FEC FORM 3X	ANI	PORT OF F D DISBURS	SEMENT	s		Office Use Only
1. NAME OF COMMITTEE (in fu		or Print ▼	Example: If typir over the lines.	ng, type	12FE4M5	
					TEE	
ADDRESS (number and Check if different than previously	street) LI SUIT ent LBRE					37027
reported. (ACC	C)					
2. FEC IDENTIFICAT	FION NUMBER	CITY		S		ZIP CODE ▲
C C00421420		3. IS T REF		IEW N) <b>OR</b>	(A)	ENDED
<ul> <li>4. TYPE OF REPO (Choose One)</li> <li>(a) Quarterly Repo</li> <li>April 15</li> </ul>		Monthly Report Due On: Mar 20 Apr 20	D (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep 2	0 (M8)       Nov 20 (M11) (Non-Election Year Only)         0 (M9)       Dec 20 (M12) (Non-Election Year Only)         0 (M10)       Jan 31 (YE)
July 15 Quarterly 1 October 1 Quarterly 1 January 3	Report (Q2) 5 Report (Q3)	(c) 12-Day PRE-Election Report for the: Election	Primary (12P Convention (	12C)	General (1 Special (1)	
July 31 Mi Report (No Year Only) Terminatio (TER)	d-Year on-election (MY)	(d) 30-Day <b>POST</b> -Election Report for the: Election	General (300		Runoff (30	R) Special (30S) in the State of
5. Covering Period	07 /	01 / Y Y Y Y 01 2017	through	12	/ D D / 31	2017
I certify that I have exa Type or Print Name of	Mina	ort and to the best of m ar, Chris, , ,	y knowledge and b	pelief it is true	e, correct and	complete.
Signature of Treasurer	Minar, Chris,	,,	[Electronically	Filed] Da	ate 01	/ D D / Y Y Y Y 29 2018
NOTE: Submission of fall	se, erroneous, or	r incomplete information r	nay subject the pers	son signing thi	is Report to the	penalties of 52 U.S.C. § 30109
Office Use Only						FEC FORM 3X Rev. 05/2016

01/29/2018 12 : 48

PAGE 1 / 20

x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page **2** 

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

# CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

R	Report Covering the Period: From:	7 01 / Y Y Y Y 7 01 To:	M         M         /         D         D         /         Y						
		COLUMN A This Period	COLUMN B Calendar Year-to-Date						
6.	(a) Cash on Hand January 1, 2017		34550.14						
	(b) Cash on Hand at Beginning of Reporting Period	28476.53							
	(c) Total Receipts (from Line 19)	17903.05	20130.69						
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	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

Image#	201801	299090	690324
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### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

R	eport Covering the Period: From: 07	/ D1 / Y Y Y Y 01 2017	Fo: 12 / 31 / 2017					
	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					
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00					
	(d) Total Contributions (add Lines	0.00	0.00					
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17903.05	20130.69					
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					
	to Federal Candidates and Other Political Committees	0.00	0.00					
	Other Federal Receipts (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))►	17903.05	20130.69					
20.	Total Federal Receipts	· · · · · · · · · · · · · · · · · · ·						
	(subtract Line 18(c) from Line 19)▶	17903.05	20130.69					

(subtract Line 18(c) from Line 19).....▶

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
. 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
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	0.00	2301.25
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees		11000.00
and Other Political Committees	5000.00	
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(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
<ul> <li>(d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	3500.00	3500.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(i) Federal Share	0.00	0.00
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid</li></ul>	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8500.00	16801.25
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

COLUMN A

**Total This Period** 

FEC Form 3X (Rev. 05/2016)

#### 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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						17903.05
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						0.00
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20130.69 0.00 20130.69 -- 7 2301.25 0.00 7 2301.25

#### Page 5

#### COLUMN B Calendar Year-to-Date

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

(check only one)

