

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

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) Timothy Parry		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address 7127 Sugar Magnolia Court		Transaction ID: SA11AI.4618
City Naples	State FL	Zip Code 34109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Health Management Associates	Occupation Sr VP and General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Timothy Parry		Date of Receipt MM / DD / YYYY 12 / 11 / 2008
Mailing Address 7127 Sugar Magnolia Court		Transaction ID: SA11AI.4677
City Naples	State FL	Zip Code 34109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Health Management Associates	Occupation Sr VP and General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C.

Full Name (Last, First, Middle Initial) Joshua Putter		Date of Receipt MM / DD / YYYY 11 / 30 / 2008
Mailing Address		Transaction ID: SA11AI.4619
City Naples	State FL	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
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 ▼ 208.35	

SUBTOTAL of Receipts This Page (optional)	458.34
TOTAL This Period (last page this line number only)	