FEC FORM 3X	AN	ID DISBU	RECEIP	TS	Off	ice Use Only
1. NAME OF COMMITTEE (in full		E OR PRINT ▼	Example: If over the line		12FE4M5	
	THCARE,	, INC. GOVERI				
ADDRESS (number and st	reet)					
Check if differer than previously reported. (ACC)	BE					37027
2. FEC IDENTIFICATI	ION NUMBE	R ▼	CITY 🔺	S	STATE 🔺	ZIP CODE
C C00421420		3.	IS THIS REPORT	NEW (N) OR	AMENI (A)	DED
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports	(~	Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (Sep 20 (Oct 20 (I	M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re	eport (Q2)	(C) 12-Day PRE-Election Report for the			General (12G Special (12S)	
January 31 Year-End Re July 31 Mid	• • •	(d) 30-Day	ection on			State of
Report (Nor Year Only)	(MY)	POST-Election Report for the		(30G)	Runoff (30R)	Special (30S)
Termination (TER)	Report	Ele	ection on	/ D D /	Y Y Y Y Y	in the State of
5. Covering Period	M M / 01	01 / Y Y 01 201	8 throu	jh 03	/ D D / Y 31	2018
I certify that I have exam Type or Print Name of Tr	Mi	port and to the best inar, Chris, , ,	t of my knowledge a	nd belief it is tru	e, correct and co	mplete.
Signature of Treasurer	Minar, Chri	is, , ,	[Electron.	cally Filed]	ate 04 /	12 / Y Y Y Y 12 2018
	e, erroneous,	or incomplete informa	ation may subject the	person signing th	is Report to the po	enalties of 52 U.S.C. § 30109
Office Use Only					F	Rev. 05/2016

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x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

R	eport Covering the Period: From: 01								
		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	37879.58							
	(c) Total Receipts (from Line 19)	5067.88	5067.88						
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	42947.46	42947.46						
7.	Total Disbursements (from Line 31)	712.50	712.50						
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42234.96	42234.96						
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

R	eport Covering the Period: From:	1 / 01 / 2018 To	b: 03 / D D / Y Y Y Y 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) (d) Total Contributions (add Lines 	0.00	0.00						
10	 (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶ Transfers From Affiliated/Other 	5067.88	5067.88						
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))▶	5067.88	5067.88						
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	5067.88	5067.88						

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4				
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
	perating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Tear-IO-Dale				
	(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						
Tr	(add 21(a)(i), (a)(ii), and (b))► ansfers to Affiliated/Other Party	612.50	612.50				
Сс	ommitteesontributions to	0.00	0.00				
Fe	deral Candidates/Committees	0.00	0.00				
	dependent Expenditures se Schedule E)	0.00	0.00				
Ċd	pordinated Party Expenditures 2 U.S.C. § 30116(d))						
	se Schedule F)	0.00	0.00				
Lo	an Repayments Made	0.00	0.00				
	ans Made	0.00	0.00				
	efunds of Contributions To: Individuals/Persons Other Than Political Committees						
	Than Political Committees	0.00	0.00				
(b) (c)		0.00	0.00				
(0)	(such as PACs)	0.00	0.0				
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))						
		0.00	0.00				
	her Disbursements (Including on-Federal Donations)	100.00	100.00				
		100.00					
Fe (a	ederal Election Activity (52 U.S.C. § 30101() Allocated Federal Election Activity	20))					
•	(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				
	tal Disbursements (add Lines 21(c), 22,						
23	8, 24, 25, 26, 27, 28(d), 29 and 30(c))	712.50	712.50				
	tal Federal Disbursements						
	ubtract Line 21(a)(ii) and Line 30(a)(ii) om Line 31)	712.50	740 50				
	·	112.00	712.50				

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form	3X	(Rev.	05/2016)
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III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

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		-7		1	-7	
						0.00
		-7		t.	-1	
1.						5067.88
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012.00		7		-7		
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0.00		-7-		-7	 	. 1
612.50						
						- 1

