Image# 201612079037701429					PAGE 1 / 15
	EPORT OF R ND DISBURS Other Than An Autho	EMENT	S	Offic	e Use Only
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼	Example: If typin over the lines.	ng, type	12FE4M5	
	, INC. GOVERNME			TEE	
ADDRESS (number and street)					
Check if different				TN 37	7027
2. FEC IDENTIFICATION NUMB	ER V CITY		S		ZIP CODE
C C00421420	3. IS T REF		NEW N) OR	AMEND (A)	ED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20	(M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M Sep 20 (N	19) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(C) 12-Day PRE-Election Report for the:	(M4) Primary (12F Convention (General (12G) Special (12S)	I10) Jan 31 (YE) Runoff (12R)
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	Election of	on/		Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (300	G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on 11	08	2016	in the State of
5. Covering Period	20 / Y Y Y Y Y 20 2016	through	M M 11	/ D D / Y 28	2016
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of my Ainar, Chris, , ,	/ knowledge and	belief it is true	e, correct and com	nplete.
Signature of Treasurer	ris, , ,	[Electronicall	y Filed] Da	ate 12 /	D D / Y Y Y Y 07 2016
NOTE: Submission of false, erroneous	, or incomplete information m	nay subject the per	son signing thi	s Report to the per	nalties of 52 U.S.C. § 3010
Office Use Only				F	EC FORM 3X Rev. 05/2016

12/07/2016 13 : 06

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

R	eport Covering the Period: From:	0 / 20 / 2016 To:	11 / D D / Y Y Y Y 11 28 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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

Image#	20161	207903	37701431
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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

R	eport Covering the Period: From:	/ D D / Y Y Y Y 20 / 2016	To: 11 / 28 / Y Y Y Y 2016
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	(a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	1597.64	13551.38
	(ii) Unitemized (iii) TOTAL (add	30.00	6663.27
	Lines 11(a)(i) and (ii)	1627.64	20214.65
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs) (d) Total Contributions (add Lines	0.00	0.00
10	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
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1627.64	20214.65
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1627.64	20214.65

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))►	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	7500.00	8500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(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(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	0.00	2600.00
	43. 43. 43.	
Federal Election Activity (52 U.S.C. § 30101) (a) Allocated Federal Election Activity (from Schedule H6)	(20))	
(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
· · · · · · · · · · · · · · · · · · ·	7 7 7	
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7500.00	11100.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7500.00	11100.00
		11100.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

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

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

(subtract Line 37 from Line 36)

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1			-7		-7	
1						0.00

COLUMN B

Calendar Year-to-Date

Page 5

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 6 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	>	_	a		11b	11c	12						
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or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. (
Α.	Full Name of Individual (Last, First, Middle Initia Bailey, Scott, , , Mailing Address 501 Corporate Centre Drive	l) or Full C	Organization Name		Date of Receipt											
	City	State	Zip Code	_	1 Tra		acti	15 ion ID	5 : SA11AI	2016 . 7645						
	Franklin FEC ID number of contributing		37067	_	Amount of Each Receipt this Period											
	federal political committee. Name of Employer (for Individual)	Occ	upation (for Individual)			Me	emo	Item								
	Capella Healthcare Receipt For: Primary General Other (specify) ▼		spital COO Year-to-Date ▼ 1000.00													
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bell, Brian, , ,						Date of Receipt									
	Mailing Address 501 Corporate Centre Drive							M M / D D / Y Y Y Y 11 15 2016								
	City Franklin	State TN	Zip Code 37067	_	Transaction ID : SA11AI.7649 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	s a l								30.00						
	Name of Employer (for Individual) Capella Healthcare		supation (for Individual) spital COO		Ц	Me	emo	ltem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 300.00													
С.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bhatia, Vishal, , ,						Re	ceipt								
	Mailing Address 501 Corporate Centre Drive Ste 200				11 / D D / Y Y Y Y 11 15 2016											
	City Franklin	State TN	Zip Code 37067	_		_		-	: SA11AI Receipt tl		d					
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	Name of Employer (for Individual) Capella Healthcare	Occ CM0	upation (for Individual) O	Memo Item												
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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FOR LINE NUMBER:

