

# 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

Check if different than previously reported. (ACC) SUITE 200

BRENTWOOD TN 37027

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00421420

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

07 / 01 / 2017 through 12 / 31 / 2017

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 M M M / D D D / Y Y Y Y Y Y Y Y

01 / 29 / 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="2017"/>		34550.14
(b) Cash on Hand at Beginning of Reporting Period.....	28476.53	
(c) Total Receipts (from Line 19) .....	17903.05	20130.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	46379.58	54680.83
7. Total Disbursements (from Line 31).....	8500.00	16801.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37879.58	37879.58
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

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).....	15901.39	16501.39
(ii) Unitemized .....	2001.66	3629.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17903.05	20130.69
(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) .....	17903.05	20130.69
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)).....▶	17903.05	20130.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17903.05	20130.69

**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	2301.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	2301.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	11000.00
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).....	3500.00	3500.00
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)) ..	8500.00	16801.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	16801.25

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17903.05	20130.69
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17903.05	20130.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	2301.25
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	2301.25

**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 20
<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. Anderson, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Continental Place  
 Suite 200  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) CEO Canyon Vista  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11AI.7796**  
 Amount of Each Receipt this Period  
 300.00  
 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 ▼ 672.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : SA11AI.7745**  
 Amount of Each Receipt this Period  
 572.98  
 Memo Item

**C. Barnes, Eileen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Continental Place  
 Suite 200  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) VP Quality  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017  
**Transaction ID : SA11AI.7785**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1172.98
<b>TOTAL</b> 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 20
	<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. 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
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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 ▼  
313.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2017

**Transaction ID : SA11AI.7749**

Amount of Each Receipt this Period  
283.76

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
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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 ▼  
1046.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2017

**Transaction ID : SA11AI.7731**

Amount of Each Receipt this Period  
946.10

Memo Item

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

Mailing Address 103 Continental Place  
Suite 200

City Brentwood	State TN	Zip Code 37027
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) VP Physician Services
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

**Transaction ID : SA11AI.7758**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1529.86
<b>TOTAL</b> 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 20
<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. Capuano, Anthony, , ,**  
 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) Hospital COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 343.02

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11AI.7746**  
 Amount of Each Receipt this Period 284.96  
 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 ▼ 522.98

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11AI.7732**  
 Amount of Each Receipt this Period 472.98  
 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 ▼ 261.56

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11AI.7750**  
 Amount of Each Receipt this Period 236.56  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	994.50
<b>TOTAL</b> 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 20
<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. 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 ▼ 547.09

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11AI.7747**  
 Amount of Each Receipt this Period 485.84  
 Memo Item

**B. Frutiger, Rob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Continental Place  
 Suite 200  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11AI.7775**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. 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 ▼ 261.42

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11AI.7734**  
 Amount of Each Receipt this Period 236.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1022.26
<b>TOTAL</b> 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 20
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Gunn, Terry, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017
Mailing Address 103 Continental Place Suite 200			<b>Transaction ID : SA11AI.7766</b>
City Brentwood	State TN	Zip Code 37027	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Capella Healthcare		Occupation (for Individual) CEO Kershaw	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hitchcock, Brian, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017
Mailing Address 501 Corporate Centre Drive Suite 200			<b>Transaction ID : SA11AI.7735</b>
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 662.34
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Capella Healthcare		Occupation (for Individual) VP & Materials Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 732.34	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hofstetter, Peter, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017
Mailing Address 501 Corporate Centre Drive			<b>Transaction ID : SA11AI.7753</b>
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 946.10
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
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 ▼ 1046.10	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1908.44
<b>TOTAL</b> 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 20
<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. Hofstetter, Peter, , ,**  
 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 ▼ 1346.10

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11AI.7772**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Hyde, Steve, , ,**  
 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 ▼ 300.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11AI.7761**  
 Amount of Each Receipt this Period 300.00  
 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 ▼ 1046.10

Date of Receipt 11 / 30 / 2017  
**Transaction ID : SA11AI.7751**  
 Amount of Each Receipt this Period 946.10  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1546.10
<b>TOTAL</b> 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 20
	<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 ▼  
470.78

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2017

**Transaction ID : SA11AI.7730**

Amount of Each Receipt this Period  
425.78

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 ▼  
522.98

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2017

**Transaction ID : SA11AI.7737**

Amount of Each Receipt this Period  
472.98

Memo Item

**C. 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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
730.84

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2017

**Transaction ID : SA11AI.7738**

Amount of Each Receipt this Period  
663.12

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1561.88
<b>TOTAL</b> 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 20
<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. Noel, Phil, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 103 Continental Place  
Suite 200

