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Image# 201601289004677332

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X   F	or Other Than An Authorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
CAPELLA HEALTHCA	RE, INC. GOVERNMENT AFFAIRS COMM	ITTEE
ADDRESS (number and street)	501 CORPORATE CENTRE DRIVE STE 200	
Check if different than previously reported. (ACC)	FRANKLIN	TN 37067 -
2. FEC IDENTIFICATION NU	MBER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
C C00421420	3. IS THIS REPORT X (N) OR	AMENDED (A)
(Choose One)  (a) Quarterly Reports:	(b) Monthly Report Due On: Mar 20 (M2) May 20 (M5)  Mar 20 (M3) Jun 20 (M6)  Apr 20 (M4) Jul 20 (M7)	Aug 20 (M8)   Nov 20 (M11) (Non-Election Year Only)   Dec 20 (M12) (Non-Election Year Only)   Oct 20 (M10)   Jan 31 (YE)
April 15 Quarterly Report (Q  July 15 Quarterly Report (Q  October 15 Quarterly Report (Q  X  January 31	Primary (12P) PRE-Election Report for the:  Convention (12C)	General (12G) Runoff (12R)  Special (12S)  in the State of
Year-End Report (YI  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	(d) 30-Day	Runoff (30R)  Special (30S)  in the State of
i. Covering Period 07	01 2015 through 12	31 2015
certify that I have examined thi	s Report and to the best of my knowledge and belief it is to James R. Wiseman	rue, correct and complete.
	D Wisaman	Date 01 28 2016
	eous, or incomplete information may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use Only		FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

2015 Report Covering the Period: 2015 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 12526.47 January 1, 2015 (b) Cash on Hand at 15594.35 Beginning of Reporting Period..... 42295.03 18003.50 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 33597.85 54821.50 6(a) and 6(c) for Column B)..... 10750.00 31973.65 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 22847.85 22847.85 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

×

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. 06/2004)

Write or Type Committee Name

#### CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the	Period: From: 07	/ 01 / Y	2015	To: 12	31 2015
I. R	eceipts		OLUMN A This Period	Cale	COLUMN B endar Year-to-Date
11. Contributions (other (a) Individuals/Pe	ersons Other				
Than Political	(use Schedule A)		17231.41		39304.88
(ii) Unitemize (iii) TOTAL (a	dd	7	772.09		2990.15
	a)(i) and (ii)		18003.50		42295.03
(b) Political Party	/ Committees		0.00		0.00
(such as PAC	Cs)utions (add Lines	7	0.00		0.00
11(a)(iii), (b),	and (c)) (Carry ≥ 33, page 5)		18003.50		42295.03
	illiated/Other		0.00		0.00
13. All Loans Receive	ed	7	0.00		0.00
15. Offsets To Operat			0.00		0.00
16. Refunds of Contri	ne 37, page 5)butions Made	7	0.00		0.00
to Federal Candid Political Committe 17. Other Federal Rec	es		0.00		0.00
(Dividends, Interes	st, etc.) on-Federal and Levin Funds		0.00		0.00
, ,	lle H3)		0.00		0.00
(b) Levin Funds (t	from Schedule H5)	7	0.00		0.00
(c) Total Transfers	(add 18(a) and 18(b))		0.00		0.00
19. Total Receipts (ad 12, 13, 14, 15, 16	ld Lines 11(d), 5, 17, and 18(c))▶		18003.50		42295.03
20. Total Federal Rec (subtract Line 18(	eipts c) from Line 19)▶		18003.50		42295.03

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal	10.00 11110	Calelidai Teal-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	223.65		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	223.65		
Transfers to Affiliated/Other Party	0.00	0.00		
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	9500.00	27500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	7			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
•				
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
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	0.00	0.00		
(such as PACs)	0.00			
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Dichureements	4050.00	4250.00		
Other Disbursements	1250.00	4250.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	200	0.00		
(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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10750.00	31973.65		
Total Fadaval Dishama and to				
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	10750.00	31973.65		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	18003.50	42295.03
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18003.50	42295.03
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	223.65
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	223.65

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		6	OF	82
	(check only one)								
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial) Scott Bailey		Date of Receipt
Mailing Address 501 Corporate Centre Drive		07 31 2015
City	State Zip Code	Transaction ID : SA11AI.7213
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	Hospital COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial)  3. Scott Bailey		Date of Receipt
Mailing Address 501 Corporate Centre Drive		08 31 2015
City	State Zip Code	Transaction ID : SA11AI.7214
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	Hospital COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Scott Bailey		Date of Receipt
Mailing Address 501 Corporate Centre Drive		09 30 2015
City	State Zip Code	Transaction ID : SA11AI.7215
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	Hospital COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (optional).	<b></b>	300.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:					PAGE		7	OF	82
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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVERNMENT AFFAIRS COMM	NITTEE
Full Name (Last, First, Middle Initial) Scott Bailey  Mailing Address 501 Corporate Centre Drive		Date of Receipt
City	State Zip Code	10 31 2015
Franklin	TN 37067	Transaction ID : SA11AI.7216  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Scott Bailey  Mailing Address 554.0		Date of Receipt
Mailing Address 501 Corporate Centre Drive  City	State Zip Code	11 30 2015
Franklin	TN 37067	Transaction ID : SA11AI.7217  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial)  C. Scott Bailey		Date of Receipt
Mailing Address 501 Corporate Centre Drive		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7218  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare Receipt For:	Hospital COO	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE		8	OF		82	
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)  A. Brian Bell  Mailing Address 501 Corporate Centre Drive		Date of Receipt
City Franklin	State Zip Code TN 37067	07 31 2015
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  30.00
Name of Employer  Capella Healthcare  Receipt For:  Primary General  Other (specify) ▼	Occupation Hospital COO  Aggregate Year-to-Date ▼  210.00	
Full Name (Last, First, Middle Initial)  Brian Bell  Mailing Address 501 Corporate Centre Drive	1	Date of Receipt  08 31 2015
City Franklin FEC ID number of contributing federal political committee.	State Zip Code TN 37067	Transaction ID : SA11AI.7246  Amount of Each Receipt this Period  30.00
Name of Employer Capella Healthcare  Receipt For:  Primary  General  Other (specify) ▼	Occupation Hospital COO  Aggregate Year-to-Date ▼  240.00	
Full Name (Last, First, Middle Initial)  Brian Bell  Mailing Address 501 Corporate Centre Drive  City	State Zip Code	Date of Receipt  09 30 2015  Transaction ID : SA11AI.7247
Franklin  FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 30.00
Name of Employer  Capella Healthcare  Receipt For:  Primary General  Other (specify) ▼	Occupation Hospital COO  Aggregate Year-to-Date ▼  270.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	90.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		9	OF	82
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)  A. Brian Bell  Mailing Address 501 Corporate Centre Drive		Date of Receipt
		10 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7248
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer  Capella Healthcare  Receipt For:  Primary General  Other (specify) ▼	Occupation Hospital COO  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  3. Brian Bell		Date of Receipt
Mailing Address 501 Corporate Centre Drive		11 30 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7249  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  330.00	
Full Name (Last, First, Middle Initial)  Brian Bell	•	Date of Receipt
Mailing Address 501 Corporate Centre Drive		12 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7250  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Capella Healthcare Receipt For:	Hospital COO	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  360.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	90.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	NC. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)  Debra Brand  Mailing Address 501 Corporate Centre Driv	ve	Date of Receipt
City Franklin	State Zip Code TN 37067	07 31 2015 Transaction ID : SA11AI.7278
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  37.00
Name of Employer  Capella Healtthcare  Receipt For:	Occupation healthcare	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  222.00	
Full Name (Last, First, Middle Initial)  Debra Brand  Mailing Address 501 Corporate Centre Driv	/e	Date of Receipt
City Franklin	State Zip Code TN 37067	08 31 2015  Transaction ID : SA11AI.7279  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37.00
Name of Employer Capella Healtthcare Receipt For:	Occupation healthcare	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  259.00	
Full Name (Last, First, Middle Initial)  Rick Brasher		Date of Receipt
Mailing Address 501 Corporate Centre Dri City	State Zip Code	07 31 2015
Franklin	TN 37067	Transaction ID : SA11AI.7293  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	70.00
Name of Employer  Capella Healthcare  Receipt For:	Occupation healthcare	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  210.00	
SUBTOTAL of Receipts This Page (optional	)	144.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full)	the name and address of any political committee	
Full Name (Last, First, Middle Initial)	IC. GOVERNMENT AFFAIRS CON	//////////////////////////////////////
Rick Brasher		Date of Receipt
Mailing Address 501 Corporate Centre Driv	<i>у</i> е	08 31 2015
City	State Zip Code	Transaction ID : SA11AI.7294
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer	Occupation	
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial)  Rick Brasher	•	Date of Receipt
Mailing Address 501 Corporate Centre Driv	ve .	M M / D D / Y Y Y Y Y
City	State Zip Code	09 30 2015 Transaction ID : \$414 At 7305
Franklin	TN 37067	Transaction ID : SA11AI.7295  Amount of Each Receipt this Period
	0.00	Amount of Lacri Necelpt this Fellou
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer	Occupation	7
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  Rick Brasher	I .	Date of Receipt
Mailing Address 501 Corporate Centre Driv	ve	M = M / D = D / Y = Y = Y
City	State 7's Code	10 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7296
	0,001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer	Occupation	
Capella Healthcare	healthcare	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	420.00	
SUBTOTAL of Receipts This Page (optional	)	210.00
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	E NUMBER	R: PAGI	E 12 OF	82			
(check only one)							
<b>X</b> 11a	11b	11c	12				
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial)  Rick Brasher  Mailing Address 501 Corporate Centre Drive		Date of Receipt
Mailing Address 501 Corporate Centre Drive		11 30 / 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7297
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 70.00
Name of Employer  Capella Healthcare  Receipt For:  Primary General  Other (specify) ▼	Occupation healthcare  Aggregate Year-to-Date ▼  490.00	
Full Name (Last, First, Middle Initial)  Rick Brasher  Mailing Address 501 Corporate Centre Drive		Date of Receipt  12 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7298
FEC ID number of contributing federal political committee.	C 37007	Amount of Each Receipt this Period 70.00
Name of Employer Capella Healthcare	Occupation healthcare	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial)  7. Tim Browne		Date of Receipt
Mailing Address 501 Corporate Centre Drive		07 31 _ 2015 _
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7280  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Capella Healthcare	Occupation healthcare	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  750.00	
SUBTOTAL of Receipts This Page (optional)	•	265.00
TOTAL This Period (last page this line number	<u> </u>	

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE	. 1	13	OF	82	
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					15		16		17	

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial) Tim Browne		Date of Receipt
Mailing Address 501 Corporate Centre Drive		08 31 2015
City	State Zip Code	Transaction ID : SA11AI.7281
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	875.00	
Full Name (Last, First, Middle Initial)  3. Tim Browne		Date of Receipt
Mailing Address 501 Corporate Centre Drive		09 30 2015
City	State Zip Code	Transaction ID : SA11AI.7282
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
Capella Healthcare	healthcare	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Tim Browne		Date of Receipt
Mailing Address 501 Corporate Centre Drive		10 31 2015
City	State Zip Code	Transaction ID : SA11AI.7283
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1125.00	
SUBTOTAL of Receipts This Page (optional)		375.00
TOTAL This Period (last page this line numbe	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE	. 1	14	OF	82	
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(check only one)    X   11a   11b   13   14					15		16		17	