PAGE 6 OF

				Detailed Summary Page	×	11a		11b		11c		12			
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	NAME OF COMMITTEE (In Full)							3							
$ \rangle$	CAPELLA HEALTHCARE, INC.	GOVER	N	MENT AFFAIRS CO	MMI	TTEF	Ξ								
$\square$							-								
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	)rga	nization Name		_									
Α.	Anderson, Randy, , ,				'	Date of	f Re	eceipt							
	Mailing Address 103 Continental Place					12 31 2017									
	Suite 200	State		Zip Code	-		acti			A11AI.7		1. Ale			
	Brentwood	TN		37027						ceipt thi					
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	federal political committee.	С						_		-		300.0	00		
	Name of Employer (for Individual)	000	upe	tion (for Individual)	_	NA	emo	Item							
	Capella Healthcare		•	anyon Vista			GIIIC	, nem							
	Receipt For:			•	$\neg$										
	Primary General	Ayyregate	rea	ar-to-Date 🔻											
	Other (specify) <b>v</b>		_	300.00											
			- <del>7</del> -		-										
	Full Name of Individual (Last, First, Middle Initi	ial) or Full C	)rga	nization Name											
	Bailey, Scott, , ,							eceipt							
	Mailing Address 501 Corporate Centre Drive						1 ′	D 3		/ Y	20	) 17	Y		
	City	Zip Code	-	11 Trans	acti	<u> </u>		۵ 11 ۸ ۱ ۶	-	-					
	Franklin	State TN		37067		Transaction ID : SA11AI.7745 Amount of Each Receipt this Period									
	FEC ID number of contributing														
	federal political committee.	C						-	-	-11-	_	572.9	18		
	Name of Employer (for Individual)	000	una	tion (for Individual)	_	M	emc	) Item							
	Capella Healthcare					-									
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻											
	Primary General	00 0													
	Other (specify)		,	672.98											
	Full Name of Individual /Last First Middle Ist	ial) or Full O													
	Full Name of Individual (Last, First, Middle Initi Barnes, Eileen, , ,	iai) or Full O	луа			Date of	f Re	ceipt							
	Mailing Address 103 Continental Place				1		_	D	D	/ Y	Y	Y	Y		
	Suite 200					12	Ľ	3		Ĺ		)17			
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	FEC ID number of contributing	С										300.0	00		
	federal political committee.		1												
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		Memo Item									
	Capella Healthcare	VP	•	. ,											
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻											
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	Other (specify)		-	500.00											
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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FOR LINE NUMBER:

