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2. FEC IDENTIFICATION NUMB	ER V CITY		S	TATE 🔺	ZIP CODE
C C00421420	3. IS T REF	- v	NEW (N) <b>OR</b>	AMENDED (A)	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	b) Monthly Report Due On: Mar 20		May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
April 15	Apr 20	(M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day	Primary (12F	<sup>2</sup> )	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	PRE-Election Report for the:	Convention (	(12C)	Special (12S)	
January 31	Election of	M M /	D D / Y	(	in the State of
Year-End Report (YE)         July 31 Mid-Year         Report (Non-election	(d) 30-Day POST-Election	_		Runoff (30R)	
Year Only) (MY) Termination Report	Report for the:	General (300	a)	Runoli (30R)	Special (30S)
(TER)	Election of	on /		Y Y Y Y	in the State of
5. Covering Period 07	01 / Y Y Y Y 01 2018	through	M M 09		)18
I certify that I have examined this Re N Type or Print Name of Treasurer	eport and to the best of my linar, Chris, , ,	y knowledge and	belief it is true	e, correct and comple	ete.
Signature of Treasurer	ris, , ,	[Electronicall	y Filed] Da		5 / Y Y Y Y 2018
NOTE: Submission of false, erroneous,	, or incomplete information n	nay subject the per	son signing this	s Report to the penalt	ies of 52 U.S.C. § 3010
Office Use Only					C FORM 3X Rev. 05/2016

10/15/2018 09 : 06

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#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

## CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

R	Report Covering the Period: From: 07	M / D D / Y Y Y Y 01 2018 To:	M         M         /         D         D         /         Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		37879.58
	(b) Cash on Hand at Beginning of Reporting Period	42323.98	
	(c) Total Receipts (from Line 19)	2352.01	10227.66
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	44675.99	48107.24
7.	Total Disbursements (from Line 31)	11630.00	15061.25
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33045.99	33045.99
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

## CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

R	eport Covering the Period: From: 07	/ D D / Y Y Y Y 01 / 2018 To:	09 / D D / Y Y Y Y 2018
	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)	2352.01	8004.21
	(ii) Unitemized	0.00	2223.45
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	2352.01	10227.66
	(b) Political Party Committees	0.00	0.00
	<ul> <li>(c) Other Political Committees         <ul> <li>(such as PACs)</li></ul></li></ul>	0.00	0.00
10	<ul> <li>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)</li> <li>▶ Transfers From Affiliated/Other</li> </ul>	2352.01	10227.66
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))▶	2352.01	10227.66
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	2352.01	10227.66

-7

Page 3

-7

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 831.25 Expenditures ..... (c) Total Operating Expenditures 831.25 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 14130.00 and Other Political Committees... 11630.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 0.00 29. Other Disbursements (Including Non-Federal Donations)..... 100.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(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 Total Federal Election Activity (add (C) 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)).. 11630.00 15061.25 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 11630.00 15061.25

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## DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	2352.01	10227.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2352.01	10227.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	831.25
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	831.25

