

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

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

FOR LINE NUMBER: PAGE 10 / 19  
(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

**A.** Full Name (Last, First, Middle Initial)  
Thomas M Buford

Mailing Address 1003 Heathrow Hills Court

City State Zip Code  
Brentwood TN 37027-6838

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

Name of Employer Community Health Systems, Inc  
Occupation VP & Corporate Controller

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 7

**Transaction ID:** 19448256

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Gary J Link

Mailing Address 9425 Chenoweth Place

City State Zip Code  
Brentwood TN 37027-8701

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

Name of Employer Community Health Systems, Inc  
Occupation VP Finance

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 7

**Transaction ID:** 19448288

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Gary D Newsome

Mailing Address 9457 Winston Drive

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Community Health Systems, Inc  
Occupation Senior Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 7

**Transaction ID:** 19448289

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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