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PAGE 7 OF

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$\left[ \right]$	NAME OF COMMITTEE (In Full)													
	CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	MMI	TTE	E								
Α.	Full Name of Individual (Last, First, Middle Initia Bell, Brian, , ,	al) or Full C	rganization Name		Date o	of Re	eceipt							
	Mailing Address 501 Corporate Centre Drive				11 30 2017									
	City	State TN	Zip Code		Tran	sact	ion ID	: SA11AI.	.7749					
	Franklin		37067	_	_ Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					-		2	83.76	6			
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) pital COO		N	lemo	tem							
	Receipt For:		Year-to-Date ▼	-										
	Primary General	riggiogato		11										
	Other (specify) V		313.76											
в.	Full Name of Individual (Last, First, Middle Initia Bhatia, Vishal, , ,		Date of Receipt											
	Mailing Address 501 Corporate Centre Drive Ste 200						11 30 2017							
	City	State	Zip Code		Transaction ID : SA11AI.7731									
	Franklin	TN	37067		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	ů (							946.10					
	Name of Employer (for Individual) Capella Healthcare	Occ CM	upation (for Individual) O		N	lemo	tem							
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		, 1046.10											
— c.	Full Name of Individual (Last, First, Middle Initia Bowman, Monica, , ,	al) or Full C	rganization Name		Date o	of Re	eceipt							
	Mailing Address 103 Continental Place Suite 200				Date of Receipt									
	City	State	Zip Code		Tran	sact	ion ID	: SA11AI.	.7758					
	Brentwood	TN	37027		Amour	nt of	Each I	Receipt th	nis Per	iod				
	FEC ID number of contributing federal political committee.	С			300.00									
	Name of Employer (for Individual)	Occ	upation (for Individual)		Ν	/lemo	b Item							
	Capella Healthcare Receipt For:	VP I	Physician Services											
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	Other (specify)		300.00											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	3	<b>4</b> 11a		11b	11c	12						
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	y information copied from such Reports and Sta for commercial purposes, other than using the r														
$\square$	NAME OF COMMITTEE (In Full)					_									
	CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CON		ITTE	Ε									
Α.	Full Name of Individual (Last, First, Middle Initia Capuano, Anthony, , ,	l) or Full C	Drganization Name		Date o	of Re	eceipt								
	Mailing Address 501 Corporate Centre Dr, Ste 20	00			M 11	/	D 30		2017	Y					
	City	State TN	Zip Code		Tran	sact	ion ID	: SA11AI.	7746						
	Franklin		37067	_	Amour	t of	Each	Receipt th	nis Period						
	FEC ID number of contributing federal political committee.	С					-		284.	96					
	Name of Employer (for Individual) Capella Healthcare		spital COO		N	lemo	ltem								
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	Primary General														
	Other (specify)		343.02												
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Craig, Beverly, , ,						Date of Receipt								
	Mailing Address 501 Corporate Centre Drive Suite 200				11 30 2017										
	City	State Zip Code							Transaction ID : SA11AI.7732						
	Franklin	TN 37067							Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			472.98 Memo Item										
	Name of Employer (for Individual) Capella Healthcare		cupation (for Individual) & Quality Management												
	Receipt For:	Aggregate	Year-to-Date V												
	Primary     General       Other (specify) ▼		, 522.98												
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Crumpton, Patricia, , ,	ll) or Full C	Drganization Name		Date o	of Re	eceipt								
	Mailing Address 501 Corporate Centre Drive Suite 200	1			11 30 2017										
	City	State	Zip Code		Tran	sact	ion ID	: SA11AI	7750						
	Franklin	TN	37067	_	Amour	t of	Each	Receipt th	nis Period						
	FEC ID number of contributing federal political committee.	С					<b>y</b>	. ,	236.	56					
	Name of Employer (for Individual)	Occ	upation (for Individual)		Memo Item										
	Capella Healthcare	Hos	spital CNO												
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General		261.56												
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		each category of the tailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	IC. GOVERNME	ENT AFFAIRS CO	MMITTEE
Full Name of Individual (Last, First, Middle <b>A.</b> Davidson, Jim, , , Mailing Address 501 Corporate Centre Driv Suite 200 City Franklin	e	ation Name ip Code 37067	Date of Receipt          11       30       2017         Transaction ID : SA11AI.7747         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		485.84
Name of Employer (for Individual)         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	Hospital C Aggregate Year-t	o-Date ▼ 547.09	Memo Item
Full Name of Individual (Last, First, Middle B. Frutiger, Rob, , , Mailing Address 103 Continental Place Suite 200 City		ation Name	Date of Receipt
Brentwood         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	C Occupatio VP Tax Aggregate Year-t	300.00	Transaction ID : SA11AI.7775         Amount of Each Receipt this Period         300.00         Memo Item
C. <u>Goehring, Cynthia, , ,</u> Mailing Address 501 Corporate Centre Dr <u>Ste 200</u> City		ation Name	Date of Receipt
Franklin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Capella	TN C	37067	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)	Aggregate Year-t	261.42	1022.26