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

15

••			Detailed Summary Page		✗ 11a 11b 11c 12 13 14 15 16 1										
	ny information copied from such Reports and SI for commercial purposes, other than using the				n for	the		pose c				ntribut	ions	17	
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.												<u></u>		
Α.	Full Name of Individual (Last, First, Middle Init Bailey, Scott, , , Mailing Address 501 Corporate Centre Drive	al) or Full C	Organization Name		Date of Receipt										
	City Franklin	State TN	Zip Code 37067		O2 20 2010 Transaction ID : SA11AI.7840 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			46.14										
	Name of Employer (for Individual) Capella Healthcare Receipt For:	Hos	supation (for Individual) spital COO			М	emo	ttem							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 207.63												
В.	Full Name of Individual (Last, First, Middle Init Bailey, Scott, , , Mailing Address 501 Corporate Centre Drive	al) or Full C	Organization Name		Date of Receipt 03 / 31 / 2018 Transaction ID : SA11AI.7841 Amount of Each Receipt this Period										
	City Franklin	State TN	Zip Code 37067	_											
	FEC ID number of contributing federal political committee.	С			46.14										
	Name of Employer (for Individual) Capella Healthcare		cupation (for Individual) spital COO		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 253.77												
с.	Full Name of Individual (Last, First, Middle Init Bhatia, Vishal, , ,	al) or Full C	Organization Name		Da	te of	Re	eceipt							
	Mailing Address 501 Corporate Centre Drive Ste 200	State	Zip Code		01 / 2018 Transaction ID : SA11AI.7810										
	Franklin	TN	37067							eipt thi					
	FEC ID number of contributing federal political committee.	С			Ę			y .	_	9	_	323.0	15		
	Name of Employer (for Individual) Capella Healthcare Receipt For:	CM			Memo Item										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 323.05	1											
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	EMIZED RECEIPTS			or each category of the Detailed Summary Page		X	11a 13] 11 14	-	110	;	12	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n						or the		pos	se of	solicit		ontribu	tions
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. (MENT AFFAIRS COI	ΜМ	117	TEE	Ξ								
Α.	Full Name of Individual (Last, First, Middle Initia Bhatia, Vishal, , ,	l) or Full O)rga	nization Name		D	ate of	Re	ecei	pt				
	Mailing Address 501 Corporate Centre Drive Ste 200					02 28 2018 Transaction ID : SA11AI.7811								
	City Franklin	State TN		Zip Code 37067	_									
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period 92.30								
	Name of Employer (for Individual) Capella Healthcare	Occi	•	tion (for Individual)		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 415.35										
в.	Full Name of Individual (Last, First, Middle Initia Bhatia, Vishal, , ,	l) or Full O	rga	nization Name		Date of Receipt								
	Mailing Address 501 Corporate Centre Drive Ste 200	-		03 / D D / Y Y Y Y 2018										
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	FEC ID number of contributing federal political committee.	С				92.30								
	Name of Employer (for Individual) Capella Healthcare	Occ CM	•	tion (for Individual)		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 507,65										
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Craig, Beverly, , ,	l) or Full O	rga	nization Name		C	ate of	Re	ecei	pt				
	Mailing Address 501 Corporate Centre Drive Suite 200	-		1		l	^M 02	/	Ľ	28	/		2018	Y
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	Name of Employer (for Individual) Capella Healthcare Receipt For:	VP 8	& Q	tion (for Individual) uality Management		Memo Item								
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS		Use separate schedule(s)				(check only one)								
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	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NN	IENT AFFAIRS COI	MM	ITTE	E							
A.		ial) or Full O	rgan	ization Name		Date of Receipt								
	Mailing Address 501 Corporate Centre Drive Suite 200					03 31 2018								
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	Name of Employer (for Individual) Capella Healthcare		•	on (for Individual) ality Management		N	lem	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 253.77										
В.	Full Name of Individual (Last, First, Middle Initi Davidson, Jim, , ,	ial) or Full O	rgan	ization Name		Date c	of Re	eceipt						
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	Name of Employer (for Individual) Capella Healthcare	Occ		Memo Item										
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	Name of Employer (for Individual) Capella Healthcare		•	on (for Individual) COO		N	1em	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 310.86										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIDTS

