

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

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

(Check if address is changed)

NAPLES

CITY ▲

FL

STATE ▲

34108

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

joe.meek@hma.com

Optional Second E-Mail Address
adawson@kraftcpas.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY
04 / 02 / 2014

3. FEC IDENTIFICATION NUMBER ►

C C00442418

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

Joseph Meek

[Electronically Filed]

Date

MM / DD / YYYY
04 / 02 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

COMMUNITY HEALTH SYSTEMS PROFESSIONAL SERVICES CORPORATION POLITICAL ACTION CMTE (CHS PAC)

Mailing Address

4000 MERIDIAN BLVD

FRANKLIN

TN

37067

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Joseph Meek

Mailing Address 5811 Pelican Bay Blvd

Suite 500

Naples

FL

34108

Title or Position

CITY

STATE

ZIP CODE

VP & Treasurer

Telephone number 239 - 598 - 3131

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Joseph Meek

Mailing Address 5811 Pelican Bay Blvd

Suite 500

Naples

FL

34108

Title or Position of Treasurer
VP & Treasurer

CITY

STATE

ZIP CODE

Telephone number 239 - 598 - 3131

Full Name of Designated Agent: Gary Bryant
Mailing Address: 5811 Pelican Bay Blvd, Suite 500, Naples, FL 34108
Title or Position: Corporate Controller
Telephone number: 239-598-3131

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo (formerly Wachovia)

Mailing Address: 5801 Pelican Bay Blvd, #100, Naples, FL 34108

Name of Bank, Depository, etc.

Mailing Address: [Empty fields for address, city, state, zip code]

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Health Management Associates, Inc.

Mailing Address

5811 Pelican Bay Blvd

Suite 500

Naples

FL

34108

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

_____ - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____ - ____ - ____

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C _____