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

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

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PAGE 10 OF

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$\setminus$	NAME OF COMMITTEE (In Full)											
	CAPELLA HEALTHCARE, INC.	GOVER		MENT AFFAIRS CO	MMI	TTE	=					
Α.	Full Name of Individual (Last, First, Middle Initi Gunn, Terry, , ,	ial) or Full C	Drga	nization Name		Date of	f Re	eceipt				
	Mailing Address 103 Continental Place Suite 200					<sup>M</sup> M	/	31	) / Y	ч 2	017	Y
	City	State		Zip Code		Trans	acti	ion ID :	SA11AI.	776	6	
	Brentwood	TN		37027	/	Amoun	t of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С									300.0	00
	Name of Employer (for Individual) Capella Healthcare		•	tion (for Individual) ershaw		М	emc	tem				
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻								
	Primary General											
	Other (specify)		-1	300.00								
В.	Full Name of Individual (Last, First, Middle Initi Hitchcock, Brian, , ,	ial) or Full C	Drga	nization Name		Date of	f Re	eceipt				
	Mailing Address 501 Corporate Centre Drive Suite 200					M M	/	30	) / Y	Y 20	)17	Y
	City	State		Zip Code		Trans	acti	ion ID ·	SA11AL	1	-	
	Franklin	TN		37067					Receipt th	-	-	
	FEC ID number of contributing federal political committee.	С									662.3	34
	Name of Employer (for Individual) Capella Healthcare			tion (for Individual) laterials Management		М	emc	tem				
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	Primary General Other (specify) ▼		Ļ.	732.34								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Hofstetter, Peter, , ,	ial) or Full C	Drga	nization Name		Date of	f Re	eceipt				
	Mailing Address 501 Corporate Centre Drive					<sup>M</sup> 11	/	30			) 17	Y
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	Capella Healthcare	heal	lthca	are								
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	Primary General											
	Other (specify)		-	1046.10								
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SCHEDULE A	(FEC	Form	3X)
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FOR LINE NUMBER:

