

**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"/>		<input type="text" value="37879.58"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="37879.58"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5067.88"/>	<input type="text" value="5067.88"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="42947.46"/>	<input type="text" value="42947.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="712.50"/>	<input type="text" value="712.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42234.96"/>	<input type="text" value="42234.96"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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)

Page 3

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2018 To: M M / D D / Y Y Y Y 03 / 31 / 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).....	3010.55	3010.55
(ii) Unitemized	2057.33	2057.33
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	5067.88	5067.88
(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)	5067.88	5067.88
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)).....▶	5067.88	5067.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5067.88	5067.88

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	612.50	612.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	612.50	612.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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).....	100.00	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)) ..	712.50	712.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	712.50	712.50

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)	5067.88	5067.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5067.88	5067.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	612.50	612.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	612.50	612.50

**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 15
<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 ▼ 207.63

Date of Receipt **02 / 28 / 2018**
Transaction ID : SA11AI.7840
 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 ▼ 253.77

Date of Receipt **03 / 31 / 2018**
Transaction ID : SA11AI.7841
 Amount of Each Receipt this Period 46.14
 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 ▼ 323.05

Date of Receipt **01 / 31 / 2018**
Transaction ID : SA11AI.7810
 Amount of Each Receipt this Period 323.05
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	415.33
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 15
<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. 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 ▼ 415.35

Date of Receipt **02 / 28 / 2018**
Transaction ID : SA11AI.7811
 Amount of Each Receipt this Period 92.30
 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 ▼ 507.65

Date of Receipt **03 / 31 / 2018**
Transaction ID : SA11AI.7812
 Amount of Each Receipt this Period 92.30
 Memo Item

C. 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 ▼ 207.63

Date of Receipt **02 / 28 / 2018**
Transaction ID : SA11AI.7814
 Amount of Each Receipt this Period 46.14
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.74
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 15
	<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 ▼ 253.77

Date of Receipt **03 / 31 / 2018**
Transaction ID : SA11AI.7815
 Amount of Each Receipt this Period 46.14
 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 ▼ 254.34

Date of Receipt **02 / 28 / 2018**
Transaction ID : SA11AI.7843
 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 ▼ 310.86

Date of Receipt **03 / 31 / 2018**
Transaction ID : SA11AI.7844
 Amount of Each Receipt this Period 56.52
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	159.18
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 15
<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. 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 ▼ 226.17

Date of Receipt **01 / 31 / 2018**
Transaction ID : SA11AI.7819
 Amount of Each Receipt this Period 226.17
 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 ▼ 290.79

Date of Receipt **02 / 28 / 2018**
Transaction ID : SA11AI.7820
 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 ▼ 355.41

Date of Receipt **03 / 31 / 2018**
Transaction ID : SA11AI.7821
 Amount of Each Receipt this Period 64.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	355.41
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 15
	<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 ▼ 323.05

Date of Receipt **01 / 31 / 2018**
Transaction ID : SA11AI.7851
 Amount of Each Receipt this Period 323.05
 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 ▼ 415.35

Date of Receipt **02 / 28 / 2018**
Transaction ID : SA11AI.7852
 Amount of Each Receipt this Period 92.30
 Memo Item

C. 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 ▼ 507.65

Date of Receipt **03 / 31 / 2018**
Transaction ID : SA11AI.7853
 Amount of Each Receipt this Period 92.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	507.65
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 15
<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 ▼ 228.47

Date of Receipt 03 / 31 / 2018
Transaction ID : SA11AI.7809
 Amount of Each Receipt this Period 41.54
 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 ▼ 207.63

Date of Receipt 02 / 28 / 2018
Transaction ID : SA11AI.7823
 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 ▼ 253.77

Date of Receipt 03 / 31 / 2018
Transaction ID : SA11AI.7824
 Amount of Each Receipt this Period 46.14
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	133.82
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 15
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mulder, Angie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2018 Transaction ID : SA11AI.7825
Mailing Address 501 Corporate Centre Dr, Ste 200			Amount of Each Receipt this Period 229.71
City Franklin	State TN	Zip Code 37067	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 229.71	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mulder, Angie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 28 / 2018 Transaction ID : SA11AI.7826
Mailing Address 501 Corporate Centre Dr, Ste 200			Amount of Each Receipt this Period 66.65
City Franklin	State TN	Zip Code 37067	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 296.36	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mulder, Angie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2018 Transaction ID : SA11AI.7827
Mailing Address 501 Corporate Centre Dr, Ste 200			Amount of Each Receipt this Period 81.90
City Franklin	State TN	Zip Code 37067	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 378.26	

SUBTOTAL of Receipts This Page (optional).....	378.26
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 13 OF 15
<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 ▼
209.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2018

Transaction ID : SA11AI.7830

Amount of Each Receipt this Period
47.00

Memo Item

B. 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 ▼
256.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

Transaction ID : SA11AI.7831

Amount of Each Receipt this Period
47.92

Memo Item

C. 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 ▼
236.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2018

Transaction ID : SA11AI.7857

Amount of Each Receipt this Period
42.92

Memo Item

SUBTOTAL of Receipts This Page (optional).....	137.84
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 15
<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. Warren, Edward, , ,
 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) National Park Occupation (for Individual) Hospital CNO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 31 / 2018
Transaction ID : SA11AI.7859
 Amount of Each Receipt this Period 600.00
 Memo Item

B. 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 ▼ 207.72

Date of Receipt 02 / 28 / 2018
Transaction ID : SA11AI.7837
 Amount of Each Receipt this Period 46.16
 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 ▼ 253.88

Date of Receipt 03 / 31 / 2018
Transaction ID : SA11AI.7838
 Amount of Each Receipt this Period 46.16
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	692.32
TOTAL This Period (last page this line number only).....	3010.55

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

A. KraftCPAs PLLC

Full Name (Last, First, Middle Initial)

Mailing Address 555 Great Circle Road
Suite 200

City Nashville State TN Zip Code 37228

Purpose of Disbursement professional services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY 03 / 02 / 2018

FEC Identification Number C

Transaction ID : SB21B.7806

Amount of Each Disbursement this Period 612.50

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	612.50
TOTAL This Period (last page this line number only).....▶	612.50