

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 09 01 2009 through 09 30 2009

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 10 16 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.

Office Use Only									
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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
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		42807.15
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	85728.58									
(c) Total Receipts (from Line 19)	11331.85	64730.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	97060.43	107537.75								
7. Total Disbursements (from Line 31)	1057.41	11534.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	96003.02	96003.02								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

Write or Type Committee Name

HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

Report Covering the Period: From: To:

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		
(i) Itemized (use Schedule A)	10255.48	52719.45
(ii) Unitemized	1076.37	12011.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11331.85	64730.60
(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)	11331.85	64730.60
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))	11331.85	64730.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11331.85	64730.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	57.41	534.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	57.41	534.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	11000.00
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))..	1057.41	11534.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1057.41	11534.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	11331.85	64730.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11331.85	64730.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	57.41	534.73
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	57.41	534.73

**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 6 / 24
	<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 09 / 08 / 2009
	Mailing Address 1407 Red Oak Way	Transaction ID: SA11AI.5197
	City State Zip Code Winder GA 30680	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 273.00	

B.	Full Name (Last, First, Middle Initial) Ann Barnhart	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 5811 Pelican Bay Blvd Suite 500	Transaction ID: SA11AI.5198
	City State Zip Code Naples FL 34108	Amount of Each Receipt this Period 83.33 semi-monthly payroll deduction
	FEC ID number of contributing federal political committee. C	333.32
	Name of Employer Health Management Assoc. Occupation Sr. Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1333.28	

C.	Full Name (Last, First, Middle Initial) Kim Bassett	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 1998 O/S Hwy A33	Transaction ID: SA11AI.5199
	City State Zip Code Marathon FL 33050	Amount of Each Receipt this Period 41.67 semi-monthly payroll deduction
	FEC ID number of contributing federal political committee. C	166.68
	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	

SUBTOTAL of Receipts This Page (optional)	521.00
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 7 / 24
(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 Bigley

Mailing Address 113 Plantation Trail

City Statesboro State GA Zip Code 30458

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

Name of Employer East Georgia Regional Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt 09 / 30 / 2009

Transaction ID: SA11AI.5200

Amount of Each Receipt this Period 166.68

41.67 semi-monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
Lester Blagg

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 HMA Occupation Director of Managed Care Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 09 / 30 / 2009

Transaction ID: SA11AI.5201

Amount of Each Receipt this Period 166.68

41.67 semi-monthly payroll deduction

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

Mailing Address 111 St Andrews Pl

City Tullahoma State TN Zip Code 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 09 / 30 / 2009

Transaction ID: SA11AI.5202

Amount of Each Receipt this Period 166.68

41.67 semi-monthly payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ **500.04**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 24
(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

<p>A. Full Name (Last, First, Middle Initial) Ronald Brown</p> <p>Mailing Address 1052 Harbour Way PI</p> <p>City State Zip Code Punta Gorda FL 33983</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Peace River CFO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 416.70</p>	<p>Date of Receipt 09 / 30 / 2009</p> <p>Transaction ID: SA11AI.5203</p> <p>Amount of Each Receipt this Period 166.68</p> <p>41.67 semi-monthly payroll deduction</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Linda Burdette</p> <p>Mailing Address 18 Edgefield Way</p> <p>City State Zip Code Anniston AL 36202</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Stringfellow-Anniston CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 458.37</p>	<p>Date of Receipt 09 / 30 / 2009</p> <p>Transaction ID: SA11AI.5204</p> <p>Amount of Each Receipt this Period 166.68</p> <p>41.67 semi-monthly payroll deduction</p>
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<p>C. Full Name (Last, First, Middle Initial) Kathy Burke</p> <p>Mailing Address 3425 Palmeto Drive</p> <p>City State Zip Code Hernando Beach FL 34607</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Brodsville Regional VP/CEO</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 09 / 30 / 2009</p> <p>Transaction ID: SA11AI.5205</p> <p>Amount of Each Receipt this Period 333.32</p> <p>83.33 Semi-monthly payroll deduction</p>
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SUBTOTAL of Receipts This Page (optional)	666.68
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 9 / 24
	<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) Alex Contreras	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 10461 Quality Drive	Transaction ID: SA11AI.5206
	City State Zip Code Spring Hill FL 34609	Amount of Each Receipt this Period 166.68
	FEC ID number of contributing federal political committee. C	41.67 semi-monthly payroll deduction
	Name of Employer Springhill Regional Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 458.37	