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PAGE 7 OF

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			Detailed Summary Page		13		14	15	H	16	17						
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	NAME OF COMMITTEE (In Full)																
	CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS COM	MMI	TTE	E											
Α.	Full Name of Individual (Last, First, Middle Initi Browne, Tim, , ,	al) or Full C	Organization Name		Date of Receipt												
	Mailing Address 501 Corporate Centre Drive				11 15 2016												
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	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) Ithcare		M	lemo	tem										
	Receipt For:	Aggregate	Year-to-Date V														
	Primary General																
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В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Capuano, Anthony, , ,						Date of Receipt										
	Mailing Address 501 Corporate Centre Dr, Ste 200						D	D / Y	Y	Y	Y						
			11 15 2016														
	City	State	Zip Code		Trans	sacti	on ID	: SA11AI.	.7646	5	_						
	Franklin	TN	37067		Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			58.06 Memo Item												
	Name of Employer (for Individual) Capella Healthcare		spital COO														
	Receipt For:	Aggregate	Year-to-Date V														
	Primary General Other (specify) ▼		, 463.56														
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	Mailing Address 501 Corporate Centre Drive Suite 200			11 15 2016							Ŷ						
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	Capella Healthcare	VP	& Quality Management														
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	Primary General																
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 8 OF

	EMIZED RECEIPTS			Detailed Summary Page	×	11a		11	1b	11c		12	47						
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		rpos	se of										
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. O									IUIII SUC			50.						
A.	Full Name of Individual (Last, First, Middle Initial) Crumpton, Patricia, , , Mailing Address 501 Corporate Centre Drive) or Full O	rgar	nization Name		Date c		_	eipt	/ Y	Y	Y	Y						
	City Franklin	State		Zip Code 37067	11 15 2016 Transaction ID : SA11AI.7650														
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period																
	Name of Employer (for Individual) Occupation (for Individual) Capella Healthcare Hospital CNO							Memo Item											
	Receipt For: // Primary General Other (specify) ▼																		
B.	Full Name of Individual (Last, First, Middle Initial) Davidson, Jim, , ,) or Full O	rgar	nization Name		Date o	of Re	ecei	eipt										
	Mailing Address 501 Corporate Centre Drive Suite 200 City	11 / 15 / 2016 Transaction ID : SA11AL7647																	
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	Name of Employer (for Individual) Capella Healthcare		•	tion (for Individual) I COO		N	lemo	o Ite	em										
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C.	Full Name of Individual (Last, First, Middle Initial) Estep, Elizabeth, , ,) or Full O	rgar	nization Name		Date c	of Re	ecei	eipt										
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Name of Employer (for Individual)Occupation (for Individual)Capella HealthcareVP, Physician Services							lemo	o It	tem										
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 9 OF

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	Name of Employer (for Individual) Capella Healthcare Receipt For: Primary General Other (specify) ▼	Hos	upation (for Individual) spital CEO Year-to-Date ▼ 1000.00		N	1em	o Item	n							
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	Mailing Address 501 Corporate Centre Dr Ste 200 City Franklin	State	Zip Code 37067		11 15 2016 Transaction ID : SA11AI.7632 Amount of Each Receipt this Period										
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	Name of Employer (for Individual) Capella														
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	Name of Employer (for Individual) Capella Healthcare Receipt For:	VP 8	upation (for Individual) & Materials Management Year-to-Date ▼		Ν	/lem	o Iten	n							
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 10 OF

	ITEMIZED RECEIPTS			for each category of the Detailed Summary Page			11a		11b	11c	12										
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	Name of Employer (for Individual) Capella Healthcare		n (for Individual) Clinical Applications			M	emc	ltem													
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 11 OF