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE		
Full Name (Last, First, Middle Initial)  Tim Browne  Mailing Addrsos Fot Corrects Control Price		Date of Receipt		
Mailing Address 501 Corporate Centre Drive		11 30 2015		
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7284  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	125.00		
Name of Employer  Capella Healthcare  Receipt For:  Primary General  Other (specify) —	Occupation healthcare  Aggregate Year-to-Date ▼  1250.00			
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Tim Province	1250.00	Date of Dessire		
Mailing Address 501 Corporate Centre Drive	Date of Receipt  12 31 2015			
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7285  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	125.00		
Name of Employer Capella Healthcare	Occupation healthcare			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1375.00			
Full Name (Last, First, Middle Initial)  C. Holly Clark		Date of Receipt		
Mailing Address 501 Corporate Center Drive Suite 200		07 31 2015		
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7077  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	80.55		
Name of Employer	Occupation			
Capella Healthcare Receipt For:	healthcare administration			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  563.85			
SUBTOTAL of Receipts This Page (optional)	<b>)</b>	330.55		
TOTAL This Period (last page this line number	er only)			

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	. 1	15	OF	82	
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial)  A. Holly Clark		Date of Receipt
Mailing Address 501 Corporate Center Drive Suite 200		08 31 2015
City	State Zip Code TN 37067	Transaction ID : SA11AI.7078
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.55
Name of Employer	Occupation	
Capella Healthcare	healthcare administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	644.40	
Full Name (Last, First, Middle Initial)  3. Holly Clark		Date of Receipt
Mailing Address 501 Corporate Center Drive		M = M / D = D / Y = Y = Y
Suite 200 City	State Zip Code	09 30 2015
Franklin	TN 37067	Transaction ID : SA11AI.7079  Amount of Each Receipt this Period
FEC ID number of contributing	5.55	Amount of Each Heceipt this Feriou
federal political committee.	C	80.55
Name of Employer	Occupation	
Capella Healthcare	healthcare administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	724.95	
Full Name (Last, First, Middle Initial)  . Holly Clark		Date of Receipt
Mailing Address 501 Corporate Center Drive Suite 200		10 31 2015
City	State Zip Code	Transaction ID : SA11AI.7080
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.55
Name of Employer	Occupation	
Capella Healthcare	healthcare administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	805.50	
SUBTOTAL of Receipts This Page (optional)		241.65
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	e name and address of any political committee to	
NAME OF COMMITTEE (IN Full) CAPELLA HEALTHCARE, INC	GOVERNMENT AFFAIRS COMM	MITTEE
Full Name (Last, First, Middle Initial)  A. Holly Clark		Date of Receipt
Mailing Address 501 Corporate Center Drive Suite 200		1.1 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7082
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.55
Name of Employer	Occupation	
Capella Healthcare	healthcare administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	886.05	
Full Name (Last, First, Middle Initial)  Holly Clark		Date of Receipt
Mailing Address 501 Corporate Center Drive		M = M / D = D / Y = Y = Y
Suite 200	Otata 7: 0 :	12 31 2015
City	State Zip Code	Transaction ID : SA11AI.7083
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.55
Name of Employer	Occupation	
Capella Healthcare	healthcare administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Tear-to-Date ▼ 966.60	
Full Name (Last, First, Middle Initial)  S. Ray Coffey		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7084
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77.28
Name of Employer	Occupation	
Capella Healthcare	VP & Government Programs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	540.66	
SUBTOTAL of Receipts This Page (optional)		238.38
TOTAL This Period (last page this line number	only)	

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	statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVERNMENT AFFAIRS COMM	иіттее
Full Name (Last, First, Middle Initial)  S. Ray Coffey  Mailing Address 501 Corporate Centre Drive  Suite 200  City  Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare  Receipt For:  Primary General  Other (specify)   Eull Name (Last First Middle Initial)	State Zip Code TN 37067  C  Occupation VP & Government Programs  Aggregate Year-to-Date ▼  617.94	Date of Receipt  M M M / D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  S. Ray Coffey  Mailing Address 501 Corporate Centre Drive  Suite 200  City  Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare  Receipt For:  Primary General  Other (specify)	State Zip Code TN 37067  C  Occupation VP & Government Programs  Aggregate Year-to-Date ▼  695.22	Date of Receipt  M M M O 30 2015  Transaction ID: SA11AI.7086  Amount of Each Receipt this Period  77.28
Full Name (Last, First, Middle Initial)  S. Ray Coffey  Mailing Address 501 Corporate Centre Drive  Suite 200  City  Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare  Receipt For:  Primary  General  Other (specify)	State Zip Code TN 37067  C  Occupation VP & Government Programs  Aggregate Year-to-Date ▼  772.50	Date of Receipt  10 31 2015  Transaction ID: SA11AI.7087  Amount of Each Receipt this Period  77.28
SUBTOTAL of Receipts This Page (optional)		231.84
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial) S. Ray Coffey  Mailing Address 501 Corporate Centre Drive Suite 200  City Franklin  FEC ID number of contributing federal political committee.	State Zip Code TN 37067	Date of Receipt  11 30 2015  Transaction ID: SA11AI.7088  Amount of Each Receipt this Period  77.28
Name of Employer  Capella Healthcare  Receipt For:  Primary General  Other (specify) ▼	Occupation VP & Government Programs  Aggregate Year-to-Date ▼  849.78	
Full Name (Last, First, Middle Initial)  S. Ray Coffey  Mailing Address 501 Corporate Centre Drive Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Receipt For: Primary General Other (specify)	State Zip Code TN 37067  C  Occupation VP & Government Programs  Aggregate Year-to-Date ▼  927.06	Date of Receipt  12 31 2015  Transaction ID : SA11AI.7089  Amount of Each Receipt this Period  77.28
Full Name (Last, First, Middle Initial)  Sue Conley  Mailing Address 501 Corporate Centre Drive  Suite 200  City  Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare  Receipt For:  Primary  General  Other (specify)	State Zip Code TN 37067  C  Occupation Healthcare administration  Aggregate Year-to-Date ▼  700.00	Date of Receipt  07 31 2015  Transaction ID : SA11AI.7192  Amount of Each Receipt this Period  100.00
SUBTOTAL of Receipts This Page (optional)		254.56
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full)  CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE  Full Name (Last, First, Middle Initial)  Sue Conley  Suite 200  City  State 200  State 200  City  Franklin  TN 37067  FEC ID number of contributing (ederar political committee.  Recopt For:  Primary General  City  Suite 200  City  State Zip Code  Transaction ID: SA11AL7193  Amount of Each Receipt this Period  TO 200  Transaction ID: SA11AL7193  Transaction ID: SA11AL7193  Transaction ID: SA11AL7194  Amount of Each Receipt this Period  To 200  Date of Receipt  Transaction ID: SA11AL7194  Transaction ID: SA11AL7194  Amount of Each Receipt this Period  Transaction ID: SA11AL7194  Amount of Each Receipt this Period  Transaction ID: SA11AL7194  Transaction ID: SA11AL7194  Amount of Each Receipt this Period  Transaction ID: SA11AL7194  Transaction ID: SA11AL7194  Transaction ID: SA11AL7194  Amount of Each Receipt this Period  Transaction ID: SA11AL7194  Transaction ID: SA11AL7090  Transacti			name and address of any political committee to	
Full Name (Last, First, Middle Initial) Sue Contey Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code TN 37067  Final Transaction ID: SA11AL7193  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code Transaction ID: SA11AL7193  Amount of Each Receipt this Period  Full Name (Last, First, Middle Initial) Sue Conley Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Transaction ID: SA11AL7194  Amount of Each Receipt this Period  Date of Receipt  To 0.00  Date of Receipt  Transaction ID: SA11AL7193  Amount of Each Receipt this Period  Date of Receipt this Period  Date of Receipt  Transaction ID: SA11AL7193  Date of Receipt this Period  Date of Receipt this Pe	\	, ,	GOVERNMENT AFFAIRS COMM	/ITTFF
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Receipt For:		•		
Receipt For:    Primary   General   Other (specify) ▼   800.00		' '	,	
Primary General Other (specify) ▼ 800.00  Full Name (Last, First, Middle Initial) Sue Conley Mailing Address 501 Corporate Centre Drive Suite 200  City State Zip Code Franklin TN 37067  FEC ID number of contributing federal political committee.  C Occupation Capella Healthcare Healthcare administration  Receipt For: Primary General Other (specify) ▼ 900.00  Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Centre Drive Suite 200  City Franklin TN 37067  Date of Receipt  Date of Receipt  Transaction ID: SA11AI.7194  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.7194  Date of Receipt  Date of Receipt  Amount of Each Receipt in Secipt  Transaction ID: SA11AI.7090  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C Occupation VP & Quality Management  Receipt For: Primary General Other (specify) ▼ 350.00  Aggregate Year-to-Date ▼ 350.00				
Full Name (Last, First, Middle Initial) Sue Conley  Mailing Address 501 Corporate Centre Drive Suite 200  City Franklin TN 37067  FEC ID number of contributing tederal political committee.  Primary Other (specify)  State Suite 200  Full Name (Last, First, Middle Initial)  General Other (specify)  State Suite 200  Full Name (Last, First, Middle Initial)  Beverly Craig  Mailing Address 501 Corporate Centre Drive Suite 200  City Franklin TN 37067  Full Name (Last, First, Middle Initial)  Beverly Craig  Mailing Address 501 Corporate Centre Drive Suite 200  City Franklin TN 37067  FEC ID number of contributing tederal political committee.  C  State Suite 200  City Franklin TN 37067  FEC ID number of contributing tederal political committee.  C  Aggregate Year-to-Date  Transaction ID: SA11AI.7990  Amount of Each Receipt this Period  FEC ID number of contributing tederal political committee.  C  Aggregate Year-to-Date  Aggregate Year-to-Date  Primary General Other (specify)  Aggregate Year-to-Date  Primary Other (specify)  Aggregate Year-to-Date  Primary General Other			Aggregate Year-to-Date ▼	
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Franklin  TN 37067  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Pranklin  Date of Receipt  Thanaction ID: SA11AL7090  Amount of Each Receipt this Period  100.00  Date of Receipt  Thanaction ID: SA11AL7090  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL7090  Amount of Each Receipt this Period  Transaction ID: SA11AL7090  Amount of Each Receipt this Period  Transaction ID: SA11AL7090  Amount of Each Receipt this Period  Transaction ID: SA11AL7090  Amount of Each Receipt this Period  Transaction ID: SA11AL7090  Amount of Each Receipt this Period  Transaction ID: SA11AL7090  Amount of Each Receipt this Period  Transaction ID: SA11AL7090  Amount of Each Receipt this Period  Transaction ID: SA11AL7090  Amount of Each Receipt this Period  Transaction ID: SA11AL7090  Amount of Each Receipt this Period  Transaction ID: SA11AL7090  Amount of Each Receipt this Period			Ptoto 7'- C '	
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Capella Healthcare		· ·	C	100.00
Receipt For:    Primary		. ,	Occupation	
Primary General Other (specify) ▼ 900.00  Full Name (Last, First, Middle Initial)  Beverly Craig  Mailing Address 501 Corporate Centre Drive Suite 200  City State Zip Code Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare  Receipt For:  Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00   BUBTOTAL of Receipts This Page (optional)	•		Healthcare administration	
Other (specify) ▼  Pull Name (Last, First, Middle Initial)  Beverly Craig  Mailing Address 501 Corporate Centre Drive Suite 200  City Franklin  TN 37067  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional)  Date of Receipt  Transaction ID: SA11AL.7090  Amount of Each Receipt this Period  Faceipt For: Aggregate Year-to-Date ▼  250.00			Aggregate Year-to-Date ▼	
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federal political committee.  Name of Employer  Capella Healthcare  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  Capella Healthcare  Aggregate Year-to-Date ▼			IN 37067	Amount of Each Receipt this Period
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	13	14	15	16	17