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PAGE 11 OF

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>(</b> 11a	۱ [		11b		11c		12	
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	ny information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS COM	MM	ITTI	ΞE							
<u> </u>	Full Name of Individual (Last, First, Middle Initia Hofstetter, Peter, , ,	al) or Full O	rganization Name		Date	of I	Re	ceip	t				
	Mailing Address 501 Corporate Centre Drive				<sup>™</sup> 1:		/		31	1		2017	Y
	City Franklin	State TN	Zip Code 37067							SA11A			
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	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		1346.10										
В.	Full Name of Individual (Last, First, Middle Initia Hyde, Steve, , ,	al) or Full O	rganization Name		Date	of I	Red	ceip	t				
	Mailing Address 501 Corporate Centre Drive Suite 200				<sup>™</sup> 1:	2 <sup>M</sup>	/		31	1		017	Y
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	Franklin	TN	37067	_	Amo	unt d	of I	Eacl	n R	eceipt	this I	Period	
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	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) pital CEO			Mer	mo	lter	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300,00										
— C.	Full Name of Individual (Last, First, Middle Initia Mabry, Jerry, , ,	al) or Full O	rganization Name		Date	of I	Red	ceip	t				
	Mailing Address 501 Corporate Centre Drive Suite 200				<sup>™</sup> 1		/		30	1		017	Y
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	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) pital CEO			Mer	mo	lter	n				
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	Other (specify)		1046.10										
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	EMIZED RECEIPTS		Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
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	y information copied from such Reports and State for commercial purposes, other than using the na											
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. C	GOVER	NMENT AFFAIRS CO	MMITTEE								
Α.	Full Name of Individual (Last, First, Middle Initial, McDaniel, Donald, , ,	) or Full Or	ganization Name	Date of Receipt								
	Mailing Address 501 Corporate Centre Drive Suite 200			11 / D D / Y Y Y Y 2017								
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7730 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		425.78								
	Name of Employer (for Individual) Mineral	Occu CFO	pation (for Individual)	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 470.78	]								
B.	Full Name of Individual (Last, First, Middle Initial) Motes, Jane, , ,	) or Full Or	ganization Name	Date of Receipt								
	Mailing Address 501 Corporate Centre Drive	11 / D D / Y Y Y Y 11 30 2017										
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7737 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		472.98								
	Name of Employer (for Individual) Capella Healthcare		pation (for Individual) thcare	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 522.98									
с.	Full Name of Individual (Last, First, Middle Initial) Mulder, Angie, , ,	) or Full Or	ganization Name	Date of Receipt								
	Mailing Address 501 Corporate Centre Dr, Ste 20	0		11 30 / Y Y Y Y 2017								
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7738 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		663.12								
	Name of Employer (for Individual) Capella Healthcare		pation (for Individual) hcare	Memo Item								
	Receipt For:     //       Primary     General       Other (specify)	Aggregate `	Year-to-Date ▼ 730.84	]								
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	y information copied from such Reports and Sta for commercial purposes, other than using the r					for the			oose o		oliciting	contril		ons
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.													
Α.	Full Name of Individual (Last, First, Middle Initia Noel, Phil, , , Mailing Address 103 Continental Place	al) or Full O	Drga	nization Name		Date	_	Re ,	ceipt	D	/ Y	YY	Y	-
	Suite 200	State		Zip Code	_	12			31	1		2017		
	Brentwood	TN		37027							A11AI.	is Perio	bd	
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	Name of Employer (for Individual) Capella Healthcare			tion (for Individual) ttumwa			Ner	no	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 300.00										
в.	Full Name of Individual (Last, First, Middle Initia Osborn, Magna, , ,	al) or Full O	Drga	nization Name		Date	of F	Re	ceipt					
	Mailing Address 501 Corporate Centre Drive Suite 200	04-44-		7		<sup>™</sup> 11	VI	/	D 30		/ Y	2017	Y	
	City Franklin	State TN		Zip Code 37067							A11AL	<b>7739</b> is Perio	bd	
	FEC ID number of contributing federal political committee.	С							<b>y</b>			18	9.22	
	Name of Employer (for Individual) Capella Healthcare		•	tion (for Individual) r - Infomatics			Лen	no	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 209.22										
с.	Full Name of Individual (Last, First, Middle Initia Patterson, Christina, , ,	al) or Full O	Drga	nization Name		Date	of F	Re	ceipt					
	Mailing Address 501 Corporate Center Dr Ste 20	00				M 11	M	/	30		/ Y	2017	Y	1
	City Franklin	State TN		Zip Code 37067							A11AI.	<b>7740</b> is Perio	nd	
	FEC ID number of contributing federal political committee.	С	Ì					51	1	T loc	,		9.24	
	Name of Employer (for Individual) Capella Healthcare Company Receipt For:	Hos	spita	tion (for Individual) I CFO			Mer	no	Item					
	Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 269.24										
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	y information copied from such Reports and Sta for commercial purposes, other than using the												
$\setminus$	NAME OF COMMITTEE (In Full)												
	CAPELLA HEALTHCARE, INC.	GOVER		MENT AFFAIRS CO	MM	ITTE	E						
Α.	Full Name of Individual (Last, First, Middle Initia Pigg, Russell, , ,	al) or Full O	Drga	nization Name		Date	of R	lece	eipt				
	Mailing Address 103 Continental Place					M	M	/	D D	/ Y		Y	Y
	Suite 200	1-		1		12			31	JL	2	017	
	City	State TN		Zip Code		Tra	isac	tio	n ID :	SA11AI	.777	7	
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в.	Full Name of Individual (Last, First, Middle Initia Rice, Dana, , ,	al) or Full O	Drga	nization Name		Date	of R	lece	eipt				
	Mailing Address 501 Corporate Centre Drive Suite 200					M 12		/	D D 31	/ Y		) 17	Y
	City	State		Zip Code		Trar	sact	tio	n ID : S	SA11AI.	778	9	
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	Name of Employer (for Individual) Capella Healthcare		•	tion (for Individual) al COO			Mem	io I	ltem				
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	Primary General Other (specify) ▼		,	300.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Sawhney, Deepak, , ,	al) or Full O	Drga	nization Name		Date	of R	lece	eipt				
	Mailing Address 501 Corporate Centre Drive					<sup>™</sup> 12		/	D D 31	/ Y		017 <sup>°</sup>	Y
	City	State		Zip Code		Tra	nsac	tio	n ID :	SA11AI	.780	0	
	Franklin	TN		37067		Amou	nt of	fΕ	ach R	eceipt th	nis F	Period	
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	Name of Employer (for Individual)	Occ	una	tion (for Individual)	-	п.	Mem	no I	ltem				
	Willamette Valley		•	I CEO									
	Receipt For:			ar-to-Date ▼	$\neg$								
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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	C. GOVER	NMENT AFFAIRS CO	MMITTEE
A. Full Name of Individual (Last, First, Middle Scott, Michelle, , , Mailing Address 103 Continental Place Suite 200 City Brentwood	Initial) or Full C	Zip Code 37027	Date of Receipt
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Capella Healthcare Receipt For:	VP	upation (for Individual) Growth and Outreach Year-to-Date ▼ 300.00	Memo Item
Full Name of Individual (Last, First, Middle B. Shugart, Susan, , , Mailing Address 501 Corporate Centre Drive		rganization Name	Date of Receipt
City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Transaction ID : SA11AI.7741           Amount of Each Receipt this Period           470.77
Name of Employer (for Individual)         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	hea	upation (for Individual) Ithcare Year-to-Date ▼ 519.88	Memo Item
C. Smith, Warren, , , Mailing Address 501 Corporate Centre Drive Suite 200	e		Date of Receipt
City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Transaction ID : SA11AI.7742         Amount of Each Receipt this Period         378.44
Name of Employer (for Individual) Capella Healthcare Receipt For: Primary General Other (specify)	Hos	upation (for Individual) pital Finance Officer Year-to-Date ▼ 418.44	Memo Item
SUBTOTAL of Receipts This Page (optional)			1149.21

