

SCHEDULE A ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(1)

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

21. Full Name, Mailing Address and ZIP Code David L. Dunlap 5713 Country Club Terrace Edmond, OK 73003	Name of Employer: Columbia/HCA Oklahoma Market Office	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: President/CEO University Health Partner	7/15/99	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$750.00		

22. Full Name, Mailing Address and ZIP Code Richard M. Bracken 1106 Belle Meade Blvd. Nashville, TN 37206	Name of Employer: Columbia/HCA	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: President, Western Group	7/20/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		

23. Full Name, Mailing Address and ZIP Code Philip R. Patton 6620 Radcliff Drive Nashville, TN 37221	Name of Employer: Columbia/HCA	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: Senior Vice President Human Resources	7/20/99	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		

24. Full Name, Mailing Address and ZIP Code Michael D. Snow 44 Canage Pine Court The Woodlands, TX 77381	Name of Employer: Columbia/HCA Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: President, Gulf Coast Division	7/23/99	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		

25. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >		

26. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >		

27. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >		

SUBTOTAL of Receipts This Page (optional)..... \$4,750.00

TOTAL This Period (last page this line number only)..... \$25,650.00