B.	Full Name (Last, First, Middle Initial) Fred Drow	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 6869 Wellington Dr	Transaction ID: SA11AI.5210
	City State Zip Code Naples FL 34109	Amount of Each Receipt this Period 333.32
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Management Associates Occupation SVP Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.30	

C.	Full Name (Last, First, Middle Initial) John Erickson	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 5811 Pelican Bay Blvd Ste 500	Transaction ID: SA11AI.5212
	City State Zip Code Naples FL 34108	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Management Associates Occupation Director of Financial Ops & Analysis Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 24
(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 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
 09 / 30 / 2009
Transaction ID: SA11AI.5215
 Amount of Each Receipt this Period
 166.68
 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 ▼ 1041.70

B. Full Name (Last, First, Middle Initial)
Roxanne Frymire
 Mailing Address 6301 NE 104th Place
 City State Zip Code
 Oklahoma City OK 73151
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 11 / 2009
Transaction ID: SA11AI.5274
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Reg Med Ctr Occupation CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial)
Roxanne Frymire
 Mailing Address 6301 NE 104th Place
 City State Zip Code
 Oklahoma City OK 73151
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 25 / 2009
Transaction ID: SA11AI.5278
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Reg Med Ctr Occupation CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

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: PAGE 11 / 24
(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)
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 Occupation
Sebring CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.5216

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)
Michael L. Gingras

Mailing Address 2225 Campestre Terrace

City State Zip Code
Naples FL 34119

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

Name of Employer Occupation
Health Management Associates VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.30

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.5217

Amount of Each Receipt this Period

333.32

C.

Full Name (Last, First, Middle Initial)
Jackie Harms

Mailing Address 151 Rogers Circle

City State Zip Code
Dunant OK 74701

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

Name of Employer Occupation
Med Ctr of SE Oklahoma CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 458.37

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.5218

Amount of Each Receipt this Period

166.68

SUBTOTAL of Receipts This Page (optional) ▶

620.00

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 12 / 24
	<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) Emily Holliman	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 501 Sundance Trail	Transaction ID: SA11AI.5219
	City State Zip Code Vero Beach FL 32963	Amount of Each Receipt this Period 166.68
	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 ▼ 666.72

B.	Full Name (Last, First, Middle Initial) Kathleen Holloway	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 6792 Compton Lane N	Transaction ID: SA11AI.5220
	City State Zip Code Naples FL 34104	Amount of Each Receipt this Period 333.32
	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

C.	Full Name (Last, First, Middle Initial) Stan Holm	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 12638 Lake Jovita Blvd	Transaction ID: SA11AI.5221
	City State Zip Code Dade City FL 33525	Amount of Each Receipt this Period 83.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer PRMC Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.50

SUBTOTAL of Receipts This Page (optional)	583.40
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 13 / 24
	<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) Todd Hubler	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 859 Alderson Street	Transaction ID: SA11AI.5222
	City State Zip Code Williamson WV 25661	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Williamson Memorial Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Gregory Kerr	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 5811 Pelican Bay Blvd	Transaction ID: SA11AI.5224
	City State Zip Code Naples FL 34108	Amount of Each Receipt this Period 166.68
	FEC ID number of contributing federal political committee. C	
	Name of Employer HMA Occupation Corp. Dir of HIPAA Compliance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35

C.	Full Name (Last, First, Middle Initial) Gary Lang	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address PO Box 266	Transaction ID: SA11AI.5225
	City State Zip Code Monroe GA 30655	Amount of Each Receipt this Period 166.68
	FEC ID number of contributing federal political committee. C	
	Name of Employer Walton Regional Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37

SUBTOTAL of Receipts This Page (optional)	433.36
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 / 24
(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)
Peter Lawson

Mailing Address 5811 Pelican Bay Blvd

City State Zip Code
Naples FL 38104

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

Name of Employer HMA Occupation Exec. VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: SA11AI.5226

Amount of Each Receipt this Period
166.68

B.