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS	for each category of the Detailed Summary Page		<b>X</b> 1'	la		11b	11c		12		
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	y information copied from such Reports and Stat for commercial purposes, other than using the n											
$\setminus$	NAME OF COMMITTEE (In Full)											
	CAPELLA HEALTHCARE, INC. (	GOVER	NMENT AFFAIRS CON	MM	ITT	E	Ξ					
Α.	Full Name of Individual (Last, First, Middle Initial Southwick, Bill, , ,	) or Full C	Organization Name		Dat	e of	f Re	eceipt				
	Mailing Address 501 Corporate Centre Drive					- M	/	D			Y	Y
	City	State	Zip Code		_	11	١.	30		1	017	
	Franklin	TN	37067	_					: SA11AI Receipt ti			
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	Name of Employer (for Individual)		upation (for Individual)			М	emc	o Item	,			
	CMC Receipt For:		spital COO	_								
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) V		223.08									
в.	Full Name of Individual (Last, First, Middle Initial Thomas, Jayne, , ,	) or Full C	Organization Name		Dat	e of	f Re	eceipt				
	Mailing Address 501 Corporate Centre Drive					 11	/	D 3(		20	) 17	Y
	City	State	Zip Code		Tr	ans	acti	ion ID	: SA11AL	.7743	3	
	Franklin	TN	37064	_	Am	oun	t of	Each	Receipt th	his Pe	eriod	
	FEC ID number of contributing federal political committee.	С				_				_	236.5	6
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) Ilthcare worker			M	emo	b Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 261,56									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initial Thomas, Jayne, , ,	) or Full C	Organization Name		Dat	e of	f Re	eceipt				
	Mailing Address 501 Corporate Centre Drive					12 <sup>™</sup>	/	D 3			)17 <sup>°</sup>	Ŷ
	City	State	Zip Code		T	rans	sact	ion ID	: SA11A	.7757	7	
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	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) Ithcare worker			М	emo	o Item				
		Aggregate	Year-to-Date <b>V</b>									
	Other (specify)		411.56									
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	MMITTEE
Α.	Full Name of Individual (Last, First, Middle Initi Thornburg, Charley, , , Mailing Address 103 Continental Place Suite 200 City	al) or Full O	Zip Code	Date of Receipt
	Brentwood	TN	37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	Capella Health	VP I	Risk Mgmt	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	
В.	Turner, Davis, , ,			Date of Receipt
	Mailing Address 501 Corporate Centre Dr, Ste 2			12 31 2017
	City	State	Zip Code	Transaction ID : SA11AI.7754
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) Ithcare	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	]
с.	Full Name of Individual (Last, First, Middle Initi Turner, Mark, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 103 Continental Place			M = M / D = D / Y = Y = Y
	Suite 200		1	12 31 2017
	City	State	Zip Code	Transaction ID : SA11AI.7787
	Brentwood	TN	37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	Capella Healthcare	CEC	Capital	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)		300.00	]
s	UBTOTAL of Receipts This Page (optional)			900.00

