

**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 / 7
	<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) Kelly E. Curry		Date of Receipt	
	Mailing Address 2325 Mont Claire Drive #202		M M / D D / Y Y Y Y 03 / 22 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4106
	Naples	FL	34109	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		5000.00		
Name of Employer Health Management Associates		Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

B.	Full Name (Last, First, Middle Initial) Brad Jones		Date of Receipt	
	Mailing Address 2811 Grey Moss Pass		M M / D D / Y Y Y Y 03 / 23 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4104
	Duluth	GA	30097	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		3000.00		
Name of Employer Health Management Associates		Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00		

C.	Full Name (Last, First, Middle Initial) Jenna Jordan		Date of Receipt	
	Mailing Address 10270 Cobble Hill Road		M M / D D / Y Y Y Y 03 / 25 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4108
	Bonita Springs	FL	34135	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer Health Management Associates		Occupation Corporate Director Health Info Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	8500.00
TOTAL This Period (last page this line number only)	▶	