Full Name (Last, First, Middle Initial)
James Machado

Mailing Address 1500 Highlands Dr

City State Zip Code
Lititz PA 17543

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

Name of Employer Heart of Lancaster Reg Med Ctr Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: SA11AI.5228

Amount of Each Receipt this Period
166.68

C.

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 ▼
666.72

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: SA11AI.5229

Amount of Each Receipt this Period
166.68

SUBTOTAL of Receipts This Page (optional) ▶ **500.04**

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 / 24
	<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) Joseph Meek	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 5811 Pelican Bay Blvd Suite 500	Transaction ID: SA11AI.5232
	City State Zip Code Naples FL 34108	Amount of Each Receipt this Period 333.32
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Management Associates Occupation VP & Treasurer 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 09 / 30 / 2009
	Mailing Address 15452 Cortona Way	Transaction ID: SA11AI.5233
	City State Zip Code Naples FL 34120	Amount of Each Receipt this Period 333.32
	FEC ID number of contributing federal political committee. C	
	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 ▼ 833.30

C.	Full Name (Last, First, Middle Initial) Karen Metz	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 824 St. Andrews Rd	Transaction ID: SA11AI.5234
	City State Zip Code Statesville NC 28625	Amount of Each Receipt this Period 166.68
	FEC ID number of contributing federal political committee. C	
	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 ▼ 708.39

SUBTOTAL of Receipts This Page (optional)	▶	833.32
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 16 / 24
(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)
Stephen Midkiff

Mailing Address 230 Shores Drive

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Health Management Associates
Occupation Sr. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: SA11AI.5235

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
George Miller

Mailing Address 1913 Eva Drive

City State Zip Code
Lansdale PA 19446

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

Name of Employer Heart of Lancaster
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: SA11AI.5236

Amount of Each Receipt this Period
120.00

C.

Full Name (Last, First, Middle Initial)
Geoffrey Moebius

Mailing Address 2843 Wild Orchid Ct

City State Zip Code
Naples FL 34119

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 ▼
666.72

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: SA11AI.5237

Amount of Each Receipt this Period
166.68

SUBTOTAL of Receipts This Page (optional) ► **686.68**

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 17 / 24
	<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) Jose Morillo	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 4230 Cazes Ave	Transaction ID: SA11AI.5238
	City State Zip Code North Port FL 34287	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LeHigh Regional Med Ctr CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.68	

B.	Full Name (Last, First, Middle Initial) Timothy Parry	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 7127 Sugar Magnolia Court	Transaction ID: SA11AI.5240
	City State Zip Code Naples FL 34109	Amount of Each Receipt this Period 333.32
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Health Management Associates Sr VP and General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	

C.	Full Name (Last, First, Middle Initial) Joe Pinion	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 15100 Bag Pipe Way Unit 101	Transaction ID: SA11AI.5243
	City State Zip Code Ft. Myers FL 33912	Amount of Each Receipt this Period 166.68
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Central Ms Medical Ctr CEO	
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)	576.92
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: (check only one)	PAGE 18 / 24
	<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) Joshua Putter	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 5811 Pelican Bay Blvd.	Transaction ID: SA11AI.5244
	City State Zip Code Naples FL 34108	Amount of Each Receipt this Period 166.68
	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 ▼ 666.72	

B.	Full Name (Last, First, Middle Initial) Britt Reynolds	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 2625 Estrella Ct Unit 1503	Transaction ID: SA11AI.5246
	City State Zip Code Naples FL 34109	Amount of Each Receipt this Period 333.32
	FEC ID number of contributing federal political committee. C	
Name of Employer Health Management Associates	Occupation Division President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	

