

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

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

FOR LINE NUMBER: PAGE 11 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial) A. Harold L Sigler		Date of Receipt M / D / Y 08 / 17 / 2005
Mailing Address 1307 Cedar Ridge		Transaction ID: 9109798
City	State	Zip Code
Moberly	MO	65270
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Moberly Regional Medical Center	Occupation Hospital CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Wayne T Smith		Date of Receipt M / D / Y 08 / 17 / 2005
Mailing Address 4 Peach Blossom Square		Transaction ID: 9003491
City	State	Zip Code
Nashville	TN	37205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Community Health Systems, Inc	Occupation Chairman, President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Larry Cash		Date of Receipt M / D / Y 08 / 17 / 2005
Mailing Address 1111 Vaughn Crest Drive		Transaction ID: 9003482
City	State	Zip Code
Franklin	TN	37069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Community Health Systems, Inc	Occupation EVP & Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts TN's Page (optional)	1450.00
TOTAL This Period (last page this line number only)	