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

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

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$\setminus$	NAME OF COMMITTEE (In Full)							_							
	CAPELLA HEALTHCARE, INC.	GOVER	<u>'</u> NN	MENT AFFAIRS CO	MM		TE	Ξ							
Α.	Full Name of Individual (Last, First, Middle Initi Bailey, Scott, , ,	al) or Full C	)rga	nization Name		D	)ate o	f Re	eceipt						
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	Primary General Other (specify) ▼			461.40											
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в.	Full Name of Individual (Last, First, Middle Initi Bailey, Scott, , ,	al) or Full C	)rga	nization Name		C	)ate o	f Re	eceipt						
	Mailing Address 501 Corporate Centre Drive					ľ	м м 09	/	D	D 30	/ Y		)18	Y	
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	FEC ID number of contributing federal political committee.	С	_			Į	_		-y			_	92.	28	
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<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Bell, Brian, , ,	al) or Full C	)rga	nization Name	+	D	ate o	f Re	eceipt						
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page			a		11b	11c	12	<b>—</b>
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.										
Α.	Full Name of Individual (Last, First, Middle Initia Bell, Brian, , , Mailing Address 501 Corporate Centre Drive	al) or Full C	Organization Name		Date	of	Re	ceipt	D / Y	YYY	Y
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## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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Α.	Full Name of Individual (Last, First, Middle Initial) Craig, Beverly, , , Mailing Address 501 Corporate Centre Drive Suite 200		Irga			Date 07	М	Rece	eipt D D D 31	/ Y	y 201	Y 18	Ŷ
	City Franklin	State TN		Zip Code 37067						SA11AI			
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В.	Full Name of Individual (Last, First, Middle Initial) Craig, Beverly, , ,	) or Full O	rga	nization Name		Date	of F	Rece	eipt				
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C.	Full Name of Individual (Last, First, Middle Initial) Crumpton, Patricia, , ,	) or Full O	rga	nization Name		Date	of F	Rece	əipt				
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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A.	Full Name of Individual (Last, First, Middle Initial Crumpton, Patricia, , , Mailing Address 501 Corporate Centre Drive	) or Full O	Irgan	nization Name			ate of	Re		pt		Y Y	Ý	Y	
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B.	Full Name of Individual (Last, First, Middle Initial Davidson, Jim, , ,	) or Full O	rgan	nization Name		Da	ate of	Re	ceip	pt					_
	Mailing Address 501 Corporate Centre Drive Suite 200						07	/	D	31	1		)18	Y	
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C.	Full Name of Individual (Last, First, Middle Initial Davidson, Jim, , ,	) or Full O	rgan	nization Name		Da	ate of	Re	ceip	pt					
	Mailing Address 501 Corporate Centre Drive Suite 200					L	09 <sup>M</sup>	/	L	30	J L	20	)18 <sup>°</sup>	Y	
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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$\square$	CAPELLA HEALTHCARE, INC.				MIN	IIIE	E						
Α.	Full Name of Individual (Last, First, Middle Initia Goehring, Cynthia, , ,	al) or Full O	Drgar	nization Name		Date o	of Re	ecei	pt				
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В.	Full Name of Individual (Last, First, Middle Initia Hitchcock, Brian, , ,	al) or Full O	Drgar	nization Name		Date of	of Re	ecei	pt				
	Mailing Address 501 Corporate Centre Drive Suite 200					07	/		31	/ Y		)18	Y
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

# Use separate schedule(s) for each category of the

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PAGE 11 OF

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Α.	Full Name of Individual (Last, First, Middle Initial Mabry, Jerry, , , Mailing Address 501 Corporate Centre Drive	) or Full O	rgar	nization Name		Date 07	М	Red	D	ot 31	/ Y		)18	Ŷ
	Suite 200 City Franklin	State TN		Zip Code 37067		Tra	nsa		on I	D : 8	SA11AI	.794	4	
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B.	Full Name of Individual (Last, First, Middle Initial Mabry, Jerry, , ,	) or Full O	rgar	nization Name		Date	of I	Red	ceip	ot				
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C.	Full Name of Individual (Last, First, Middle Initial McDaniel, Donald, , ,	) or Full O	rgar	nization Name		Date	of I	Red	ceip	ot				
	Mailing Address 501 Corporate Centre Drive Suite 200			7: 0 1		<sup>™</sup> 07	·	/	L	31	/ Y	20	)18	Y
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## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

# Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 12 OF

				or each category of the Detailed Summary Page	X	11a		11b	11c		12	
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Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the r	tements ma	ay n addre	ot be sold or used by any poess of any political committee	erson f e to so	or the licit co	pur ntrib	pose of outions	f soliciting from such	ו con ר cor	tributi nmitte	ions ee.
	IAME OF COMMITTEE (In Full)											
	CAPELLA HEALTHCARE, INC.	GOVER	NN	IENT AFFAIRS CO	MMI	TTE	Ε					
	ull Name of Individual (Last, First, Middle Initia McDaniel, Donald, , ,	l) or Full O	Organ	nization Name		Date o	f Re	eceipt				
_	Mailing Address         501 Corporate Centre Drive           Suite 200         Suite 200					<sup>M</sup> 09		D 30		20	100	Y
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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or for commercial purposes, other than usir	ng the name and a	address of any political committe	e to s	olicit co	ntrik	outions	from suc	h commit	ttee.
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the 