C.	Full Name (Last, First, Middle Initial) Davis A. Richards, III	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 142 Peninsula Dr	Transaction ID: SA11AI.5247
	City State Zip Code Brandon MS 39047	Amount of Each Receipt this Period 333.32
	FEC ID number of contributing federal political committee. C	
Name of Employer Mississippi Division - HMA	Occupation VP For Physician Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30	

SUBTOTAL of Receipts This Page (optional)	833.32
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 19 / 24
(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)
Larry Smith

Mailing Address 504 Gold Shores Lane

City State Zip Code
Canton GA 30114

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

Name of Employer Occupation
HMA VP, Pharmacy Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.5248

Amount of Each Receipt this Period
166.68

B. Full Name (Last, First, Middle Initial)
Robert D. Stiekes

Mailing Address 1051 Harbour Way Place

City State Zip Code
Punta Gorda FL 33983

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

Name of Employer Occupation
Peace River Regional VP Operations & Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 916.63

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.5249

Amount of Each Receipt this Period
333.32

C. 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 Occupation
Health Management Associates VP Operations/Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.56

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.5250

Amount of Each Receipt this Period
416.64

SUBTOTAL of Receipts This Page (optional) ► **916.64**

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 / 24
(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 Trottier

Mailing Address 110 Mansfield Dr

City State Zip Code
Natchez MS 39120

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

Name of Employer: Natchez Community Hosp. Occupation: CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 30 / 2009

Transaction ID: SA11AI.5256

Amount of Each Receipt this Period: 166.68

B.

Full Name (Last, First, Middle Initial)
Barry Christopher Wald

Mailing Address 1 College Hill

City State Zip Code
Williamson WV 25661

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

Name of Employer: Williamson Memorial Occupation: CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt: 09 / 30 / 2009

Transaction ID: SA11AI.5257

Amount of Each Receipt this Period: 84.00

C.

Full Name (Last, First, Middle Initial)
Jennifer Walker

Mailing Address 9190 Estero River Circle

City State Zip Code
Estero FL 33928

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

Name of Employer: HMA Occupation: Director of Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.40

Date of Receipt: 09 / 30 / 2009

Transaction ID: SA11AI.5258

Amount of Each Receipt this Period: 83.36

SUBTOTAL of Receipts This Page (optional) ► **334.04**

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 / 24

(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)
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

M M / D D / Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.5260

Amount of Each Receipt this Period
166.68

B.

Full Name (Last, First, Middle Initial)
Joseph Webb

Mailing Address PO Box 1867

City State Zip Code
Clarksdale MS 38614

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

Name of Employer Occupation
NMRMC COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.70

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.5261

Amount of Each Receipt this Period
166.68

C.

Full Name (Last, First, Middle Initial)
Nicki Will

Mailing Address 1481 Sugarloaf Blvd

City State Zip Code
Sugarloaf Key FL 33042

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

Name of Employer Occupation
Lower Keys Med Ct CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2009

Transaction ID: SA11AI.5270

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1333.36

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 / 24
(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)
Bryan Clyde Wood

Mailing Address 2265 Autumn Rd

City State Zip Code
Poplar Bluff MO 63901

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

Name of Employer Occupation
Poplar Bluff Regional COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5262

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	10255.48

**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 23 / 24

<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

A.

Full Name (Last, First, Middle Initial)
Wachovia

Transaction ID: SB21B.5193

Date of Disbursement

Mailing Address 5801 Pelican Bay Blvd
#100

MM / DD / YYYY
09 / 10 / 2009

City Naples State FL Zip Code 34108

Amount of Each Disbursement this Period

57.41

Purpose of Disbursement
account analysis charges

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

57.41

TOTAL This Period (last page this line number only)

57.41

**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 24 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)
GREGG HARPER FOR CONGRESS

Transaction ID: SB23.5194

Date of Disbursement

Mailing Address POST OFFICE BOX 54344

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

City State Zip Code
PEARL MS 39288

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
contribution

--

Candidate Name
GREGG HARPER FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MS District: 03

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00