	name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVERNMENT AFFAIRS COMM	MITTEE
Full Name (Last, First, Middle Initial)  Beverly Craig  Mailing Address 501 Corporate Centre Drive  Suite 200  City  Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare  Receipt For:  Primary General  Other (specify)	State Zip Code TN 37067  C  Occupation VP & Quality Management  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M M 2015  Transaction ID: SA11AI.7091  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial)  Beverly Craig  Mailing Address 501 Corporate Centre Drive Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Receipt For: Primary General Other (specify)   Capella Health Capella	State Zip Code TN 37067  C  Occupation VP & Quality Management  Aggregate Year-to-Date ▼  450.00	Date of Receipt  M M M / D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Beverly Craig  Mailing Address 501 Corporate Centre Drive  Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare  Receipt For:  Primary  General  Other (specify)	State Zip Code TN 37067  C  Occupation VP & Quality Management  Aggregate Year-to-Date ▼  500.00	Date of Receipt  10 31 2015  Transaction ID: SA11AI.7093  Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number of	only)	

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or for commercial purposes, other than using the	ne name and address of any political committee t						
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	IMITTEE					
Full Name (Last, First, Middle Initial)  Beverly Craig  Mailing Address 501 Corporate Centre Drive  Suite 200  City  Franklin	Beverly Craig  Mailing Address 501 Corporate Centre Drive Suite 200  City State Zip Code						
FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare  Receipt For:  Primary General  Other (specify)   Full Name (to the First Michigan)	C Occupation VP & Quality Management Aggregate Year-to-Date ▼  550.00	Amount of Each Receipt this Period  50.00					
Full Name (Last, First, Middle Initial)  Beverly Craig  Mailing Address 501 Corporate Centre Drive Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Receipt For:  Primary General Other (specify)	State Zip Code TN 37067  C  Occupation VP & Quality Management  Aggregate Year-to-Date ▼  600.00	Date of Receipt  12 31 2015  Transaction ID : SA11AI.7095  Amount of Each Receipt this Period  50.00					
Full Name (Last, First, Middle Initial)  Patricia Crumpton  Mailing Address 501 Corporate Centre Drive Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare  Receipt For:  Primary General Other (specify)	State Zip Code TN 37067  C  Occupation Hospital CNO  Aggregate Year-to-Date ▼  225.00	Date of Receipt  99 30 2015  Transaction ID : SA11AI.7253  Amount of Each Receipt this Period  25.00					
SUBTOTAL of Receipts This Page (optional)	····	125.00					
TOTAL This Period (last page this line numbe	r only)						

Use separate schedule(s) for each category of the Detailed Summary Page

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		name and address of any political committee to	
\	AME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVERNMENT AFFAIRS COMM	MITTEE
A. F	ranklin  EC ID number of contributing deral political committee.	State Zip Code TN 37067	Date of Receipt  10 31 2015  Transaction ID: SA11AI.7254  Amount of Each Receipt this Period  25.00
Ca	ame of Employer  apella Healthcare eceipt For: Primary General Other (specify)	Occupation Hospital CNO  Aggregate Year-to-Date ▼  250.00	
B. F	eceipt For:  Primary  Other (specify)	State Zip Code TN 37067  C  Occupation Hospital CNO  Aggregate Year-to-Date ▼  275.00	Date of Receipt  11 30 2015  Transaction ID: SA11AI.7255  Amount of Each Receipt this Period  25.00
C. F Ma Ci FE fec Na Ca	All Name (Last, First, Middle Initial)  Patricia Crumpton  ailing Address 501 Corporate Centre Drive Suite 200  ty  ranklin  EC ID number of contributing deral political committee.  ame of Employer  apella Healthcare eccipt For:  Primary General  Other (specify)	State Zip Code TN 37067  C  Occupation Hospital CNO  Aggregate Year-to-Date ▼  300.00	Date of Receipt  12 31 2015  Transaction ID: SA11AI.7256  Amount of Each Receipt this Period  25.00
SUE	BTOTAL of Receipts This Page (optional)		75.00
тот	AL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	(check only one)						16			17

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, IN	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial) <b>1.</b> Jim Davidson		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200	07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code TN 37067	Transaction ID : SA11AI.7219
Franklin	114 37007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	61.25
Name of Employer	Occupation	
Capella Healthcare	Hospital COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	428.75	
Full Name (Last, First, Middle Initial)  3. Jim Davidson	Date of Receipt	
Mailing Address 501 Corporate Centre Drive	M = M / D = D / Y = Y = Y	
Suite 200		08 31 2015
City	State Zip Code TN 37067	Transaction ID : SA11AI.7220
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	61.25
Name of Employer	Occupation	
Capella Healthcare	Hospital COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	
Full Name (Last, First, Middle Initial)  C. Jim Davidson		Date of Receipt
Mailing Address 501 Corporate Centre Drivi	е	09 30 2015
City	State Zip Code	Transaction ID : SA11AI.7221
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	61.25
Name of Employer	Occupation	
Capella Healthcare	Hospital COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	551.25	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	183.75
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial)  Jim Davidson		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7222
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 61.25
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 612.50	
Full Name (Last, First, Middle Initial)  Jim Davidson  Mailing Address 501 Corporate Centre Drive Suite 200		Date of Receipt  11 30 2015
City	State Zip Code	Transaction ID : SA11AI.7224
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	61.25
Name of Employer Capella Healthcare	Occupation	
Receipt For:	Hospital COO	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 673.75	
Full Name (Last, First, Middle Initial)  Jim Davidson		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		12 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7226  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	61.25
Name of Employer	Occupation	
Capella Healthcare	Hospital COO	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	735.00	
SUBTOTAL of Receipts This Page (optional)		183.75
TOTAL This Period (last page this line number	only)	

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		(check only one)						16		17

or for commercial purposes, other than using the	name and address of any political committee to	
NAME OF COMMITTEE (In Full)	COVERNMENT AFFAIRS CO.	AITTEE
/ CAPELLA HEALTHCARE, INC.	GOVERNMENT AFFAIRS COMM	WIIIIEE
Full Name (Last, First, Middle Initial)  A. Elizabeth Estep		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Suite 200	State Zip Code	09 30 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7098  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  25.00
Name of Employer	Occupation	
Capella Healthcare	VP, Physician Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial)  3. Elizabeth Estep		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Suite 200	State Zip Code	10 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7099  Amount of Each Receipt this Period
_	0.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Capella Healthcare	VP, Physician Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Elizabeth Estep		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		11 30 2015
City	State Zip Code	Transaction ID : SA11AI.7100
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Capella Healthcare	VP, Physician Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	275.00	
Other (specify) ▼	2/5.00	
SUBTOTAL of Receipts This Page (optional)		75.00
TOTAL This Period (last page this line number of	only)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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	nd Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	NC. GOVERNMENT AFFAIRS COM	IMITTEE
Full Name (Last, First, Middle Initial)  Elizabeth Estep  Mailing Address 501 Corporate Centre Driv	VP.	Date of Receipt
Suite 200		12 31 2015
City	State Zip Code	Transaction ID : SA11AI.7101
Franklin	TN 37067	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	†
Capella Healthcare	VP, Physician Services	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	Ì
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Jim Geist		Date of Receipt
Mailing Address 501 Corporate Centre Driv	/e	M = M / D = D / Y = Y = Y
Suite 200	044	07 31 2015
City	State Zip Code	Transaction ID : SA11AI.7198
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	7
Capella Healthcare	Hospital CEO	j
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial)  C. Jim Geist	<u> </u>	Date of Receipt
Mailing Address 501 Corporate Centre Dri Suite 200		08 31 2015
City	State Zip Code	Transaction ID : SA11AI.7199
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Capella Healthcare	Hospital CEO	Ì
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		Ì
Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (optional	1)	225.00
	ber only)	
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Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial)  Jim Geist		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 2015
City	State Zip Code TN 37067	Transaction ID : SA11AI.7200
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.40
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	830.40	
Full Name (Last, First, Middle Initial)  3. Jim Geist		Date of Receipt
Mailing Address 501 Corporate Centre Drive	M = M / D = D / Y = Y = Y	
Suite 200	State Zin Code	10 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7201
_	0.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	930.40	
Full Name (Last, First, Middle Initial)  Jim Geist		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		11 30 2015
City	State Zip Code	Transaction ID : SA11AI.7202
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1030.40	
SUBTOTAL of Receipts This Page (optional)		230.40
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial)  1. Jim Geist		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		12 31 2015
City	State Zip Code	Transaction ID : SA11AI.7203
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1130.40	
Full Name (Last, First, Middle Initial)  Cynthia Goehring		Date of Receipt
Mailing Address 501 Corporate Centre Dr		M = M / D = D / Y = Y = Y
Ste 200	State 7in Code	09 30 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7104
_	5.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Capella	Healthcare	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Cynthia Goehring		Date of Receipt
Mailing Address 501 Corporate Centre Dr Ste 200		10 31 2015
City	State Zip Code	Transaction ID : SA11AI.7105
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Capella	Healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	150.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, II	NC. GOVERNMENT AFFAIRS COM	MMITTEE
Full Name (Last, First, Middle Initial)  Cynthia Goehring		Date of Receipt
Mailing Address 501 Corporate Centre Dr Ste 200		11 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7106
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Capella	Healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial)  Cynthia Goehring		Date of Receipt
Mailing Address 501 Corporate Centre Dr		M = M / D = D / Y = Y = Y
Ste 200	State 7in Code	12 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7107
	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	7
Capella	Healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  2. Brian Hitchcock	1	Date of Receipt
Mailing Address 501 Corporate Centre Dr Suite 200	ive	07 31 2015
City	State Zip Code	Transaction ID : SA11AI.7108
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer	Occupation	_
Capella Healthcare	VP & Materials Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	490.00	
SUBTOTAL of Receipts This Page (options	al)	120.00
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or fo	or commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)	COVEDNIMENT AFFAIRS SOME	AITTEE
/	<u> </u>	GOVERNMENT AFFAIRS COMM	WILL I E E
	Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt
–	Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
_	Suite 200	Chate	08 31 2015
	Dity Eranklin	State Zip Code TN 37067	Transaction ID : SA11AI.7109
_	Franklin	31001	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	70.00
N	Name of Employer	Occupation	
_	Capella Healthcare	VP & Materials Management	
R	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	33 3	
_	Other (specify) ▼	560.00	
3. <u> </u>	Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt
N	Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
_	Suite 200	Stato Zin Code	09 30 2015
	City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.7110
_	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	70.00
	Name of Employer	Occupation	
_	Capella Healthcare	VP & Materials Management	
R	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	00 0	
	Other (specify) ▼	630.00	
	Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200		10 31 _ 2015 _
C	Suite 200 Dity	State Zip Code	Transaction ID : SA11AI.7111
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	70.00
N	Name of Employer	Occupation	
	Capella Healthcare	VP & Materials Management	
R	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
_	Other (specify) ▼	700.00	
SIII	BTOTAL of Receipts This Page (optional)		210.00
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		name and address of any political committee to	
<u></u>	NAME OF COMMITTEE (In Full)		
/	CAPELLA HEALTHCARE, INC.	GOVERNMENT AFFAIRS COMM	/IIII   EE
١.	Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt
	Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
	Suite 200	State Zip Code	11 30 2015 Transaction ID : SA11AI.7112
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer	Occupation	
	Capella Healthcare	VP & Materials Management	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	770.00	
3.	Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt
	Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
	Suite 200 City	State Zip Code	12 31 2015
	Franklin	TN 37067	Transaction ID : SA11AI.7113  Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	70.00
	Name of Employer	Occupation	
	Capella Healthcare	VP & Materials Management	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Other (specify)   General	, 840.00	
<del>-</del>	Full Name (Last, First, Middle Initial) Peter Hofstetter		Date of Receipt
	Mailing Address 501 Corporate Centre Drive		07 31 2015
	City	State Zip Code	Transaction ID : SA11AI.7299
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer	Occupation	
	Capella Healthcare	healthcare	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	
s	UBTOTAL of Receipts This Page (optional)		240.00
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T	OTAL This Period (last page this line number o	only)	