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (In Full)         CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Shugart, Susan, , , Mailing Address 501 Corporate Centre Drive         City         Franklin         FEC ID number of contributing         Ideal Healthcare         Receipt For:         Primary         Gity         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. Thomas, Jayne, , ,         Mailing Address 501 Corporate Centre Drive         City         Franklin         Tespecipt         Marting Address 501 Corporate Centre Drive         Occupation (for Individual)         Capella Healthcare         Receipt For:         Primary       General         Other (specify)         Mailing Address 501 Corporate Centre Drive         City       State         Zip Code         Transaction ID: SAt1AL7932         Anount of Each Receipt this Period         Fec ID number of contributing         City	11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		Γ	<b>X</b> 11a		11b	11c	12										
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (n the in) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Shugart, Susan, , . Mailing Address 501 Corporate Centre Drive City Franklin Receipt for: Commercial Healthcare Receipt (for Individual) Capetal Healthcare B. Thomas, Jayne, , . Mailing Address 501 Corporate Centre Drive City Franklin Receipt for: Commercial Healthcare Receipt for: Commercial Commercial Receipt His Period Commercial Healthcare Receipt for: Commercial Committee Receipt For: Commercial Healthcare Receipt For: Commercial Health	_			dge			13		14	15	16	17									
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         A. Shugart, Susan,       Mailing Address 501 Corporate Centre Drive       0       30       2018         City       Franklin       Th       37067       Transaction ID SA11AL7331         FEC ID number of contributing federal political committee.       0       97.28       97.28         Mailing Address 501 Corporate Centre Drive       0       97.20       97.28         Mailing Address 501 Corporate Centre Drive       0       97.309       97.28         Built Name of Individual (Last, First, Middle Initial) or Full Organization Name       0       97.28       97.28         Built Name of Individual (Last, First, Middle Initial) or Full Organization Name       0       0       97.28       97.28         Built Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       0       97.20         Built Name of Employer (for Individual) healthcare worker       Receipt Tor:       0       97.20       20.08       1       20.08         Receipt For:       C       C       C       0       97.20       20.08       1       20.08         Name of Employer (for Individual) healthcare worker       Receipt Instructure       0       30       20.18       1	$\setminus$																				
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Primary       General         Other (specify)       Q30,80         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Thomas, Jayne, , ,       Mailing Address 501 Corporate Centre Drive       Date of Receipt         City       State       Zip Code         Franklin       TN       37064         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual) healthcare worker         Receipt For:       Primary       General         Other (specify)       Aggregate Year-to-Date ▼       Memo Item         SUBTOTAL of Receipts This Page (optional)				1 ( )			Merr	no Item													
Other (specify) ▼       230.80         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Thomas, Jayne, , ,       Date of Receipt         Mailing Address 501 Corporate Centre Drive       09         City       State       Zip Code         Franklin       TN       37064         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Capella Healthcare       Aggregate Year-to-Date ▼         Primary       General       276.96         SUBTOTAL of Receipts This Page (optional)		Receipt For:	Aggregate	Year-to-Date ▼																	
C. Thomas, Jayne, , ,       Mailing Address 501 Corporate Centre Drive       Date of Receipt         City       State       Zip Code         Franklin       TN       37064         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Capella Healthcare       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Qre.96				, 230.80																	
Mailing Address 501 Corporate Centre Drive       09       30       2018         City       State       Zip Code       Transaction ID : SA11AL.7933         Franklin       TN       37064       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       46.16         Name of Employer (for Individual)       Occupation (for Individual)       46.16         Capella Healthcare       Aggregate Year-to-Date       Memo Item         Primary       General       276.96       166.52         SUBTOTAL of Receipts This Page (optional)       166.52       166.52			al) or Full C	rganization Name			Date	of B	leceipt												
Franklin TN 37064     FEC ID number of contributing federal political committee.     Name of Employer (for Individual)   Capella Healthcare   Receipt For:   Primary   Other (specify)     SUBTOTAL of Receipts This Page (optional)     TN     37064        Amount of Each Receipt this Period     46.16     46.16     Memo Item     166.52	•		• • • • • •								M M / D D / Y Y Y Y Y										
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federal political committee.       46.16         Name of Employer (for Individual)       Occupation (for Individual)         Capella Healthcare       healthcare worker         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       276.96         SUBTOTAL of Receipts This Page (optional)		Franklin	TN	37064		_	Amou	nt o	f Each	Receipt t	his Period	l									
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Other (specify)       276.96         SUBTOTAL of Receipts This Page (optional)			Aggregate	Year-to-Date 🔻																	
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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				Detailed Summary Page	×	11 13	a		] 11   14	- F		11c 15	$\square$	12 16	17	7			
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. (	GOVER	NN	IENT AFFAIRS CO	MMI	ΤT	EE	-											
Α.	Full Name of Individual (Last, First, Middle Initial Van Es, Wendell, , , Mailing Address 501 Corporate Centre Drive Suite 201	rgar		Date of Receipt															
	City Franklin	State TN		Zip Code 37067								11AI.7 eipt thi							
	FEC ID number of contributing federal political committee.	С							,					42.9	2				
	Name of Employer (for Individual) Capella Healthcare			ion (for Individual) CFO			Me	emo	o Ite	em									
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B.	Full Name of Individual (Last, First, Middle Initial Van Es, Wendell, , ,	) or Full O	rgar	nization Name		Date	e of	Re	ecei	ipt									
	Mailing Address 501 Corporate Centre Drive Suite 201	1-				M C	<sup>™</sup>	/		30	/	/ Y	ү 20	ү 18	Y				
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 515.04															
C.	Full Name of Individual (Last, First, Middle Initial Yuill, Lee, , ,	) or Full O	rgar	ization Name		Date	e of	Re	ecei	ipt									
	Mailing Address 501 Corporate Centre Drive Suite 200					C	<b>7</b> <sup>™</sup>	1	L	D D D		/ Y	20	18 <sup>°</sup>	Y				
	City Franklin	State TN		Zip Code 37067								11AI.7							
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 16 OF