		Detailed Summary Page	×	-		11b	11c	12	47					
Any information copied from such Rep	oorts and Statements may	not be sold or used by any p	erson ⁻	13 for the	pur	14 pose of	15 soliciting	g contribu	17 Itions					
or for commercial purposes, other that	n using the name and add	dress of any political committee	e to so	olicit co	ntrib	outions f	from suc	h commit	tee.					
NAME OF COMMITTEE (In Full)	RE, INC. GOVERN	MENT AFFAIRS CO	MMI	TTE	Ξ									
Full Name of Individual (Last, First McDaniel, Donald, , ,	Middle Initial) or Full Org	anization Name		Date of	f Re	eceipt								
Mailing Address 501 Corporate Cer Suite 200				M M / D D / Y Y Y Y 11 15 2016										
City Franklin	State TN	Zip Code 37067		Transaction ID : SA11AI.7627										
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City Franklin	State	Zip Code 37067					SA11AL	. 7636 his Period	1					
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Name of Employer (for Individual) Capella Healthcare	Occup health	nation (for Individual) Incare		M	emo	ltem								
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 12 OF

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		(11			11b	11c	12					
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	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. (GOVER	NMENT AFFAIRS COM	MM	ITT	EE	Ξ								
Α.	Full Name of Individual (Last, First, Middle Initia Patterson, Christina, , ,	l) or Full C	organization Name		Date of Receipt										
	Mailing Address 501 Corporate Center Dr Ste 20	0		Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system Image: Market of the second system											
	City Franklin	State TN	Zip Code 37067												
			37067	_	Amc	ount	t of	Each	Receipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.	С		50.00											
	Name of Employer (for Individual) Capella Healthcare Company		upation (for Individual)			M	emo	b Item							
	Peopint For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		500.00												
— B.	Full Name of Individual (Last, First, Middle Initia Shugart, Susan, , ,	l) or Full C	Organization Name		Date	e of	Re	eceipt							
	Mailing Address 501 Corporate Centre Drive		Date of Receipt												
	City	State	Zip Code		Tra	ans	acti	ion ID	: SA11AI.	.7640					
	Franklin	TN	37067		Amc	ount	t of	Each	Receipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.							49	9.11						
	Name of Employer (for Individual) Capella Healthcare	Occ hea			M	emo	b Item								
	Receipt For: Primary General Other (specify) ▼														
<u> </u>	Full Name of Individual (Last, First, Middle Initia Smith, Warren, , ,	l) or Full C	Organization Name		Date	e of	Re	eceipt							
	Mailing Address 501 Corporate Centre Drive Suite 200				M 1	[™]	1	D 1	D / Y	2016	Y				
	City Franklin	State TN	Zip Code 37067					-	: SA11AI Receipt th	-	d				
	FEC ID number of contributing federal political committee.	С						J			0.00				
	Name of Employer (for Individual)		upation (for Individual)	Memo Item											
	Capella Healthcare	Hos	pital Finance Officer												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		400.00												
s	UBTOTAL of Receipts This Page (optional)		····· •					, .		139	0.11				
Т	OTAL This Period (last page this line number on	ly)	•												

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c	12	17				
Any information copied from such Reports a or for commercial purposes, other than using				for the		pose o	f soliciting	g contribu	itions				
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, II	-												
A. Southwick, Bill, , , Mailing Address 501 Corporate Centre Dr Ste 200 City Franklin	-	Zip Code 37067	Date of Receipt										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) CMC Receipt For: Primary General Other (specify) ▼	upation (for Individual) pital COO Year-to-Date ▼ 500.00		M	emo	o Item								
B. Thomas, Jayne, , , Mailing Address 501 Corporate Centre Dri	Date of Receipt												
City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37064	Transaction ID : SA11AI.7643 Amount of Each Receipt this Period 25.00										
Name of Employer (for Individual) Capella Healthcare Receipt For: Primary General Other (specify) ▼		M	emo	o Item									
C. Full Name of Individual (Last, First, Middl Van Es, Wendell, , , Mailing Address 501 Corporate Centre Dr		rganization Name	_	Date o	f Re	eceipt		2016	Y				
Suite 201 City Franklin	State TN	Zip Code 37067	_	Trans		ion ID	; : SA11AI Receipt th	.7652					
FEC ID number of contributing federal political committee.	С					y		46	50				
Name of Employer (for Individual) Capella Healthcare Receipt For: Primary General Other (specify)	Hos	upation (for Individual) pital CFO Year-to-Date ▼ 465.00			emo	o Item							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 14 OF