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		13	1	4		15		16		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial) Peter Hofstetter  Mailing Address 501 Corporate Centre Drive		Date of Receipt
		08 31 2015
City	State Zip Code	Transaction ID : SA11AI.7300
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	healthcare	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Peter Hofstetter  Mailing Address 504 Corporate Coatro Price		Date of Receipt
Mailing Address 501 Corporate Centre Drive		09 30 _2015 _
City	State Zip Code	Transaction ID : SA11AI.7301
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	healthcare	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Peter Hofstetter		Date of Receipt
Mailing Address 501 Corporate Centre Drive		10 31 / Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7302  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)	•	300.00
TOTAL This Period (last page this line number	r only)	

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		13		14		15		16	,	17

	ng the name and address of any political committee	
CAPELLA HEALTHCARE, I	INC. GOVERNMENT AFFAIRS COM	MMITTEE
Full Name (Last, First, Middle Initial) Peter Hofstetter		Date of Receipt
Mailing Address 501 Corporate Centre D		11 30 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7303
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial)  Peter Hofstetter		Date of Receipt
Mailing Address 501 Corporate Centre Di	rive	12 31 2015
City	State Zip Code	Transaction ID : SA11AI.7304
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	_
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial)	, , , , , , , , , , , , , , , , , , , ,	
c. Gay Huff		Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200		07 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7114  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Capella Healthcare	Director Operations Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
SUBTOTAL of Receipts This Page (option	al)	240.00
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TOTAL This Period (last page this line nur	mber only)	

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or for commercial purposes, other than using	ng the name and address of any political committee				
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, I	NC. GOVERNMENT AFFAIRS CO	MMITTEE			
Full Name (Last, First, Middle Initial)  Gay Huff		Date of Receipt			
Mailing Address 501 Corporate Centre Di Suite 200	08 31 2015				
City	State Zip Code	Transaction ID : SA11AI.7115			
Franklin	TN 37067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	40.00			
Name of Employer	Occupation				
Capella Healthcare	Director Operations Finance				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	. iggiogate Total to Bate V				
Other (specify) ▼	320.00				
Full Name (Last, First, Middle Initial)  Gay Huff		Date of Receipt			
Mailing Address 501 Corporate Centre Dr	rive	M = M / D = D / Y = Y = Y			
Suite 200	09 30 2015				
City	State Zip Code	Transaction ID : SA11AI.7116			
Franklin	TN 37067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	40.00			
Name of Employer	Occupation				
Capella Healthcare	Director Operations Finance				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	360.00				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address 501 Corporate Centre D Suite 200	rive	10 31 2015			
City	State Zip Code	Transaction ID : SA11AI.7117			
Franklin	TN 37067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	40.00			
Name of Employer	-				
Capella Healthcare	apella Healthcare Director Operations Finance				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	400.00				
SUBTOTAL of Receipts This Page (options	al)	120.00			
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TOTAL This Period (last page this line nur	mber only)				

Use separate schedule(s) for each category of the Detailed Summary Page

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	ne name and address of any political committee to					
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE				
Full Name (Last, First, Middle Initial)  A. Gay Huff		Date of Receipt				
Mailing Address 501 Corporate Centre Drive Suite 200	Mailing Address 501 Corporate Centre Drive					
City	City State Zip Code					
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	40.00				
Name of Employer	Occupation					
Capella Healthcare	Director Operations Finance					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	440.00					
Full Name (Last, First, Middle Initial)  Gay Huff		Date of Receipt				
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y				
Suite 200		12 31 2015				
City	State Zip Code	Transaction ID : SA11AI.7119				
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	40.00				
Name of Employer	Occupation					
Capella Healthcare	Director Operations Finance					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	480.00					
Full Name (Last, First, Middle Initial)  . Neil Kunkel		Date of Receipt				
Mailing Address 501 Corporate Centre Drive Suite 200		07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.7120				
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	136.00				
Name of Employer	Occupation					
Capella Healthcare	SVP - Chief Counsel					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	952.00					
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	216.00				
TOTAL This Period (last page this line number	r only)					

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE					
Full Name (Last, First, Middle Initial) <b>1.</b> Neil Kunkel		Date of Receipt					
Mailing Address 501 Corporate Centre Drive Suite 200	08 31 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y						
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7121  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	136.00					
Name of Employer Capella Healthcare Receipt For:	Occupation SVP - Chief Counsel  Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	1088.00						
Full Name (Last, First, Middle Initial)  Teri Lague  Mailing Address 501 Corporate Centre Drive Ste 200		Date of Receipt  08 31 _2015					
City	State Zip Code	Transaction ID : SA11AI.7123					
Franklin  FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 30.00					
Name of Employer Capella Healthcare	Occupation  Director - Clinical Applications						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00						
Full Name (Last, First, Middle Initial)  C. Teri Lague		Date of Receipt					
Mailing Address 501 Corporate Centre Drive Ste 200		09 30 2015					
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7124  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	30.00					
Name of Employer Capella Healthcare	Occupation Director - Clinical Applications						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
SUBTOTAL of Receipts This Page (optional)		196.00					
TOTAL This Period (last page this line number	r only)						

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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.

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVERNMENT AFFAIRS COMM	MITTEE			
Full Name (Last, First, Middle Initial)  1. Teri Lague		Date of Receipt			
Mailing Address 501 Corporate Centre Drive Ste 200	_	10 31 2015			
City	State Zip Code	Transaction ID : SA11AI.7125			
Franklin	TN 37067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	30.00			
Name of Employer	Occupation				
Capella Healthcare	Director - Clinical Applications				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	280.00				
Full Name (Last, First, Middle Initial)  3. Teri Lague		Date of Receipt			
Mailing Address 501 Corporate Centre Drive	Mailing Address 501 Corporate Centre Drive				
Ste 200	State 7:- Co-1-	11 30 2015			
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7126			
_	0.00	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	30.00			
Name of Employer	Occupation				
Capella Healthcare	Director - Clinical Applications				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	310.00				
Full Name (Last, First, Middle Initial)  Teri Lague		Date of Receipt			
Mailing Address 501 Corporate Centre Drive Ste 200		12 31 2015			
City	State Zip Code	Transaction ID : SA11AI.7127			
Franklin	TN 37067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	30.00			
Name of Employer	Occupation				
Capella Healthcare	Director - Clinical Applications				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	340.00				
SUBTOTAL of Receipts This Page (optional)		90.00			
TOTAL This Period (last page this line number	<u></u>				

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7233
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  108.00
Name of Employer  CANN  Receipt For:	Occupation CEO  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	756.00	
Full Name (Last, First, Middle Initial)  Bill Little  Mailing Address 501 Corporate Centre Drive		Date of Receipt
Suite 200 City	State Zip Code	08 31 2015
Franklin	TN 37067	Transaction ID : SA11AI.7234  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	108.00
Name of Employer CANN	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 864.00	
Full Name (Last, First, Middle Initial)  . Bill Little		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7235  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	108.00
Name of Employer CANN	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 972.00	
SUBTOTAL of Receipts This Page (optional)		324.00
TOTAL This Period (last page this line number	· only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE		
Full Name (Last, First, Middle Initial)  1. Derek Lythgoe		Date of Receipt		
Mailing Address 501 Corporate Centre Drive Suite 200		07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7204  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.00		
Name of Employer  Capella Healthcare  Receipt For:	Occupation Hospital CFO			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  350.00			
Full Name (Last, First, Middle Initial)  3. Derek Lythgoe  Mailing Address 501 Corporate Centre Drive		Date of Receipt		
Suite 200  City	Suite 200			
Franklin	TN 37067	Transaction ID : SA11AI.7205  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.00		
Name of Employer Capella Healthcare	Occupation Hospital CFO			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			
Full Name (Last, First, Middle Initial)  Derek Lythgoe		Date of Receipt		
Mailing Address 501 Corporate Centre Drive Suite 200	3	09 30 / Y Y Y Y Y Y		
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7206  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer	Occupation			
Capella Healthcare	Hospital CFO			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			
SUBTOTAL of Receipts This Page (optional).	<u>-</u>	150.00		
TOTAL This Period (last page this line number	er only)			

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or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	INC. GOVERNMENT AFFAIRS COI	VIIVII I EE
Jerry Mabry		Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200	Drive	07 31 2015
City	State Zip Code	Transaction ID : SA11AI.7257
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial)  Jerry Mabry		Date of Receipt
Mailing Address 501 Corporate Centre D	Prive	M = M / D = D / Y = Y = Y
Suite 200	Olate 70 Octo	08 31 2015
City	State Zip Code TN 37067	Transaction ID : SA11AI.7258
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial)  Jerry Mabry		Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200	Drive	09 30 2015
City	State Zip Code	Transaction ID : SA11AI.7259
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) $\blacktriangledown$	900.00	
SUBTOTAL of Receipts This Page (option	nal)	300.00
TOTAL This Period (last page this line nu	imber only)	

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	(check only one)									
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NAME OF COMMITTEE (In Full)	C. GOVERNMENT AFFAIRS COM	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Jerry Mabry	J. GOVERNIVIENT AFFAIRS COIV	Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TN 37067	Transaction ID : SA11AI.7260
Franklin  FEC ID number of contributing federal political committee.	C 37067	Amount of Each Receipt this Period  100.00
Name of Employer  Capella Healthcare  Receipt For:	Occupation Hospital CEO	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Jerry Mabry		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 200 City	State Zip Code	11 30 2015 Transaction ID : SA11AI.7261
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1100.00	
Full Name (Last, First, Middle Initial)  . Jerry Mabry		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		12 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7262  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	+
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1200.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
	er only)	