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	COMMITTEE (In Full) LLA HEALTHCARE, INC. (GOVER	NN	IENT AFFAIRS CO	MMI	TTE	E								
A. Hitchco	e of Individual (Last, First, Middle Initia ck, Brian, , , ddress 501 Corporate Centre Drive Suite 200	, 	rgan	ization Name		Date of Receipt									
City Franklin		State TN		Zip Code 37067					: SA11/						
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City Franklin		State TN		Zip Code 37067					SA11 Receipt	1.7820 this Pe	eriod				
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
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	ny information copied from such Reports and Sta for commercial purposes, other than using the r										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. (GOVER	NMENT AFFAIRS CC	MMITTEE							
A.	Full Name of Individual (Last, First, Middle Initia Mabry, Jerry, , ,	al) or Full O	Organization Name	Date of Receipt							
	Mailing Address 501 Corporate Centre Drive Suite 200			01 / D D / Y Y Y Y 01 31 2018							
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7851 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		323.05							
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) spital CEO	Memo Item							
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 323.05]							
в.	Full Name of Individual (Last, First, Middle Initia Mabry, Jerry, , ,	al) or Full O	Organization Name	Date of Receipt							
	Mailing Address 501 Corporate Centre Drive Suite 200	02 28 2018									
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7852 Amount of Each Receipt this Period							
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			upation (for Individual) spital CEO	Memo Item							
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С.	Full Name of Individual (Last, First, Middle Initia Mabry, Jerry, , ,	al) or Full O	Organization Name	Date of Receipt							
	Mailing Address 501 Corporate Centre Drive Suite 200			03 31 2018							
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7853 Amount of Each Receipt this Period							
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Capella Healthcare Hos			upation (for Individual) pital CEO	Memo Item							
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s	UBTOTAL of Receipts This Page (optional)			507.65							
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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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(check only one)

PAGE 11 OF

Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name	TIEMIZED RECEIPTS			for each category of the	X	४ 11a │ 11b │ 11c │ 12										
Priormation cogold from such Reports and Statements may not be sold or used by any pessol for the purpose, other the using the name and address of any political committee to sold to 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 Date of Receipt Mailing Address 501 Corporate Centre Drive State Suite 200 Transaction ID : SATIAL7890 Pranklin TX Name of Employer (for Individual) Cocupation (for Individual) CFO Cocupation (for Individual) Corporate Centre Drive Aggregate Year-to-Date ▼ Primary General Cocupation (for Individual) Mailing Address 501 Corporate Centre Drive Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Primary General Occupation (for Individual) Mailing Address 501 Corporate Centre Drive Individual (Last, First, Middle Initial) or Full Organization Name B. Motes, Janee, Mailing Address 501 Corporate Centre Drive Individual (Last, First, Middle Initial) or Full Organization Name R. Motes, Janee, Mailing Address 501 Corporate Centre Drive Indi				Detailed Summary Page	-	-	\vdash				17					
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McDaniel, Donald,						for the		pose c	of solicitin	g contrib	utions					
✓ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. McDaniel, Donald, Maling Address 501 Corporate Centre Drive 03 / 03 / 03 / 03 / 03 / 03 / 03 / 03 /	NAME OF	COMMITTEE (In Full)														
A. McDaniel, Donald, ., Date of Receipt Mailing Address 501 Corporate Centre Drive Suite 200 State Zip Code City State Zip Code Franklin TN 37067 Amount of Employer (for Individual) Mineral Cocupation (for Individual) CFO Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Date of Receipt B. Moles, Jane, Memo Item Aggregate Year-to-Date ▼ B. Moles, Jane, Memo Item Date of Receipt City State Zip Code Transaction ID : SA11AL7823 Amount of Each Receipt Ins Period C Zip Code Transaction ID : SA11AL7823 Mailing Address 5o1 Corporate Centre Drive City State Zip Code Transaction ID : SA11AL7823 Receipt For: Primary General Occupation (for Individual) Date of Receipt Aggregate Year-to-Date ▼ City State Zip Code Transaction ID : SA11AL7823 Amount of Each Receipt Ins Period FEC 10 number of contributing C C Aggregate Year-to-Date ▼ Zip Code Transaction ID : SA11AL7823		LA HEALTHCARE, INC	. GOVER	NMENT AFFAIRS CO	MMI	TTE	E									
Suite 200 03 31 2018 City Transaction ID: SA11AL7809 Transaction ID: SA11AL7809 FEC. ID number of contributing federal political committee. C 41.54 Mare of Employer (for Individual) Occupation (for Individual) CFO Receipt For: Aggregate Year-to-Date ▼ 228.47 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address 501 Corporate Centre Drive Transaction ID: SA11AL7823 Transaction ID: SA11AL7823 Transaction ID: SA11AL7823 Anount of Each Receipt this Period 72.8 FeC ID number of contributing federal political committee. C Name of Employer (for Individual) Cocupation (for Individual) Caperation Fec: 46.14 Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt this Period FEC ID number of contributing federal political committee. C Primary General Occupation (for Individual) Caperation ID: SA11AL7823 Transaction ID: SA11AL7824 Receipt For: Aggregate Year-to-Date ▼ Transaction ID: SA11AL7824 Receipt For: Aggregate Year-to-Date ▼ Transaction ID: SA11AL7823 Mailing Address 501 Corporate Centre Drive Transaction ID: SA11AL7824 Receipt			itial) or Full O	rganization Name		Date of Receipt										
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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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PAGE 12 OF

