

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 1(a)(1)

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NAME OF COMMITTEE (in Full) Federation of American Health Systems Political Action Committee C00002261

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christy Batts 2205 Golf Club Lane Nashville TN 37215	Quorum Health Group	5/8/95	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P./ General Counsel Aggregate Year-to-Date > \$		
Maurice W. Campbell, Jr. 4243 Lister Ferry Road Rainbow City AL 35906	Quorum Health Group	5/9/95	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P./ Gov't Relations Aggregate Year-to-Date > \$		
James E. Dalton, Jr. 557 Midway Circle Brentwood TN 37027	Quorum Health Group	5/9/95	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & CEO Aggregate Year-to-Date > \$		
Robert A. Yeager 2630 Old Charlotte Pine Franklin TN 37064	Quorum Health Group	5/9/95	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P./ CFO Aggregate Year-to-Date > \$		
Frank Williams 809 Foxboro Court Brentwood TN 37027	Quorum Health Group	5/9/95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)
TOTAL This Period (last page this line number only) 3,000.00