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVERNMENT AFFAIRS COMM	MITTEE
Full Name (Last, First, Middle Initial)  Joseph Mazzo  Mailing Address 501 Corporate Centre Drive		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.7263
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.50
Name of Employer	Occupation	
Capella Healthcare	Hospital COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	350.02	
Other (specify)	300.02	
Full Name (Last, First, Middle Initial)  3. Joseph Mazzo		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
City	State Zin Code	08 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7264
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3.01
Name of Employer	Occupation	
Capella Healthcare	Hospital COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 353.03	
Full Name (Last, First, Middle Initial)  . Mike McCoy		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		07 31 2015
City	State Zip Code	Transaction ID : SA11AI.7266
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.50
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	367.50	
SUBTOTAL of Receipts This Page (optional)		106.01
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial)  A. Mike McCoy		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		08 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7267  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.50
Name of Employer  Capella Healthcare  Receipt For:	Occupation Hospital CEO  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	420.00	
Full Name (Last, First, Middle Initial)  Mike McCoy  Mailing Address 501 Corporate Centre Drive	Date of Receipt	
Suite 200  City	State Zip Code	09 30 2015  Transaction ID : SA11AI.7268
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.50
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  472.50	
Full Name (Last, First, Middle Initial)  . Mike McCoy		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		10 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7269  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.50
Name of Employer	Occupation	
Capella Healthcare Receipt For:	Hospital CEO	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	157.50
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	e to solicit contributions from such committee.
<i>'</i>	INC. GOVERNMENT AFFAIRS COI	MMIITEE 
Full Name (Last, First, Middle Initial)  Mike McCoy		Date of Receipt
Mailing Address 501 Corporate Centre E Suite 200		11 30 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7270
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.50
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	, 1991-1941. 10 But €	
Other (specify) ▼	577.50	
Full Name (Last, First, Middle Initial)  Mike McCoy		Date of Receipt
Mailing Address 501 Corporate Centre D	Prive	M = M / D = D / Y = Y = Y
Suite 200	7. 2.	12 31 2015
City	State Zip Code	Transaction ID : SA11AI.7271
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.50
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	630.00	
Full Name (Last, First, Middle Initial)  Donald McDaniel		Date of Receipt
Mailing Address 501 Corporate Centre I Suite 200	Drive	07 31 2015
City	State Zip Code	Transaction ID : SA11AI.7239
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer	Occupation	
Mineral	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggiogato Total to Dato ₹	
Other (specify) ▼	315.00	
SUBTOTAL of Receipts This Page (option	nal)	150.00
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TOTAL This Period (last page this line nu	imber only)	

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or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	e to solicit contributions from such committee.
,	INC. GOVERNMENT AFFAIRS CO	MIMITIEE
Full Name (Last, First, Middle Initial)  Donald McDaniel		Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200	Prive	08 31 2015
City	State Zip Code	Transaction ID : SA11AI.7240
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer	Occupation	
Mineral	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to-bate •	
Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial)  Donald McDaniel		Date of Receipt
Mailing Address 501 Corporate Centre D	rive	M = M / D = D / Y = Y = Y
Suite 200		09 30 2015
City	State Zip Code	Transaction ID : SA11AI.7241
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer	Occupation	
Mineral	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	405.00	
Full Name (Last, First, Middle Initial)  Donald McDaniel	l	Date of Receipt
Mailing Address 501 Corporate Centre D	Orive	10 31 2015
City	State Zip Code	Transaction ID : SA11AI.7242
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer	Occupation	
Mineral	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate rear-to-Date ▼	
Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (option	nal)	135.00
TOTAL This Period (last page this line nu	mher only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial)  1. Donald McDaniel		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7243
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer	Occupation	
Mineral	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	495.00	
Full Name (Last, First, Middle Initial)  3. Donald McDaniel		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M M / D D / Y Y Y
Suite 200		12 312015
City	State Zip Code	Transaction ID : SA11AI.7244
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer	Occupation	
Mineral	CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial)  Tim McGill		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		07 31 2015
City	State Zip Code	Transaction ID : SA11AI.7265
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	135.00
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	945.00	
SUBTOTAL of Receipts This Page (optional)	•	225.00
TOTAL This Period (last page this line numbe	r only)	

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NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)  Mark Medley  Mailing Address 501 Corporate Centre Drive  Suite 200  City  Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare  Receipt For:  Primary  General  Other (specify)	State Zip Code TN 37067  C  Occupation Division CFO  Aggregate Year-to-Date ▼  1314.00	Date of Receipt  O7 31 2015  Transaction ID : SA11AI.7128  Amount of Each Receipt this Period  238.00
Full Name (Last, First, Middle Initial)  Mark Medley  Mailing Address 501 Corporate Centre Drive Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Receipt For: Primary General Other (specify)	State Zip Code TN 37067  C  Occupation Division CFO  Aggregate Year-to-Date ▼  1552.00	Date of Receipt  M M M
Full Name (Last, First, Middle Initial)  Jane Motes  Mailing Address 501 Corporate Centre Drive  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare  Receipt For:  Primary General Other (specify)	State Zip Code TN 37067  C  Occupation healthcare  Aggregate Year-to-Date ▼  250.00	Date of Receipt  09 30 2015  Transaction ID : SA11AI.7307  Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	526.00

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial)  A. Jane Motes		Date of Receipt
Mailing Address 501 Corporate Centre Drive		10 31 2015
City	State Zip Code	Transaction ID : SA11AI.7308
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Capella Healthcare Receipt For:	healthcare	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  3. Jane Motes		Date of Receipt
Mailing Address 501 Corporate Centre Drive	11 30 / 2015	
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7309
FEC ID number of contributing	5.55	Amount of Each Receipt this Period
federal political committee.	C	50.00
Name of Employer	Occupation	
Capella Healthcare Receipt For:	healthcare	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial)  Jane Motes		Date of Receipt
Mailing Address 501 Corporate Centre Drive		12 31 2015
City	State Zip Code TN 37067	Transaction ID : SA11AI.7310
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Capella Healthcare Receipt For:	healthcare	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	•	150.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)  Angie Mulder  Mailing Address 501 Corporate Centre Dr, St	e 200	Date of Receipt  07 31 2015
City	State Zip Code	7 31 2015 Transaction ID : SA11AI.7131
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	65.59
Name of Employer	Occupation	1
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	455.31	
Full Name (Last, First, Middle Initial)  3. Angie Mulder		Date of Receipt
Mailing Address 501 Corporate Centre Dr, St	e 200	M M / D D / Y Y Y Y Y
City	State Zip Code	08 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7132  Amount of Each Receipt this Period
	0.00	Amount of Each necelpt this Period
FEC ID number of contributing federal political committee.	C	65.59
Name of Employer	Occupation	
Capella Healthcare	healthcare	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 520.90	
Full Name (Last, First, Middle Initial)  C. Angie Mulder		Date of Receipt
Mailing Address 501 Corporate Centre Dr, St	te 200	09 30 2015
City	State Zip Code	Transaction ID : SA11AI.7133
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.59
Name of Employer	Occupation	1
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General		
Other (specify) ▼	586.49	
SUBTOTAL of Receipts This Page (optional)		196.77
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NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE. IN	NC. GOVERNMENT AFFAIRS COM	IMITTEE
Full Name (Last, First, Middle Initial)  A. Angie Mulder		Date of Receipt
Mailing Address 501 Corporate Centre Dr,	Ste 200	10 31 2015
City	State Zip Code	Transaction ID : SA11AI.7134
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.59
Name of Employer	Occupation	7
Capella Healthcare	healthcare	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	652.08	
Full Name (Last, First, Middle Initial)  Angie Mulder		Date of Receipt
Mailing Address 501 Corporate Centre Dr,	Ste 200	M = M / D = D / Y = Y = Y
City	State Zip Code	11 30 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7135  Amount of Each Receipt this Period
_	0.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.59
Name of Employer	Occupation	
Capella Healthcare	healthcare	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	717.67	
Full Name (Last, First, Middle Initial)  C. Angle Mulder		Date of Receipt
Mailing Address 501 Corporate Centre Dr,	Ste 200	12 31 2015
City	State Zip Code	12 31 2015 Transaction ID : SA11AI.7136
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.59
Name of Employer	Occupation	†
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	783.26	
SUBTOTAL of Receipts This Page (optional	I)	196.77
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TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	IC. GOVERNMENT AFFAIRS COM	IMITTEE
Full Name (Last, First, Middle Initial)  A. Christina Patterson		
Mailing Address 501 Corporate Center Dr S	Site 200	Date of Receipt  07 31 2015
City	State Zip Code	07 31 2015 Transaction ID : SA11AI.7138
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
Capella Healthcare Company	Hospital CFO	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	
Other (specify) $\blacktriangledown$	350.00	
Full Name (Last, First, Middle Initial)  Christina Patterson		Date of Receipt
Mailing Address 501 Corporate Center Dr S	tte 200	M = M / D = D / Y = Y = Y
City	State Zip Code	08 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7139  Amount of Each Receipt this Period
	0.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Capella Healthcare Company	Hospital CFO	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  Christina Patterson		Date of Receipt
Mailing Address 501 Corporate Center Dr S	Ste 200	09 30 2015
City	State Zip Code	Transaction ID : SA11AI.7140
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
Capella Healthcare Company	Hospital CFO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (ontional)	····	150.00
TOTAL This Period (last page this line numb	per only)	

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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	IC. GOVERNMENT AFFAIRS COM	IMITTEE
Full Name (Last, First, Middle Initial) Christina Patterson  Mailing Address 501 Corporate Center Dr S		Date of Receipt
City	State Zip Code	10 31 2015 Transaction ID : SA11AI.7141
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Capella Healthcare Company	Occupation Hospital CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Christina Patterson	Date of Receipt	
Mailing Address 501 Corporate Center Dr S  City  Franklin	11 30 2015  Transaction ID : SA11AI.7142  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period  50.00
Name of Employer Capella Healthcare Company	Occupation Hospital CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) C. Christina Patterson		Date of Receipt
Mailing Address 501 Corporate Center Dr	Ste 200	12 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7143  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
Capella Healthcare Company Receipt For:	Hospital CFO	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	)	150.00
TOTAL This Period (last page this line number	ber only)	

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	ng the name and address of any political committee	
	NC. GOVERNMENT AFFAIRS COM	MMITTEE
Full Name (Last, First, Middle Initial) Andretta Reed		Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200		09 30 / Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7146
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Capella Healthcare	Healthcare administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	.555	
Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial)  Andretta Reed	Date of Receipt	
Mailing Address 501 Corporate Centre Di	rive	M = M / D = D / Y = Y = Y
Suite 200		10 31 2015
City	State Zip Code	Transaction ID : SA11AI.7147
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	7
Capella Healthcare	Healthcare administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Andretta Reed		Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200	rive	11 30 2015
City	State Zip Code	Transaction ID : SA11AI.7148
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Capella Healthcare	Healthcare administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	275.00	
SUBTOTAL of Receipts This Page (option	al)	75.00
TOTAL This Period (last page this line nur	mber only)	