City Brentwood State TN Zip Code 37027

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

Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) CEO Ottumwa

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2017

**Transaction ID : SA11AI.7794**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Osborn, Magna, , ,**  
 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) Director - Infomatics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017

**Transaction ID : SA11AI.7739**

Amount of Each Receipt this Period  
189.22

Memo Item

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

Mailing Address 501 Corporate Center 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 Company Occupation (for Individual) Hospital CFO

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
269.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017

**Transaction ID : SA11AI.7740**

Amount of Each Receipt this Period  
219.24

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	708.46
<b>TOTAL</b> 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 20
<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 <b>A. Pigg, Russell, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11AI.7777</b>
Mailing Address 103 Continental Place Suite 200		Amount of Each Receipt this Period 300.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) CEO ECM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rice, Dana, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11AI.7789</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 300.00
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sawhney, Deepak, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017 <b>Transaction ID : SA11AI.7800</b>
Mailing Address 501 Corporate Centre Drive		Amount of Each Receipt this Period 960.00
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Willamette Valley	Occupation (for Individual) Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 960.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1560.00
<b>TOTAL</b> 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 20
<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. Scott, Michelle, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 103 Continental Place  
Suite 200

City Brentwood State TN Zip Code 37027

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

Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) VP Growth and Outreach

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11AI.7773**

Amount of Each Receipt this Period  
300.00

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 ▼  
519.88

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2017

**Transaction ID : SA11AI.7741**

Amount of Each Receipt this Period  
470.77

Memo Item

**C. Smith, Warren, , ,**  
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 Finance Officer

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
418.44

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2017

**Transaction ID : SA11AI.7742**

Amount of Each Receipt this Period  
378.44

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1149.21
<b>TOTAL</b> 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 16 OF 20
<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 <b>A. Southwick, Bill, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2017 <b>Transaction ID : SA11AI.7729</b>
Mailing Address 501 Corporate Centre Drive Ste 200		Amount of Each Receipt this Period 173.08
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) CMC	Occupation (for Individual) Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.08	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Thomas, Jayne, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2017 <b>Transaction ID : SA11AI.7743</b>
Mailing Address 501 Corporate Centre Drive		Amount of Each Receipt this Period 236.56
City Franklin	State TN	Zip Code 37064
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.56	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Thomas, Jayne, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2017 <b>Transaction ID : SA11AI.7757</b>
Mailing Address 501 Corporate Centre Drive		Amount of Each Receipt this Period 150.00
City Franklin	State TN	Zip Code 37064
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 411.56	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	559.64
<b>TOTAL</b> 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 17 OF 20
<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. Thornburg, Charley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Continental Place  
 Suite 200  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capella Health Occupation (for Individual) VP Risk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11AI.7755**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Turner, Davis, , ,**  
 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11AI.7754**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Turner, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Continental Place  
 Suite 200  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) CEO Capital  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2017  
**Transaction ID : SA11AI.7787**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> 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 18 OF 20
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Van Es, Wendell, , ,</b>			Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 201			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Franklin	State TN	Zip Code 37067	<b>Transaction ID : SA11AI.7752</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="439.94"/>
Name of Employer (for Individual) Capella Healthcare		Occupation (for Individual) Hospital CFO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="486.44"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Young, Anthony, , ,</b>			Date of Receipt
Mailing Address 501 Corporate Centre Dr Ste 200			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Franklin	State TN	Zip Code 37067	<b>Transaction ID : SA11AI.7748</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="375.00"/>
Name of Employer (for Individual) MRMC		Occupation (for Individual) Hospital CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Yuill, Lee, , ,</b>			Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Franklin	State TN	Zip Code 37067	<b>Transaction ID : SA11AI.7744</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="473.12"/>
Name of Employer (for Individual) Capella Healthcare		Occupation (for Individual) VP of Internal Audit	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="523.12"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1288.06"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="15901.39"/>

**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**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			13			2017					

Mailing Address 801 PENNSYLVANIA AVENUE  
SUITE 245

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement contribution

FEC Identification Number

**C** C00002261

**Transaction ID : SB23.7803**

Amount of Each Disbursement this Period

5000.00

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

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

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

5000.00

5000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Washington Hospital PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 300 Elliott Avenue West  
Suite 300

City Seattle State WA Zip Code 98119

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y  
11 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB29.7802

Amount of Each Disbursement this Period: 3500.00

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: M M / D D / Y Y Y Y Y Y

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: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3500.00