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	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. (								- ••							
Α.	Full Name of Individual (Last, First, Middle Initial Yuill, Lee, , , Mailing Address 501 Corporate Centre Drive Suite 200	l) or Full O	Drgar	nization Name	Date of Receipt											
	City Franklin	State TN		Zip Code 37067	Transaction ID : SA11AI.7935 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			92.32 Memo Item											
	Name of Employer (for Individual) Capella Healthcare Receipt For:	VP	of In	ion (for Individual) ternal Audit		IV	iem	o item	1							
	Primary General Other (specify) ▼	r-to-Date ▼ 553.92														
B.	Full Name of Individual (Last, First, Middle Initial	l) or Full O	Orgar	nization Name		Date o	f Re	eceipt								
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	City	State		Zip Code	Amount of Each Receipt this Period									_		
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 17 OF 17									
ITEMIZED DISBURSEMENTS	Use sep for each	(check only	nly one)										
		Summary Page	21b 28a	22     ★     23     26     27       28b     28c     29     30b									
Any information copied from such Reports and State or for commercial purposes, other than using the na			d by any perso	n for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)													
$\rangle$ CAPELLA HEALTHCARE, INC. $\Theta$	GOVERN	MENT AFFA	IRS COM	MITTEE									
Full Name (Last, First, Middle Initial) A. FEDERATION OF AMERICAN H	OSPITAL	_S PAC		Date of Disbursement									
Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245				09 21 2018									
City WASHINGTON	State DC	Zip Code 20004		FEC Identification Number									
Purpose of Disbursement		20004		C C00002261									
Candidate Name				Transaction ID : SB23.7916									
Candidate Name			Category/ Type	Amount of Each Disbursement this Period									
Office Sought: House Disburs	ement For: Primary Other (spe	General		5000.00									
State: District:		,ony) ▼		Memo Item									
Full Name (Last, First, Middle Initial) B. HEALTHCARE FREEDOM FUNE Mailing Address PO BOX 2485		Date of Disbursement											
	Otata	Zin Onde											
City SPRINGFIELD	State VA	Zip Code 22152		FEC Identification Number									
Purpose of Disbursement	•			C C00528414									
Candidate Name	Candidate Name												
Senate	ement For: Primary	General		2500.00									
State: District:	Other (spe	eCity)		Memo Item									
Full Name (Last, First, Middle Initial) C. Washington Hospital PAC				Date of Disbursement									
Mailing Address 300 Elliott Avenue West Suite 300		09 / D D / Y Y Y Y 21 2018											
City Seattle	State WA	Zip Code 98119		FEC Identification Number									
Purpose of Disbursement Candidate Name			Category/	Transaction ID : SB23.7915 Amount of Each Disbursement this Period									
Office Sought	omost Fam		Туре	4130.00									
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General											
State: District:				Memo Item									
SUBTOTAL of Disbursements This Page (optional)			····· ►	11630.00									
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