

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		29973.38
(b) Cash on Hand at Beginning of Reporting Period.....	41695.68	
(c) Total Receipts (from Line 19)	1027.26	18074.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	42722.94	48047.52
7. Total Disbursements (from Line 31).....	1085.96	6410.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	41636.98	41636.98
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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC

Report Covering the Period: From: 11 / 01 / 2013 To: 11 / 30 / 2013

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).....	1027.26	12942.25
(ii) Unitemized	0.00	5131.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1027.26	18074.14
(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)	1027.26	18074.14
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 Transfers (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))..... ▶	1027.26	18074.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1027.26	18074.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	85.96	1410.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	85.96	1410.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	3500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	1500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	1085.96	6410.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1085.96	6410.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	1027.26	18074.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1027.26	18074.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	85.96	1410.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	85.96	1410.54

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 OF 13
<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

Full Name (Last, First, Middle Initial) A. Robert Bigley			Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2013 Transaction ID : SA11AI.7969	
Mailing Address 113 Plantation Trail			Amount of Each Receipt this Period 83.34	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 916.74		

Full Name (Last, First, Middle Initial) B. Dwayne Blaylock			Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2013 Transaction ID : SA11AI.7970	
Mailing Address 111 St Andrews Pl			Amount of Each Receipt this Period 83.34	
City Tullahoma	State TN	Zip Code 37388		
FEC ID number of contributing federal political committee. C				
Name of Employer Tullahoma		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 916.74		

Full Name (Last, First, Middle Initial) C. Todd Dixon			Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2013 Transaction ID : SA11AI.7971	
Mailing Address 5811 Pelican Bay Blvd			Amount of Each Receipt this Period 41.66	
City Naples	State FL	Zip Code 34108		
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 ▼ 458.26		

SUBTOTAL of Receipts This Page (optional).....▶	208.34
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 7 OF 13
<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

Full Name (Last, First, Middle Initial)
A. Andrew Emery

Mailing Address 1405 18th St

City Key West State FL Zip Code 33040

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

Name of Employer Key West Occupation Associate Admin.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2013

Transaction ID : SA11AI.7972

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
B. John Erickson

Mailing Address 5811 Pelican Bay Blvd Ste 500

City Naples State FL Zip Code 34108

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

Name of Employer Health Management Associates Occupation Director of Financial Ops & Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2013

Transaction ID : SA11AI.7973

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Michael Garfield

Mailing Address 5811 Pelican Bay Blvd

City Naples State FL Zip Code 34108

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

Name of Employer Health Management Assoc. Occupation healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **458.26**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2013

Transaction ID : SA11AI.7974

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional).....▶	111.66
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 8 OF 13
(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

Full Name (Last, First, Middle Initial)
A. Kathleen Holloway

Mailing Address 6792 Compton Lane N

City Naples State FL Zip Code 34104

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

Name of Employer Health Management Associates Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1833.26

Date of Receipt
 11 / 07 / 2013
Transaction ID : SA11AI.7975

Amount of Each Receipt this Period
 166.66

Full Name (Last, First, Middle Initial)
B. Peter Lawson

Mailing Address 5811 Pelican Bay Blvd

City Naples State FL Zip Code 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 ▼
 916.74

Date of Receipt
 11 / 07 / 2013
Transaction ID : SA11AI.7976

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Meylan Lowe-Watler

Mailing Address 5900 College Road

City Key West State FL Zip Code 33040

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

Name of Employer Lower Keys Medical Center Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 07 / 2013
Transaction ID : SA11AI.7977

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.00

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 9 OF 13
<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

Full Name (Last, First, Middle Initial) A. James Machado		Date of Receipt
Mailing Address 1500 Highlands Dr		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lititz	PA	17543
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7978
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Heart of Lancaster Reg Med Ctr	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.74"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael McNair		Date of Receipt
Mailing Address 100 Hospital Dr		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Louisburg	NC	27549
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7979
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.46"/>
Name of Employer	Occupation	
Franklin Reg Med Ctr	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="423.06"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Karen Metz		Date of Receipt
Mailing Address 824 St. Andrews Rd		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Statesville	NC	28625
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7980
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Davis Regional Med Ctr	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.74"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="205.14"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 10 OF 13
(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. Jose Morillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4230 Cazes Ave
 City North Port State FL Zip Code 34287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LeHigh Regional Med Ctr Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 11 / 07 / 2013
Transaction ID : SA11AI.7981
 Amount of Each Receipt this Period 38.46

B. Patrick Sloan
 Full Name (Last, First, Middle Initial)
 Mailing Address 5811 Pelican Bay Blvd
 City Naples State FL Zip Code 34108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Management Assoc. Occupation healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 07 / 2013
Transaction ID : SA11AI.7982
 Amount of Each Receipt this Period 30.00

C. William Spray
 Full Name (Last, First, Middle Initial)
 Mailing Address 5811 Pelican Bay Blvd
 City Naples State FL Zip Code 34108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Management Assoc. Occupation healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 07 / 2013
Transaction ID : SA11AI.7983
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 108.46
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 OF 13
(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

Full Name (Last, First, Middle Initial)
A. Spencer Thomas

Mailing Address 401 Creekside Cove

City Statesboro State GA Zip Code 30461

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

Name of Employer Statesboro Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **458.26**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2013

Transaction ID : SA11AI.7984

Amount of Each Receipt this Period
41.66

Full Name (Last, First, Middle Initial)
B. Gary Tomcik

Mailing Address 5811 Pelican Bay Blvd

City Naples State FL Zip Code 34108

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

Name of Employer HMA Occupation Director, Customer Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2013

Transaction ID : SA11AI.7985

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
C. Joanna Zimmerman

Mailing Address 361 Alexander Spring Road

City Carlisle State PA Zip Code 17015

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

Name of Employer Carlisle RMC Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2013

Transaction ID : SA11AI.7986

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	123.66
TOTAL This Period (last page this line number only).....▶	1027.26

**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)

<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

Full Name (Last, First, Middle Initial)

A. Wachovia

Mailing Address 5801 Pelican Bay Blvd
#100

City Naples State FL Zip Code 34108

Purpose of Disbursement
client analysis charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 12 / 2013

Transaction ID : SB21B.7987

Amount of Each Disbursement this Period

85.96

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

85.96

85.96

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)

<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

Full Name (Last, First, Middle Initial)

A. JIM TRACY FOR CONGRESS

Mailing Address PO BOX 332490

City MURFREESBORO State TN Zip Code 37133

Purpose of Disbursement
campaign

Candidate Name
JIM TRACY

Office Sought: House
 Senate
 President
State: TN District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2013			

Transaction ID : SB23.7988

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

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

1000.00