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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.

or for commercial purposes, other than usin	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, I	NC. GOVERNMENT AFFAIRS COM	IMITTEE
Full Name (Last, First, Middle Initial)  A. Andretta Reed		Date of Receipt
Mailing Address 501 Corporate Centre Di Suite 200		12 31 , 2015
City	State Zip Code TN 37067	Transaction ID : SA11AI.7149
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	1
Capella Healthcare	Healthcare administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  3. Benjamin Ross		Date of Receipt
Mailing Address 501 Corporate Centre Dr	ive	M = M / D = D / Y = Y = Y
Suite 200		07 31 2015
City	State Zip Code	Transaction ID : SA11AI.7150
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	-
Capella Healthcare	VP Physician Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	583.31	
Full Name (Last, First, Middle Initial)  C. Benjamin Ross		Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200	rive	08 31 2015
City	State Zip Code	Transaction ID : SA11AI.7151
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	-
Capella Healthcare	VP Physician Services	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	riggiogato Total to Date ▼	
Other (specify) ▼	666.64	
SUBTOTAL of Receipts This Page (options	al)	191.66
TOTAL This Period (last page this line nur	mber only)	

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NAME OF COMMITTEE (In Full)	the name and address of any political committee  C. GOVERNMENT AFFAIRS CON	
Full Name (Last, First, Middle Initial)  Deepak Sawhney  Mailing Address 501 Corporate Centre Drive  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Willamette Valley  Receipt For:  Primary General  Other (specify)	State Zip Code TN 37067  C  Occupation Hospital CEO  Aggregate Year-to-Date   553.80	Date of Receipt  12 31 2015  Transaction ID: SA11AI.7332  Amount of Each Receipt this Period  553.80
Full Name (Last, First, Middle Initial)  David Sharp  Mailing Address 501 Corporate Centre Drive Suite 200  City  Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare  Receipt For:  Primary  General  Other (specify)	State Zip Code TN 37067  C  Occupation healthcare executive  Aggregate Year-to-Date   350.00	Date of Receipt  07 31 2015  Transaction ID: SA11AI.7195  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial)  David Sharp  Mailing Address 501 Corporate Centre Drive Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare  Receipt For:  Primary General Other (specify)	State Zip Code TN 37067  C  Occupation healthcare executive  Aggregate Year-to-Date   400.00	Date of Receipt  08 31 2015  Transaction ID: SA11AI.7196  Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	653.80
TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)  A. David Sharp		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7197
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Capella Healthcare	healthcare executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  3. Susan Shugart		Date of Receipt
Mailing Address 501 Corporate Centre Drive	01.1	08 31 2015
City	State Zip Code	Transaction ID : SA11AI.7288
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	47.59
Name of Employer	Occupation	
Capella Healthcare	healthcare	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  237.29	
Full Name (Last, First, Middle Initial)  Susan Shugart		Date of Receipt
Mailing Address 501 Corporate Centre Drive		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7289
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	47.59
Name of Employer	Occupation	
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Teal-to-Date ▼  284.88	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	145.18
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NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)  Susan Shugart  Mailing Address 501 Corporate Centre Drivi	9	Date of Receipt
		10 31 2015
City	State Zip Code	Transaction ID : SA11AI.7290
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	47.59
Name of Employer	Occupation	-
Capella Healthcare	healthcare	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  332.47	
Full Name (Last, First, Middle Initial)  3. Susan Shugart		Date of Receipt
Mailing Address 501 Corporate Centre Drive		11 30 2015
City	State Zip Code	Transaction ID : SA11AI.7291
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	47.59
Name of Employer	Occupation	
Capella Healthcare	healthcare	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.06	
Full Name (Last, First, Middle Initial)  C. Susan Shugart		Date of Receipt
Mailing Address 501 Corporate Centre Driv	е	12 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7292  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	47.59
Name of Employer	Occupation	1
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	427.65	
SUBTOTAL of Receipts This Page (optional)		142.77
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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)  A. Dan Slipkovich		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7152
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	167.00
Name of Employer	Occupation	
Capella Healthcare Company	Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1169.00	
Full Name (Last, First, Middle Initial)  Dan Slipkovich		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Suite 200		08 31 2015
City	State Zip Code	Transaction ID : SA11AI.7153
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	167.00
Name of Employer	Occupation	
Capella Healthcare Company	Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  C. Dan Slipkovich	-	Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 2015
City	State Zip Code	Transaction ID : SA11AI.7154
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	167.00
Name of Employer	Occupation	
Capella Healthcare Company	Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1503.00	
SUBTOTAL of Receipts This Page (optional)		501.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, I	INC. GOVERNMENT AFFAIRS COM	1MITTEE
Full Name (Last, First, Middle Initial)  Dan Slipkovich  Mailing Address 501 Corporate Centre D Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare Company  Receipt For:  Primary General Other (specify)	State Zip Code TN 37067  C  Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  1670.00	Date of Receipt  10 31 2015  Transaction ID: SA11AI.7155  Amount of Each Receipt this Period
Address 501 Corporate Centre D Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare Company  Receipt For:  Primary General Other (specify) ▼	State Zip Code TN 37067  C  Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  1837.00	Date of Receipt  11 30 2015  Transaction ID: SA11AI.7156  Amount of Each Receipt this Period  167.00
Full Name (Last, First, Middle Initial)  Dan Slipkovich  Mailing Address 501 Corporate Centre D Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer  Capella Healthcare Company  Receipt For:  Primary General Other (specify)	Orive  State Zip Code TN 37067  C  Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  2004.00	Date of Receipt  12 31 2015  Transaction ID: SA11AI.7157  Amount of Each Receipt this Period  167.00
SUBTOTAL of Receipts This Page (option	nal)	501.00
TOTAL This Period (last page this line nu	mber only)	

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NAME OF COMMITTEE (In Full)	2.00\/EDAIMENT AFFAIR2.0044	
/ CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	
Full Name (Last, First, Middle Initial)  D. Andrew Slusser		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Suite 200 City	State Zip Code	07 31 2015 Transaction ID : SA11AI.7158
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	170.00
Name of Employer	Occupation	1
Capella Healthcare	Senior VP & Development Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1190.00	
Full Name (Last, First, Middle Initial)  3. D. Andrew Slusser		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M M / D D / Y Y Y Y Y Y
Suite 200 City	State Zip Code	08 31 2015
Franklin	TN 37067	Transaction ID : SA11AI.7159  Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	170.00
Name of Employer	Occupation	
Capella Healthcare	Senior VP & Development Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1360.00	
Other (specify) ▼	1300.00	
Full Name (Last, First, Middle Initial)  Alan Smith		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		07 31 / Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7166
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer	Occupation	•
Capella Healthcare	VIP, CIO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1125.00	
SUBTOTAL of Receipts This Page (optional)		515.00
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TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)  A. Alan Smith		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7167
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer	Occupation	
Capella Healthcare	VIP, CIO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1300.00	
Full Name (Last, First, Middle Initial)  3. Warren Smith		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Suite 200		07 31 2015
City	State Zip Code	Transaction ID : SA11AI.7160
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	
Capella Healthcare	Hospital Finance Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial)  . Warren Smith		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		08 31 2015
City	State Zip Code	Transaction ID : SA11AI.7161
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Capella Healthcare	Hospital Finance Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	320.00	
SUBTOTAL of Receipts This Page (optional)		255.00
TOTAL This Period (last page this line number	· only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)  A. Warren Smith		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7162
Franklin FEO. ID average of contribution		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Capella Healthcare	Hospital Finance Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial)  3. Warren Smith		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Suite 200 City	State Zip Code	10 31 2015
City Franklin	TN 37067	Transaction ID : SA11AI.7163  Amount of Each Receipt this Period
FEC ID number of contributing	0.00	
federal political committee.	C	40.00
Name of Employer	Occupation	
Capella Healthcare	Hospital Finance Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  . Warren Smith		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7164
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Capella Healthcare	Hospital Finance Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	440.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	120.00
TOTAL This Period (last page this line number	<u> </u>	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial)  A. Warren Smith		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7165  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer  Capella Healthcare  Receipt For:	Occupation Hospital Finance Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  480.00	
Full Name (Last, First, Middle Initial)  Bill Southwick  Mailing Address 501 Corporate Centre Drive	Date of Receipt	
Ste 200	State Zip Code	07 31 2015 Transaction ID : SA11AI.7207
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer CMC	Occupation Hospital COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	
Full Name (Last, First, Middle Initial)  Bill Southwick		Date of Receipt
Mailing Address 501 Corporate Centre Drive Ste 200		08 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7208  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation Hospital COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)		140.00
TOTAL This Period (last page this line number	<u> </u>	

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or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
,	INC. GOVERNMENT AFFAIRS COI	MMITTEE
Full Name (Last, First, Middle Initial)  Bill Southwick		Date of Receipt
Mailing Address 501 Corporate Centre D Ste 200		09 30 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7209
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
CMC	Hospital COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	7.99.09ato 10a. to Bato ¥	
Other (specify) ▼	410.00	
Full Name (Last, First, Middle Initial)  Bill Southwick		Date of Receipt
Mailing Address 501 Corporate Centre D	rive	M = M / D = D / Y = Y = Y
Ste 200		10 31 2015
City	State Zip Code	Transaction ID : SA11AI.7210
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
CMC	Hospital COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	460.00	
Full Name (Last, First, Middle Initial)  Bill Southwick	l	Date of Receipt
Mailing Address 501 Corporate Centre E Ste 200		11 30 2015
City	State Zip Code	Transaction ID : SA11AI.7211
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	_
CMC	Hospital COO	
Receipt For:	<u> </u>	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	510.00	
SUBTOTAL of Receipts This Page (option	nal)	150.00
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TOTAL This Period (last page this line nu	mber only)	

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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
/ CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	
Full Name (Last, First, Middle Initial)  A. Bill Southwick		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Ste 200	State Zip Code	12 31 2015
Franklin	TN 37067	Transaction ID : SA11AI.7212  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	1
СМС	Hospital COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	560.00	
Full Name (Last, First, Middle Initial)  3. Davis Turner		Date of Receipt
Mailing Address 501 Corporate Centre Dr, Ste	200	M = M / D = D / Y = Y = Y
City	State Zip Code	07 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7168  Amount of Each Receipt this Period
FEC ID number of contributing	5.00	Amount or Lacii necelpt this Period
federal political committee.	C	78.73
Name of Employer	Occupation	1
Capella Healthcare	healthcare	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 546.51	
Full Name (Last, First, Middle Initial)		Date of Dessirt
Davis Turner  Mailing Address 501 Corporate Centre Dr, Ste	<u> </u>	Date of Receipt
		08 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7169  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.73
Name of Employer	Occupation	1
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	625.24	
SUBTOTAL of Receipts This Page (optional)		207.46
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TOTAL This Period (last page this line number	only)	

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	statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)  A. Davis Turner  Mailing Address 501 Corporate Centre Dr, St	te 200	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7170
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.73
Name of Employer	Occupation	1
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	703.97	
Full Name (Last, First, Middle Initial)  3. Davis Turner		Date of Receipt
Mailing Address 501 Corporate Centre Dr, St	re 200	M = M / D = D / Y = Y = Y
City	Choto 7:- 01	10 31 2015
City	State Zip Code	Transaction ID : SA11AI.7171
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.73
Name of Employer	Occupation	1
Capella Healthcare	healthcare	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  782.70	
Full Name (Last, First, Middle Initial)  C. Davis Turner	·	Date of Receipt
Mailing Address 501 Corporate Centre Dr, S	te 200	11 30 2015
City	State Zip Code	Transaction ID : SA11AI.7172
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	78.73
Name of Employer	Occupation	1
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	861.43	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	236.19
TOTAL This Period (last page this line number	<u> </u>	

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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.