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or	for commercial purposes, other than using the	name and a	ddress of any political co	ommittee	to so	licit cor	ntribu	utions f	rom such		mmitt	ee.
$\square$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS	SCOM	1MI	TTFF	=					
							-					
Α.	Full Name of Individual (Last, First, Middle Initi Van Es, Wendell, , ,	al) or Full C	rganization Name		(	Date of	Red	ceipt				
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	Franklin	TN	37067						eceipt th			
	FEC ID number of contributing federal political committee.	С						y. 1			439.9	94
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) pital CFO			Me	emo	Item				
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼		486.	.44								
_	Full Name of Individual (Last, First, Middle Initi	al) or Full C	rganization Name									
В.	Young, Anthony, , , Mailing Address 501 Corporate Centre Dr				- 1	Date of	Rec		<i>(</i> ) ) (		V	M
	Ste 200					11 <sup>M</sup>	/	30	/ 1	20	17	T
	City	State TN	Zip Code						SA11AI.			
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	Name of Employer (for Individual) MRMC		upation (for Individual) spital CEO			Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General Other (specify) ▼		, 500,	.00								
<u> </u>	Full Name of Individual (Last, First, Middle Initi Yuill, Lee, , ,	al) or Full C	rganization Name			Date of	Red	ceipt				
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	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) of Internal Audit			Me	emo	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 523.	.12								
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SCHEDULE B (FEC Form 3X)		roto ochodula(a)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. G	OVERNI	MENT AFFA	IRS COM	MITTEE
Full Name (Last, First, Middle Initial) <b>A.</b> FEDERATION OF AMERICAN HC		Date of Disbursement		
Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245		12 13 2017		
City WASHINGTON	State DC	Zip Code 20004		FEC Identification Number
Purpose of Disbursement contribution	C C00002261 Transaction ID : SB23,7803			
Candidate Name	Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5000.00
State: District:		, <b>,</b> ), <b>v</b>		Memo Item
Full Name (Last, First, Middle Initial) B. Mailing Address	Date of Disbursement			
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement	С			
Candidate Name	Category/ Type	Amount of Each Disbursement this Period		
Senate President	ment For: Primary Other (spec	General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Memo Item
State: District: Full Name (Last, First, Middle Initial)				
C		Date of Disbursement		
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement	Amount of Each Disbursement this Period			
Office Sought: House Disburse				
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify) ▼			Memo Item	
State: District:	1			
SUBTOTAL of Disbursements This Page (optional).			······ •	5000.00
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SCHEDULE B (FEC Form 3X)			FOR LINE	
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Any information copied from such Reports and Stat or for commercial purposes, other than using the n				
CAPELLA HEALTHCARE, INC. C				
Full Name (Last, First, Middle Initial) A. Washington Hospital PAC	Date of Disbursement			
Mailing Address 300 Elliott Avenue West Suite 300	11 06 2017			
City Seattle	State WA	Zip Code 98119		FEC Identification Number
Purpose of Disbursement contribution	C Transaction ID : SB29.7802			
Candidate Name	Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburs				
State: District:	Other (spe			Memo Item
Full Name (Last, First, Middle Initial)				
В.		Date of Disbursement		
Mailing Address				
City	State	Zip Code		FEC Identification Number
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Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement	С			
Candidate Name	Amount of Each Disbursement this Period			
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