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11b 11c 14 15	12 16	17						
	ny information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	RNMENT AFFAIRS COM	IMITTEE									
Α.	Full Name of Individual (Last, First, Middle Initia Mulder, Angie, , , Mailing Address 501 Corporate Centre Dr, Ste 2	·	Drganization Name	Date of Rec	eipt								
	City	State	Zip Code	01 31 2018 Transaction ID : SA11AI.7825									
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	FEC ID number of contributing federal political committee.	С			р. I	229.	71						
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в.	Full Name of Individual (Last, First, Middle Initia Mulder, Angie, , ,	al) or Full C	Drganization Name	Date of Rec	eipt								
	Mailing Address 501 Corporate Centre Dr, Ste 2			02 /	02 28 2018								
	City Franklin	State TN	Zip Code 37067		Transaction ID : SA11AI.7826 Amount of Each Receipt this Period								
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	Mailing Address 501 Corporate Centre Dr, Ste 2			03	D D / Y 31	2018	Y						
	City Franklin	State TN	Zip Code 37067		on ID : SA11AL								
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SCHEDULE A (FEC Form 3X)

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PAGE 13 OF

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$\left \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	MMITTEE							
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Α.	Full Name of Individual (Last, First, Middle Init Shugart, Susan, , ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 501 Corporate Centre Drive			02 28 2018							
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7830 Amount of Each Receipt this Period							
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	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) Ithcare	Memo Item							
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	Mailing Address 501 Corporate Centre Drive			03 / D D / Y Y Y Y 2018							
	City	State	Zip Code	Transaction ID : SA11AI.7831							
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C.	Full Name of Individual (Last, First, Middle Init Van Es, Wendell, , ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 501 Corporate Centre Drive Suite 201			03 31 Y Y Y Y 03 31 2018							
	City	State	Zip Code	Transaction ID : SA11AI.7857							
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SCHEDULE A	(FEC Form 3X)
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\setminus	NAME OF COMMITTEE (In Full)														
	CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CON	MM	ITT	EE									
Α.	Full Name of Individual (Last, First, Middle Initia Warren, Edward, , ,	l) or Full C	Organization Name		Date	of	Re	ceipt							
	Mailing Address 501 Corporate Centre Drive			01 31 2018											
	City	State	Zip Code		Tra	insa	acti	on ID	: SA11AI.	7859		_			
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	Mailing Address 501 Corporate Centre Drive Suite 200			02 28 2018											
	City	State	Zip Code		Transaction ID : SA11AI.7837										
	Franklin	TN	37067		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C			46.16										
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) of Internal Audit		Memo Item										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
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	Mailing Address 501 Corporate Centre Drive Suite 200				Date of Receipt 03 31 2018										
	City	State	Zip Code		Tra	ins	acti	ion ID	: SA11AI	.7838					
	Franklin	TN	37067	_	Amo	unt	of	Each I	Receipt th	nis Perio	bd				
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CAPELLA HEALTHCARE, INC. G	OVERNI	MENT AFFA	IRS	CO	MMITTEE										
Full Name (Last, First, Middle Initial) A. KraftCPAs PLLC					Date of Disbursement										
Mailing Address 555 Great Circle Road Suite 200					03 02 2018										
City	State TN	Zip Code			FEC Identification Number										
Nashville Purpose of Disbursement professional services		37228	-	-	C										
Candidate Name			Cate		Transaction ID : SB21B.7806 Amount of Each Disbursement this Period										
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State: District:	Other (spec				Memo Item										
SUBTOTAL of Disbursements This Page (optional)				•••• •	612.50										
TOTAL This Period (last page this line number only	/)			🕨	612.50										