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	y information copied from such Reports and Sta for commercial purposes, other than using the r																			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. (GOVER	NN	IENT AFFAIRS CO	MMI	TTEI	Ξ													
A.	Full Name of Individual (Last, First, Middle Initia Young, Anthony, , ,	al) or Full O	Organ	ization Name		Date o	f Re	eceip	ot											
	Mailing Address 501 Corporate Centre Dr Ste 200 City	State		Zip Code	11 / 15 / 2016															
	Franklin	TN		37067	Transaction ID : SA11AI.7648 Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.							125.00												
	Name of Employer (for Individual) MRMC		upati spital	on (for Individual) CEO		M	emo	o Iter	m											
	Receipt For: Primary General Other (specify) ▼																			
В.	Full Name of Individual (Last, First, Middle Initia Yuill, Lee, , ,	al) or Full O	rgan	ization Name		Date o	f Re	eceip	ot											
	Mailing Address 501 Corporate Centre Drive Suite 200 City	11 / D D / Y Y Y Y 11 15 / 2016 Transaction ID : SA11AL 7644																		
	CityStateZip CodeFranklinTN37067							Transaction ID : SA11AI.7644 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.						50.00													
	Name of Employer (for Individual) Capella Healthcare		•	on (for Individual) ternal Audit		M	emo	o Iter	m											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date																
с.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Organ	ization Name		Date o	f Re	eceip	ot											
	Mailing Address					M M	/	D	D	/ Y	Y	Y	Y							
	City	State		Zip Code		Amoun	t of	Eac	h Re	ceipt th	is F	Period								
	FEC ID number of contributing federal political committee.		<u> </u>		7		9													
	Name of Employer (for Individual) Occupation (for Individual)							o Itei	m											
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s	UBTOTAL of Receipts This Page (optional)			••••••				9		y		175.0	0							
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 15 OF 15										
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a											
Any information copied from such Reports and State or for commercial purposes, other than using the na														
NAME OF COMMITTEE (In Full)														
CAPELLA HEALTHCARE, INC. G	OVERN	MENT AFFA	IRS COM	MITTEE										
Full Name (Last, First, Middle Initial) A. FEDERATION OF AMERICAN HO	OSPITAL	S PAC		Date of Disbursement										
Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245				10 / 25 / 2016										
City WASHINGTON	State DC	Zip Code 20004		FEC Identification Number										
Purpose of Disbursement contribution			· · · ·]	C C00002261										
Candidate Name			Category/	Transaction ID : SB23.7656 Amount of Each Disbursement this Period										
	ement For:		Туре	5000.00										
Senate President	Primary Other (spe	General cify) ▼		Memo Item										
State: District: Full Name (Last, First, Middle Initial)				<u> </u>										
B. WYDEN FOR SENATE				Date of Disbursement										
Mailing Address 232 NE 9TH AVENUE				10 20 2016										
City PORTLAND	State OR	Zip Code 97232		FEC Identification Number										
Purpose of Disbursement contribution				C C00308676										
			Category/	Transaction ID : SB23.7655 Amount of Each Disbursement this Period										
WYDEN, RONALD LEE, , , Office Sought: House Disburse	ement For:	2016	Туре	2500.00										
× Senate	Primary	General												
State: OR District: 00	Other (spec	ciry)		Memo Item										
Full Name (Last, First, Middle Initial) C.				Date of Disbursement										
Mailing Address				M M / D D / Y Y Y Y										
City	State	Zip Code		FEC Identification Number										
Purpose of Disbursement				С										
Candidate Name			Category/ Type	Amount of Each Disbursement this Period										
Office Sought: House Disburse	ment For: Primary	General												
State: District:	Other (spec			Memo Item										
				7500.00										
SUBTOTAL of Disbursements This Page (optional).			····· •	7500.00										
TOTAL This Period (last page this line number only	/)		••••••	7500.00										