last, First, Middle Initial)
Allison Mulholland
Mailing Address 2011 Hartt Rd
City Sebring State FL Zip Code 33870
FEC ID number of contributing federal political committee. **C**
Name of Employer Highlands Regional Occupation COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.35
Date of Receipt 11 / 30 / 2008
Transaction ID: SA11AI.4615
Amount of Each Receipt this Period 83.34

B. Full Name (Last, First, Middle Initial)
Allison Mulholland
Mailing Address 2011 Hartt Rd
City Sebring State FL Zip Code 33870
FEC ID number of contributing federal political committee. **C**
Name of Employer Highlands Regional Occupation COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 291.69
Date of Receipt 12 / 11 / 2008
Transaction ID: SA11AI.4674
Amount of Each Receipt this Period 83.34

C. Full Name (Last, First, Middle Initial)
Allison Mulholland
Mailing Address 2011 Hartt Rd
City Sebring State FL Zip Code 33870
FEC ID number of contributing federal political committee. **C**
Name of Employer Highlands Regional Occupation COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.03
Date of Receipt 12 / 31 / 2008
Transaction ID: SA11AI.4646
Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional) ▶ 250.02
TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A. Full Name (Last, First, Middle Initial)
Charles Nasem
Mailing Address 12170 Jaycie Circle
City State Zip Code
Midwest City OK 73130
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Midwest Regional Med Ctr Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 8
Transaction ID: SA11AI.4616
Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Charles Nasem
Mailing Address 12170 Jaycie Circle
City State Zip Code
Midwest City OK 73130
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Midwest Regional Med Ctr Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8
Transaction ID: SA11AI.4675
Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
Charles Nasem
Mailing Address 12170 Jaycie Circle
City State Zip Code
Midwest City OK 73130
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Midwest Regional Med Ctr Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8
Transaction ID: SA11AI.4647
Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► 126.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.

Full Name (Last, First, Middle Initial)
Wayne Neiswender

Mailing Address 6884 Red Bay Park Rd Unit 201

City State Zip Code
Naples FL 34109

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Management Associates
Occupation Director of Human Resources

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 583.38

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.4617

Amount of Each Receipt this Period
83.34

B.

Full Name (Last, First, Middle Initial)
Wayne Neiswender

Mailing Address 6884 Red Bay Park Rd Unit 201

City State Zip Code
Naples FL 34109

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Management Associates
Occupation Director of Human Resources

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 666.72

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.4676

Amount of Each Receipt this Period
83.34

C.

Full Name (Last, First, Middle Initial)
Wayne Neiswender

Mailing Address 6884 Red Bay Park Rd Unit 201

City State Zip Code
Naples FL 34109

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Management Associates
Occupation Director of Human Resources

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 708.39

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4648

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ▶

208.35

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.

Full Name (Last, First, Middle Initial)
Timothy Parry

Mailing Address 7127 Sugar Magnolia Court

City State Zip Code
Naples FL 34109

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Management Associates
Occupation Sr VP and General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2008

Transaction ID: SA11AI.4618

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Timothy Parry

Mailing Address 7127 Sugar Magnolia Court

City State Zip Code
Naples FL 34109

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Management Associates
Occupation Sr VP and General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2008

Transaction ID: SA11AI.4677

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Joshua Putter

Mailing Address

City State Zip Code
Naples FL

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Management Associates
Occupation healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
MM / DD / YYYY
11 / 30 / 2008

Transaction ID: SA11AI.4619

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► **458.34**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.

Full Name (Last, First, Middle Initial) Joshua Putter		Date of Receipt MM / DD / YYYY 12 / 11 / 2008
Mailing Address		Transaction ID: SA11AI.4678
City Naples	State FL	Amount of Each Receipt this Period 83.34
FEC ID number of contributing federal political committee. C		
Name of Employer Health Management Associates	Occupation healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

B.

Full Name (Last, First, Middle Initial) Joshua Putter		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address		Transaction ID: SA11AI.4649
City Naples	State FL	Amount of Each Receipt this Period 83.34
FEC ID number of contributing federal political committee. C		
Name of Employer Health Management Associates	Occupation healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

C.

Full Name (Last, First, Middle Initial) Scott Stumbo		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 5109 Inagua Way		Transaction ID: SA11AI.4620
City Naples	State FL	Zip Code 34119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.32
Name of Employer Health Management Associates	Occupation VP Operations/Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 937.44	

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A.

Full Name (Last, First, Middle Initial)
Scott Stumbo

Mailing Address 5109 Inagua Way

City State Zip Code
Naples FL 34119

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Management Associates
Occupation VP Operations/Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1145.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.4680

Amount of Each Receipt this Period
208.32

B.

Full Name (Last, First, Middle Initial)
Scott Stumbo

Mailing Address 5109 Inagua Way

City State Zip Code
Naples FL 34119

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Management Associates
Occupation VP Operations/Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1354.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4650

Amount of Each Receipt this Period
208.32

C.

Full Name (Last, First, Middle Initial)
Joseph D Weaver

Mailing Address 542 Twin Cedars Drive

City State Zip Code
Madison MS 39110

FEC ID number of contributing federal political committee. **C**

Name of Employer Madison County Medical Ctr
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.4623

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► **499.98**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

A. Full Name (Last, First, Middle Initial)
Joseph D Weaver

Mailing Address 542 Twin Cedars Drive

City State Zip Code
Madison MS 39110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Madison County Medical Ctr CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt
MM / DD / YYYY
12 / 11 / 2008

Transaction ID: SA11AI.4683

Amount of Each Receipt this Period
83.34

B. Full Name (Last, First, Middle Initial)
Joseph D Weaver

Mailing Address 542 Twin Cedars Drive

City State Zip Code
Madison MS 39110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Madison County Medical Ctr CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: SA11AI.4653

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► **166.68**

TOTAL This Period (last page this line number only) ► **8465.35**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 33

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wachovia</p> <p>Mailing Address 5801 Pelican Bay Blvd #100</p> <p>City Naples State FL Zip Code 34108</p> <p>Purpose of Disbursement service charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B.4684</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="91.52"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wachovia</p> <p>Mailing Address 5801 Pelican Bay Blvd #100</p> <p>City Naples State FL Zip Code 34108</p> <p>Purpose of Disbursement service charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B.4685</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="47.56"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