

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

ADDRESS (number and street) 103 CONTINENTAL PLACE SUITE 200 BRENTWOOD TN 37027 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00421420 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2018 through 09 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Minar, Chris, , ,

Type or Print Name of Treasurer Signature of Treasurer Minar, Chris, , , [Electronically Filed] Date 10 / 15 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

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="2018"/>		37879.58
(b) Cash on Hand at Beginning of Reporting Period.....	42323.98	
(c) Total Receipts (from Line 19)	2352.01	10227.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	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 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

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

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

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
(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)	2352.01	10227.66
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)).....▶	2352.01	10227.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2352.01	10227.66

DETAILED SUMMARY PAGE
of Disbursements

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	0.00	831.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	831.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11630.00	14130.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	100.00
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
(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)) ..	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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	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 each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Bailey, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.40

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.7936
 Amount of Each Receipt this Period 46.14
 Memo Item

B. Bailey, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 553.68

Date of Receipt **09 / 30 / 2018**
Transaction ID : SA11AI.7937
 Amount of Each Receipt this Period 92.28
 Memo Item

C. Bell, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 276.80

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.7940
 Amount of Each Receipt this Period 27.68
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	166.10
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 17
<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Bell, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

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

Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) Hospital COO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
332.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2018

Transaction ID : SA11AI.7941

Amount of Each Receipt this Period
55.36

Memo Item

B. Bhatia, Vishal, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive
Ste 200

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

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

Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) CMO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2018

Transaction ID : SA11AI.7919

Amount of Each Receipt this Period
92.30

Memo Item

C. Bhatia, Vishal, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive
Ste 200

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

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

Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) CMO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1107.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2018

Transaction ID : SA11AI.7920

Amount of Each Receipt this Period
184.60

Memo Item

SUBTOTAL of Receipts This Page (optional).....	332.26
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 8 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Craig, Beverly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) VP & Quality Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2018
Transaction ID : SA11AI.7921
 Amount of Each Receipt this Period
 46.14
 Memo Item

B. Craig, Beverly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) VP & Quality Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 553.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : SA11AI.7922
 Amount of Each Receipt this Period
 92.28
 Memo Item

C. Crumpton, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital CNO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2018
Transaction ID : SA11AI.7942
 Amount of Each Receipt this Period
 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	161.50
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 17
<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Crumpton, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018

Transaction ID : SA11AI.7943

Amount of Each Receipt this Period
46.16

Memo Item

B. Davidson, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
565.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2018

Transaction ID : SA11AI.7938

Amount of Each Receipt this Period
56.52

Memo Item

C. Davidson, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital COO

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
678.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018

Transaction ID : SA11AI.7939

Amount of Each Receipt this Period
113.04

Memo Item

SUBTOTAL of Receipts This Page (optional).....	215.72
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 10 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Goehring, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Dr
 Ste 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Occupation (for Individual) Healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 219.07

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.7923
 Amount of Each Receipt this Period 11.53
 Memo Item

B. Hitchcock, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) VP & Materials Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 646.20

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.7924
 Amount of Each Receipt this Period 64.62
 Memo Item

C. Hitchcock, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) VP & Materials Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 775.44

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.7925
 Amount of Each Receipt this Period 129.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	205.39
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 11 OF 17
<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Mabry, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.00

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.7944
 Amount of Each Receipt this Period 92.30
 Memo Item

B. Mabry, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1107.60

Date of Receipt **09 / 30 / 2018**
Transaction ID : SA11AI.7945
 Amount of Each Receipt this Period 184.60
 Memo Item

C. McDaniel, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mineral Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 415.40

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.7917
 Amount of Each Receipt this Period 41.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	318.44
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 12 OF 17
<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. McDaniel, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mineral Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 501.48

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.7918
 Amount of Each Receipt this Period 86.08
 Memo Item

B. Motes, Jane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.40

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.7926
 Amount of Each Receipt this Period 46.14
 Memo Item

C. Motes, Jane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) healthcare
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 553.68

Date of Receipt 09 / 30 / 2018
Transaction ID : SA11AI.7927
 Amount of Each Receipt this Period 92.28
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	224.50
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 13 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Mulder, Angie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Dr, Ste 200

City Franklin	State TN	Zip Code 37067
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
746.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : SA11AI.7928

Amount of Each Receipt this Period
81.90

Memo Item

B. Mulder, Angie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Dr, Ste 200

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

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

Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
910.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

Transaction ID : SA11AI.7929

Amount of Each Receipt this Period
163.80

Memo Item

C. Shugart, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

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

Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : SA11AI.7930

Amount of Each Receipt this Period
48.64

Memo Item

SUBTOTAL of Receipts This Page (optional).....	294.34
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 14 OF 17
<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Shugart, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

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

Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
573.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2018

Transaction ID : SA11AI.7931

Amount of Each Receipt this Period
97.28

Memo Item

B. Thomas, Jayne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive

City Franklin	State TN	Zip Code 37064
------------------	-------------	-------------------

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

Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare worker
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2018

Transaction ID : SA11AI.7932

Amount of Each Receipt this Period
23.08

Memo Item

C. Thomas, Jayne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive

City Franklin	State TN	Zip Code 37064
------------------	-------------	-------------------

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

Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare worker
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
276.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2018

Transaction ID : SA11AI.7933

Amount of Each Receipt this Period
46.16

Memo Item

SUBTOTAL of Receipts This Page (optional).....	166.52
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 15 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Van Es, Wendell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 201
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.20

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.7946
 Amount of Each Receipt this Period 42.92
 Memo Item

B. Van Es, Wendell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 201
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.04

Date of Receipt **09 / 30 / 2018**
Transaction ID : SA11AI.7947
 Amount of Each Receipt this Period 85.84
 Memo Item

C. Yuill, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) VP of Internal Audit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 461.60

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.7934
 Amount of Each Receipt this Period 46.16
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	174.92
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 16 OF 17
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yuill, Lee, , ,

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) VP of Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
553.92

Date of Receipt
MM / DD / YYYY
09 / 30 / 2018

Transaction ID : SA11AI.7935

Amount of Each Receipt this Period
92.32

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.32
TOTAL This Period (last page this line number only).....	2352.01

**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"/> 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)

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

A. FEDERATION OF AMERICAN HOSPITALS PAC

Mailing Address 801 PENNSYLVANIA AVENUE
SUITE 245

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2018

FEC Identification Number

C C00002261

Transaction ID : SB23.7916

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HEALTHCARE FREEDOM FUND

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00528414

Transaction ID : SB23.7914

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Washington Hospital PAC

Mailing Address 300 Elliott Avenue West
Suite 300

City Seattle State WA Zip Code 98119

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2018

FEC Identification Number

C

Transaction ID : SB23.7915

Amount of Each Disbursement this Period

4130.00

Memo Item

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

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

11630.00

11630.00