

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Minar, Chris, , ,

Type or Print Name of Treasurer

Signature of Treasurer Minar, Chris, , , [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only								
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		22847.85
(b) Cash on Hand at Beginning of Reporting Period.....	37834.86	
(c) Total Receipts (from Line 19)	1627.64	20214.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	39462.50	43062.50
7. Total Disbursements (from Line 31).....	7500.00	11100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	31962.50	31962.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1597.64	13551.38
(ii) Unitemized	30.00	6663.27
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1627.64	20214.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1627.64	20214.65
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1627.64	20214.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1627.64	20214.65

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	8500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	2600.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7500.00	11100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	11100.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1627.64	20214.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1627.64	20214.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bailey, Scott, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2016
Mailing Address 501 Corporate Centre Drive		Transaction ID : SA11AI.7645
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) Hospital COO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bell, Brian, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2016
Mailing Address 501 Corporate Centre Drive		Transaction ID : SA11AI.7649
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) Hospital COO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bhatia, Vishal, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2016
Mailing Address 501 Corporate Centre Drive Ste 200		Transaction ID : SA11AI.7629
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) CMO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Browne, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.7628
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Capuano, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Dr, Ste 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 463.56

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.7646
 Amount of Each Receipt this Period 58.06
 Memo Item

C. Craig, Beverly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) VP & Quality Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.7630
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	233.06
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Crumpton, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 11 / 15 / 2016
Transaction ID : SA11AI.7650

Amount of Each Receipt this Period
25.00

Memo Item

B. Davidson, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
612.50

Date of Receipt
 11 / 15 / 2016
Transaction ID : SA11AI.7647

Amount of Each Receipt this Period
61.25

Memo Item

C. Estep, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 11 / 15 / 2016
Transaction ID : SA11AI.7631

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	111.25
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Geist, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2016

Transaction ID : SA11AI.7625

Amount of Each Receipt this Period
100.00

Memo Item

B. Goehring, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Dr
Ste 200

City Franklin State TN Zip Code 37067

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2016

Transaction ID : SA11AI.7632

Amount of Each Receipt this Period
25.00

Memo Item

C. Hitchcock, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) VP & Materials Management

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2016

Transaction ID : SA11AI.7633

Amount of Each Receipt this Period
70.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	195.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hofstetter, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.7653
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Lague, Teri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive Ste 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Director - Clinical Applications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.7634
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Mabry, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.7651
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. McDaniel, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mineral Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 11 / 15 / 2016
Transaction ID : SA11AI.7627
 Amount of Each Receipt this Period
 45.00
 Memo Item

B. Motes, Jane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 15 / 2016
Transaction ID : SA11AI.7636
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Mulder, Angie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Dr, Ste 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) healthcare
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 673.31

Date of Receipt
 11 / 15 / 2016
Transaction ID : SA11AI.7637
 Amount of Each Receipt this Period
 67.72
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	162.72
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Patterson, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Center Dr Ste 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Company Occupation (for Individual) Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.7639
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Shugart, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 487.87

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.7640
 Amount of Each Receipt this Period 49.11
 Memo Item

C. Smith, Warren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital Finance Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.7641
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	139.11
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Southwick, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Ste 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMC Occupation (for Individual) Hospital COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 15 / 2016
Transaction ID : SA11AI.7626
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Thomas, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) healthcare worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 15 / 2016
Transaction ID : SA11AI.7643
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Van Es, Wendell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 201
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) Hospital CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 11 / 15 / 2016
Transaction ID : SA11AI.7652
 Amount of Each Receipt this Period 46.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	121.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Young, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Dr
 Ste 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MPMC Occupation (for Individual) Hospital CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.7648
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Yuill, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) VP of Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 15 / 2016
Transaction ID : SA11AI.7644
 Amount of Each Receipt this Period 50.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	1597.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

A. FEDERATION OF AMERICAN HOSPITALS PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

Mailing Address 801 PENNSYLVANIA AVENUE
SUITE 245

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

FEC Identification Number

C C00002261

Transaction ID : SB23.7656

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WYDEN FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement contribution

Candidate Name

WYDEN, RONALD LEE, , ,

Office Sought: House Senate President
State: OR District: 00

Disbursement For: 2016 Primary General Other (specify)

Category/Type

FEC Identification Number

C C00308676

Transaction ID : SB23.7655

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

7500.00

7500.00