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial) <b>A.</b> Davis Turner		Date of Receipt
Mailing Address 501 Corporate Centre Dr, Ste		12 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7173  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.73
Name of Employer  Capella Healthcare  Receipt For:  Primary  General	Occupation healthcare  Aggregate Year-to-Date ▼	
Other (specify) ▼	940.16	
Full Name (Last, First, Middle Initial)  Wendell Van Es  Mailing Address 501 Corporate Centre Drive Suite 201	Date of Receipt	
Suite 201 City Franklin	State Zip Code TN 37067	07 31 2015  Transaction ID : SA11AI.7272  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	46.50
Name of Employer Capella Healthcare	Occupation Hospital CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  325.50	
Full Name (Last, First, Middle Initial)  . Wendell Van Es		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 201		08 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7273  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	46.50
Name of Employer	Occupation Hospital CEO	
Capella Healthcare Receipt For:	Hospital CFO  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	372.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	171.73
TOTAL This Period (last page this line number	only)	

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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.

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE				
Full Name (Last, First, Middle Initial) <b>A.</b> Wendell Van Es		Date of Receipt				
Mailing Address 501 Corporate Centre Drive Suite 201		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7274				
FEC ID number of contributing		Amount of Each Receipt this Period				
federal political committee.	C	46.50				
Name of Employer	Occupation					
Capella Healthcare	Hospital CFO					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify) ▼	418.50					
Full Name (Last, First, Middle Initial)  3. Wendell Van Es	Date of Receipt					
	Mailing Address 501 Corporate Centre Drive					
Suite 201 City	State Zip Code	10 31 2015				
Franklin	TN 37067	Transaction ID : SA11AI.7275  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	46.50				
Name of Employer	Occupation					
Capella Healthcare	Hospital CFO					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00					
Full Name (Last, First, Middle Initial)  C. Wendell Van Es		Date of Receipt				
Mailing Address 501 Corporate Centre Drive Suite 201		11 30 2015				
City	State Zip Code	Transaction ID: SA11AI.7276				
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	46.50				
Name of Employer	Occupation					
Capella Healthcare	Hospital CFO					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	511.50					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	139.50				
TOTAL This Period (last page this line number	er only)					

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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, IN	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)  A. Wendell Van Es		Date of Receipt
Mailing Address 501 Corporate Centre Driv Suite 201		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7277  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	46.50
Name of Employer  Capella Healthcare  Receipt For:  Primary  General	Occupation Hospital CFO  Aggregate Year-to-Date ▼	
Other (specify)	558.00	
Full Name (Last, First, Middle Initial)  Robert Wampler  Mailing Address 501 Corporate Centre Drive	Date of Receipt	
City Franklin	State Zip Code TN 37067	7 31 2015 Transaction ID : SA11AI.7174 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer Capella Healthcare Company	Occupation VP & Operations CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  850.00	
Full Name (Last, First, Middle Initial)  C. Robert Wampler		Date of Receipt
Mailing Address 501 Corporate Centre Driv	e, Ste 20	08 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7175  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Capella Healthcare Company	Occupation VP & Operations CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		346.50
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or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.				
,	INC. GOVERNMENT AFFAIRS CO	MMIIIEE				
Full Name (Last, First, Middle Initial)  Edward Warren	Edward Warren					
Mailing Address 501 Corporate Centre D						
City	State Zip Code	Transaction ID : SA11AI.7334				
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer	Occupation					
National Park	Hospital CNO					
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General						
Other (specify) ▼	400.00					
Full Name (Last, First, Middle Initial) Jennifer Weldon	Date of Receipt					
Mailing Address 501 Corporate Centre D	07 31 _2015 _					
City	State Zip Code	Transaction ID : SA11AI.7236				
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing		T ,				
federal political committee.	C	37.88				
Name of Employer	Occupation					
Capella Healthcare	healthcare					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	259.17					
Full Name (Last, First, Middle Initial)  Jennifer Weldon		Date of Bossist				
·	Or Sto 200	Date of Receipt				
Mailing Address 501 Corporate Centre D	טו, Sie Zuu	08 31 2015				
City	State Zip Code	Transaction ID : SA11AI.7237				
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	37.88				
Name of Employer	Occupation					
Capella Healthcare	healthcare	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	207.05					
Other (specify) ▼	297.05					
SUBTOTAL of Receipts This Page (option	nal)	475.76				
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TOTAL This Period (last page this line nu	mper only)					

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	name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVERNMENT AFFAIRS COMM	<i>I</i> ITTEE
Full Name (Last, First, Middle Initial) Jennifer Weldon  Mailing Address 501 Corporate Centre Dr. Ste	200	Date of Receipt
Mailing Address 501 Corporate Centre Dr, Ste		09 30 7 2015
City	State Zip Code TN 37067	Transaction ID : SA11AI.7238
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	15.93
Name of Employer	Occupation	
Capella Healthcare	healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	312.98	
Full Name (Last, First, Middle Initial)  Michael Wiechart		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Suite 200	State 7th Calls	07 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7176
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Capella Healthcare	C00	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial)  C. Michael Wiechart		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		08 31 2015
City	State Zip Code	Transaction ID : SA11AI.7177
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Capella Healthcare	COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	2000.00	
Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)		515.93
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:					PAGE	. 7	72	OF		82
(check only one)										
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	13		14		15		16			17

	statements may not be sold or used by any person s name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	. GOVERNMENT AFFAIRS COMM	AITTEE
<u>'</u>		
Full Name (Last, First, Middle Initial)  James R. Wiseman		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Suite 200 City	State Zip Code	07 31 2015 Transaction ID : SA11AI.7178
Franklin	TN 37067	Transaction ID : SA11AI.7178  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	
Capella Healthcare	VP of Tax	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	560.00	
·		
Full Name (Last, First, Middle Initial)  3. James R. Wiseman		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y = Y
Suite 200 City	State Zip Code	08 31 2015
City Franklin	TN 37067	Transaction ID : SA11AI.7179  Amount of Each Receipt this Period
FEC ID number of contributing	5.00	
federal political committee.	C	80.00
Name of Employer	Occupation	
Capella Healthcare	VP of Tax	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	640.00	
Full Name (Last, First, Middle Initial)		
James R. Wiseman		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 2015
City	State Zip Code	Transaction ID : SA11AI.7180
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	
Capella Healthcare	VP of Tax	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	720.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	240.00
TOTAL This Period (last page this line number	only)	

						PAGE	7	73	OF		82
(check only one)											
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		13		14		15		16	;		17

	ng the name and address of any political committee	
,	NC. GOVERNMENT AFFAIRS CO	MMITTEE
Full Name (Last, First, Middle Initial)  James R. Wiseman		Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200		10 31 2015
City	State Zip Code	Transaction ID : SA11AI.7181
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	
Capella Healthcare	VP of Tax	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial)  James R. Wiseman		Date of Receipt
Mailing Address 501 Corporate Centre Di	rive	M = M / D = D / Y = Y = Y
Suite 200	Otata Zir Onda	11 30 2015
City	State Zip Code	Transaction ID : SA11AI.7182
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	80.00
Name of Employer	Occupation	
Capella Healthcare	VP of Tax	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	880.00	
Full Name (Last, First, Middle Initial)  James R. Wiseman	1	Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200	rive	12 31 2015
City	State Zip Code	Transaction ID : SA11AI.7183
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	
Capella Healthcare	VP of Tax	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	960.00	
SUBTOTAL of Receipts This Page (option	al)	240.00
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TOTAL This Period (last page this line nur	mber only)	

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(check only one)								
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13		14		15		16		17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
,	INC. GOVERNMENT AFFAIRS COI	MMITTEE
Full Name (Last, First, Middle Initial) Lori Wooten		Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200	07 31 7 2015	
City	State Zip Code	Transaction ID : SA11AI.7184
Brentwood	TN 37027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	VP/Financial Ops	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	riggiogalo four lo balo V	
Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) Lori Wooten		Date of Receipt
Mailing Address 501 Corporate Centre D	rive	M = M / D = D / Y = Y = Y
Suite 200		08 31 2015
City	State Zip Code	Transaction ID : SA11AI.7185
Brentwood	TN 37027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	7
Capella Healthcare	VP/Financial Ops	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial)  Beth Wright		Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200	Prive	07 31 2015
City	State Zip Code	Transaction ID : SA11AI.7186
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	
Capella Healthcare	VP Corp Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	445.00	
SUBTOTAL of Receipts This Page (option	al)	275.00
TOTAL This Period (last page this line nu	mber only)	

FOR LINE NUMBER:					PAGE	: 7	75	OF	82		
	(check only one)										
		X	11a		11b		11c		12		
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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	C. GOVERNMENT AFFAIRS COM	MMITTEE
Full Name (Last, First, Middle Initial)  Beth Wright		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		08 31 2015
City	State Zip Code	Transaction ID : SA11AI.7187
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	
Capella Healthcare	VP Corp Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	520.00	
Full Name (Last, First, Middle Initial)  Beth Wright	·	Date of Receipt
Mailing Address 501 Corporate Centre Drive	e	M = M / D = D / Y = Y = Y
Suite 200	Ctata Zin Coda	09 30 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7188
	114 3/00/	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	
Capella Healthcare	VP Corp Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	595.00	
Full Name (Last, First, Middle Initial)  Deth Wright		Date of Receipt
Mailing Address 501 Corporate Centre Driv Suite 200		10 31 2015
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7189
<del></del>	37007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	
Capella Healthcare	VP Corp Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	670.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	225.00
TOTAL This Period (last page this line numb	ner only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	. 7	76	OF	82	
	(check only one)									
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE					
Full Name (Last, First, Middle Initial)  A. Beth Wright		Date of Receipt					
Mailing Address 501 Corporate Centre Drive Suite 200		11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7190  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	75.00					
Name of Employer	Occupation						
Capella Healthcare	VP Corp Communications						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 745.00						
Full Name (Last, First, Middle Initial)  Beth Wright		Date of Receipt					
Mailing Address 501 Corporate Centre Drive Suite 200	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7191					
Franklin  FFC ID number of contributing	5.00	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	75.00					
Name of Employer	Occupation						
Capella Healthcare	VP Corp Communications						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  820.00						
Full Name (Last, First, Middle Initial)  Anthony Young		Date of Receipt					
Mailing Address 501 Corporate Centre Dr Ste 200		07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7227  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	125.00					
Name of Employer	Occupation						
MRMC	Hospital CEO						
Receipt For:  Primary  General	Aggregate Year-to-Date ▼						
Other (specify) ▼	835.00						
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	275.00					
TOTAL This Period (last page this line numbe	<u> </u>						

FOR LINE NUMBER:						PAGE	7	77	OF	82	
	(check only one)										
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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)	` COVEDNIMENT AFFAIRS 2014	
OAFELLA MEALTHUAKE, INC	C. GOVERNMENT AFFAIRS COM	
Full Name (Last, First, Middle Initial)  A. Anthony Young		Date of Receipt
Mailing Address 501 Corporate Centre Dr		M = M / D = D / Y = Y = Y
Ste 200 City	State Zip Code	08 31 2015
Franklin	TN 37067	Transaction ID : SA11AI.7228  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	1
MRMC	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	960.00	
Full Name (Last, First, Middle Initial)  Anthony Young		Date of Receipt
Mailing Address 501 Corporate Centre Dr		M = M / D = D / Y = Y = Y
Ste 200 City	State Zip Code	09 30 2015 Transaction ID : SA11AI 7229
Franklin	TN 37067	Transaction ID : SA11AI.7229  Amount of Each Receipt this Period
FEC ID number of contributing	0.00	
federal political committee.	C	125.00
Name of Employer	Occupation	
MRMC	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1085.00	
Full Name (Last, First, Middle Initial)  Anthony Young		Date of Receipt
Mailing Address 501 Corporate Centre Dr Ste 200		10 31 2015
City	State Zip Code	Transaction ID : SA11AI.7230
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
MRMC	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1210.00	
SUBTOTAL of Receipts This Page (optional)		375.00
	<u>*</u>	
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER:					PAGE	. 7	78	OF	82	
	(check only one)									
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		13		14		15		16		17

	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	IC. GOVERNMENT AFFAIRS COM	IMITTEE
Full Name (Last, First, Middle Initial) Anthony Young  Mailing Address 501 Corporate Centre Dr Ste 200		Date of Receipt  11 30 2015
City	State Zip Code	Transaction ID : SA11AI.7231
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	1
MRMC	Hospital CEO	]
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1335.00	
Full Name (Last, First, Middle Initial)  Anthony Young		Date of Receipt
Mailing Address 501 Corporate Centre Dr		M = M / D = D / Y = Y = Y
Ste 200	000	12 31 2015
City	State Zip Code	Transaction ID : SA11AI.7232
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	7
MRMC	Hospital CEO	]
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1460.00	
Full Name (Last, First, Middle Initial)	<u> </u>	Date of Receipt
Mailing Address 501 Corporate Centre Driv Suite 200		09 30 2015
City	State Zip Code	Transaction ID : SA11AI.7315
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
Capella Healthcare	VP of Internal Audit	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	)	300.00
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FOR LINE NUMBER:				PAGE	. 7	79	OF	82	
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	13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to					
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE				
Full Name (Last, First, Middle Initial)  Lee Yuill	Lee Yuill					
Mailing Address 501 Corporate Centre Drive Suite 200		10 31 2015				
City	State Zip Code	Transaction ID : SA11AI.7316				
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	1				
Capella Healthcare	VP of Internal Audit					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	300.00					
Full Name (Last, First, Middle Initial)  3. Lee Yuill		Date of Receipt				
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y				
Suite 200		11 30 2015				
City	State Zip Code	Transaction ID: SA11AI.7317				
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation					
Capella Healthcare	VP of Internal Audit					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	350.00					
Full Name (Last, First, Middle Initial)  Lee Yuill		Date of Receipt				
Mailing Address 501 Corporate Centre Drive Suite 200						
City	State Zip Code	Transaction ID : SA11AI.7318				
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	50.00				
Name of Employer	Name of Employer Occupation					
Capella Healthcare	VP of Internal Audit					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	00 0					
Other (specify) ▼	400.00					
SUBTOTAL of Receipts This Page (optional)		150.00				
TOTAL This Period (last page this line numbe	r only)	17231.41				

S	CHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 80 OF 82									
	EMIZED DISBURSEMENTS	Use separate schedule(s) (check of				TE ITOMBEIT.								
11	LIVIIZED DIGDURGEIVIENTS		category of the	``		21b	22	X	23	24		25		26
		Detailed	Summary Page		$\square$	27	28a		28b	28	c	29	H	30b
Ar	y information copied from such Reports and Staten	nents may	not be sold or us	sed hv	anv	persor	for the	purn	ose o	f solicit	ina co	ntribu	tions	_
	for commercial purposes, other than using the nam													
$\setminus$	NAME OF COMMITTEE (In Full)													
$  \rangle$	CAPELLA HEALTHCARE, INC. GO	)VFRNI	MENT AFF	AIRS	s CC	MMC	11TTF	F						
	07 ti 2227 t 127 t 27 1 107 ti t 2, 11 t 0. 0 t	J V E I (I V			, , ,	J.VV		_						
	Full Name (Last, First, Middle Initial)													
A.	FRIENDS OF SCHUMER						Date o	f Disl	burser	nent				
							M I M	/	D	D /	Y Y	Υ	Υ	
	Mailing Address 509 MADISON AVE SUITE 1902						08		04		2	015		
	C:h.	Ptoto .	7in Codo											
	City S NEW YORK	State NY	Zip Code 10022				Trans	sactio	on ID	SB23.	7325			
	Purpose of Disbursement		10022			_								
							Amoun	t of E	Each I	Disburs	emen	t this	Perio	t
	Candidate Name			0.1	0000	.,				- / 0				7
	CHARLES E SCHUMER				egory ype	"						5000	0.00	
	Office Sought: House Disbursen	nent For:			71				/	,				
	X Senate	Primary	General											
	President	Other (spec	cify) 🔻											
	State: NY District: 00													
	Full Name (Last, First, Middle Initial)													
В.	MARSHA BLACKBURN FOR CON	<b>IGRESS</b>	S INC.				Date o	f Disl	burser	ment				
							M = M	/	D I	D /	Υ Ι Υ	Υ	Υ	
	Mailing Address PO Box 682185						07		23	3	_ 2	015		
	City.	21-1-	7:- OI-											
	City S Franklin	State TN	Zip Code 37068				Tran	sactio	on ID	: SB23	.7324			
	Purpose of Disbursement		0.000											
				1.		Ш	Amoun	t of E	Each I	Disburs	emen	t this	Perio	t
	Candidate Name			Cat	egory	//		-	-		-	-		т
	MARSHA MRS. BLACKBURN				ype	"			,			1500	0.00	_
	Office Sought: House Disbursen	nent For:	'											
		Primary	General											
	President	Other (spec	cify) ▼											
	State: TN District: 07													
	Full Name (Last, First, Middle Initial)													
C.	OHPAC						Date o	f Disl	burser	nent				
	Mailing Address 400 Km - Way C 11 400						M M	/	D			Y	Υ	
	Mailing Address 400 Kruse Way, Suite 100						10	_	20	<u>'</u>	_ 2	015		
	City S	State	Zip Code											
	•	OR	97035				Trans	sactio	on ID	SB23	7326			
	Purpose of Disbursement				_	$\neg$								
				Ι.			Amoun	t of E	Each I	Disburs	emen	t this	Perio	t
	Candidate Name			Cat	egory	//		-	-	-	-	1000		т.
					ype							1000	0.00	_
	Office Sought: House Disbursen													
		Primary	General											
		Other (spe	cify) 🔻											
_	State: District:													
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Ls	UBTOTAL of Disbursements This Page (optional)					<u> </u>			7			7 300		_
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	r choa (last page this line hamber only)								E					

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 81 OF 82						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NONDELL.					
IT LIVITZED DISDURSEIVIEN 15	for each category of the	21b	22 🔀 23 24 25 26					
	Detailed Summary Page	27	28a 28b 28c 29 30b					
Any information copied from such Reports and Sta	atements may not be sold or us	sed by any person	on for the purpose of soliciting contributions					
or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full)								
CAPELLA HEALTHCARE, INC.	GOVERNMENT AFF	AIRS COM	MITTEE					
/								
Full Name (Last, First, Middle Initial)			Data of Dishurs					
A. PROSPERITY ACTION INC.	Date of Disbursement							
Mailing Address 320 1ST STREET SE			07 08 2015					
Mailing Address 320 131 STREET SE			07 00 2013					
City	State Zip Code							
WASHINGTON	DC 22314		Transaction ID: SB23.7320					
Purpose of Disbursement								
Out l'dele Neue			Amount of Each Disbursement this Period					
Candidate Name		Category/	1000.00					
Office Sought: House Disbut	sement For:	Туре						
Senate Disbut	Primary General							
President	Other (specify)							
State: District:	(open.,,, \							
Full Name (Last, First, Middle Initial)								
B. WALDEN FOR CONGRESS	•							
			M M / D D / Y Y Y Y					
Mailing Address PO BOX 1091			07 08 2015					
City HOOD RIVER	State Zip Code OR 97031		Transaction ID : SB23.7322					
Purpose of Disbursement	97031							
			Amount of Each Disbursement this Period					
Candidate Name		Category/						
WALDEN FOR CONGRESS		Type	1000.00					
Office Sought: House Disbut	sement For:							
Senate	Primary General							
President	Other (specify)							
State: OR District: 02								
Full Name (Last, First, Middle Initial)  C.			Date of Disbursement					
<b>C.</b>								
Mailing Address	M = M / D = D / Y = Y = Y							
City	State Zip Code							
Purpose of Disbursement								
Candidate Name		Amount of Each Disbursement this Period						
Candidate Name		Category/						
Office Sought: House Disbut	sement For:	Туре						
Senate	Primary General							
President	Other (specify)							
State: District:								
SUBTOTAL of Disbursements This Page (optional	l)		2000.00					
TOTAL This Period (last page this line number o	nly)		9500.00					

SCHEDULE B (FEC Form 3X)	Han annual colored ()	FOR LINE NUMBER: PAGE 82 OF 82					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 23 24 25 26  28a 28b 28c X 29 30				
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	, ,						
Full Name (Last, First, Middle Initial)			Data of Diskumanant				
Al Stevens for State Rep 2016  Mailing Address 6801 S Cherokee			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code						
	OK 74403		Transaction ID : SB29.7330				
Purpose of Disbursement			Amount of Each Disbursement this Period				
Candidate Name		Category/	500.00				
Al Stevens for State Rep 2016		Type	500.00				
	nent For: Primary General Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. Friends of Frank Chopp		Date of Disbursement					
Mailing Address 1000 Aurora Ave N. Unit N 100		11 02 2015					
Seattle	State Zip Code WA 98109		Transaction ID : SB29.7328				
Purpose of Disbursement			Amount of Each Disbursement this Period				
Candidate Name		Category/	250.00				
Friends of Frank Chopp		Type	250.00				
	nent For: Primary General Other (specify) ▼						
Full Name (Last, First, Middle Initial) C. Jay Inslee for Governor		Date of Disbursement					
Mailing Address PO Box 21067		11 02 2015					
•	State Zip Code WA 98111		Transaction ID : SB29.7327				
Purpose of Disbursement							
Candidate Name	Category/	Amount of Each Disbursement this Period					
Jay Inslee for Governor		Type	500.00				
	nent For: Primary General Other (specify)						
State. WA DISTITUTE.							
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	1250.00				
TOTAL This Period (last page this line number only)			1250.00				