

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a
CHS PAC

ADDRESS (number and street) 4000 Meridian Blvd.
 Check if different than previously reported. (ACC)
Franklin TN 37067

2. **FEC IDENTIFICATION NUMBER** C00485896
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer Rachel A. Seifert

Signature of Treasurer Electronically Filed by Rachel A. Seifert Date 10 11 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Community Health System Professional Services Corporation Pol Action Cmte (a/k/a
CHS PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	1	0									
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">36750.00</td></tr></table>	36750.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">36750.00</td></tr></table>	36750.00								
36750.00												
36750.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">36750.00</td></tr></table>	36750.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">36750.00</td></tr></table>	36750.00								
36750.00												
36750.00												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">1500.00</td></tr></table>	1500.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">1500.00</td></tr></table>	1500.00								
1500.00												
1500.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">35250.00</td></tr></table>	35250.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">35250.00</td></tr></table>	35250.00								
35250.00												
35250.00												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
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. 06/2004)

Write or Type Committee Name

Community Health System Professional Services Corporation Pol Action Cmte (a/k/a
CHS PAC

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)	36750.00	36750.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	36750.00	36750.00
(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)	36750.00	36750.00
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 Transfer (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))	36750.00	36750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36750.00	36750.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	1500.00	1500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	1500.00	1500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	1500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	36750.00	36750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36750.00	36750.00
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 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
Community Health System Professional Services Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) Daniel Adkins		Date of Receipt
	Mailing Address 4000 Meridian Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 20 / 2010
	City	State	Zip Code
	Franklin	TN	37067-6325
	FEC ID number of contributing federal political committee. C		Transaction ID: 01008.C34038
Name of Employer Community Health Systems		Occupation VP, Business Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			Receipt

B.	Full Name (Last, First, Middle Initial) Jeffrey Aspacher		Date of Receipt
	Mailing Address 4000 Meridian Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 20 / 2010
	City	State	Zip Code
	Franklin	TN	37067-6325
	FEC ID number of contributing federal political committee. C		Transaction ID: 01008.C34039
Name of Employer Community Health Systems		Occupation VP Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			Receipt

C.	Full Name (Last, First, Middle Initial) Andi Bosshart		Date of Receipt
	Mailing Address 4000 Meridian Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 20 / 2010
	City	State	Zip Code
	Franklin	TN	37067-6325
	FEC ID number of contributing federal political committee. C		Transaction ID: 01008.C34040
Name of Employer Community Health Systems		Occupation VP, Corp Compliance Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 27
(check only one)

<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)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.

Full Name (Last, First, Middle Initial)
Thomas Mark Buford

Mailing Address 4000 Meridian Blvd

City Franklin State TN Zip Code 37067-6325

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

Name of Employer Community Health Systems Occupation Sr. VP and Chief Acct Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 13 / 2010
Transaction ID: 01008.C34007
Amount of Each Receipt this Period 1000.00
Receipt

B.

Full Name (Last, First, Middle Initial)
Gordon Carlisle

Mailing Address 4000 Meridian Blvd

City Franklin State TN Zip Code 37067-6325

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

Name of Employer Community Health Systems Occupation VP Facilities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 20 / 2010
Transaction ID: 01008.C34041
Amount of Each Receipt this Period 200.00
Receipt

C.

Full Name (Last, First, Middle Initial)
Shan Carpenter

Mailing Address 4000 Meridian Blvd

City Franklin State TN Zip Code 37067-6325

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

Name of Employer Community Health Systems Occupation VP, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 20 / 2010
Transaction ID: 01008.C34042
Amount of Each Receipt this Period 200.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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 8 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Community Health System Professional Srvcs Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) William Larry Cash	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34043
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 4000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems EVP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

B.	Full Name (Last, First, Middle Initial) James H. Clark, III	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 7100 Commerce Way Ste 100 Suite 100	Transaction ID: 01008.C34008
	City State Zip Code Brentwood TN 37027-6935	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Professional Acct Srvcs, Inc. VP of Collectin Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Lisa Cline	Date of Receipt MM / DD / YYYY 09 / 14 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34068
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	4400.00
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 9 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.

Full Name (Last, First, Middle Initial)
Randy M. Cooper

Mailing Address 4000 Meridian Blvd

City State Zip Code
Franklin TN 37067-6325

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

Name of Employer Community Health Systems Occupation VP Finance, Division 3

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: 01008.C34044

Amount of Each Receipt this Period
200.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Debbie Cothorn

Mailing Address 4000 Meridian Blvd

City State Zip Code
Franklin TN 37067-6325

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

Name of Employer Community Health Systems Occupation VP & RM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 01008.C34009

Amount of Each Receipt this Period
200.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Lola Davis

Mailing Address 4000 Meridian Blvd

City State Zip Code
Franklin TN 37067-6325

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

Name of Employer Community Health Systems Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 01008.C34010

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Community Health System Professional Services Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) Mark Dose	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34045
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems VP Hospitalist Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) James W. Doucette	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34011
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems VP Finance & Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Patricia Dougall	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34012
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems Attorney, VP & Assoc Gen Couns	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 11 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) Michael P. Douzuk, Jr.	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34046
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Community Health Systems	Occupation VP Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Doug Eberhard	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34066
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Community Health Systems	Occupation VP Div V Physician Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) John Faust	Date of Receipt MM / DD / YYYY 09 / 14 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34069
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Community Health Systems	Occupation VP - Invormation Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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 12 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) Woodford H. Fields	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34047
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems V.P. Division 1 Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Dianna Flatt	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34059
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems VP/COO HH Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Ben Fordham	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34060
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	600.00
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 13 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) Jerry Fowler		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 4000 Meridian Blvd		Transaction ID: 01008.C34048
	City Franklin	State TN	Zip Code 37067-6325
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Community Health Systems	Occupation VP, Finance Div III Operation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Tomi Galin		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 4000 Meridian Blvd		Transaction ID: 01008.C34049
	City Franklin	State TN	Zip Code 37067-6325
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Community Health Systems	Occupation VP, Corporate Communications	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Matt Gallivan		Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 4000 Meridian Blvd		Transaction ID: 01008.C34061
	City Franklin	State TN	Zip Code 37067-6325
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Community Health Systems	Occupation VP of Government Relations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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 14 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) Michael Garfield	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34037
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems VP of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Rhea Edward Garrett, II	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34062
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems VP & Senior Employment Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Marc Goldstone	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34013
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems VP & Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	700.00
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 15 / 27
(check only one)

<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)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.

Full Name (Last, First, Middle Initial)
Neil A. Heatherly

Mailing Address 4000 Meridian Blvd

City State Zip Code
Franklin TN 37067-6325

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

Name of Employer Community Health Systems Occupation VP of Division 3 Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: 01008.C34050

Amount of Each Receipt this Period
200.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Terry Hendon

Mailing Address 4000 Meridian Blvd

City State Zip Code
Franklin TN 37067-6325

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

Name of Employer Community Health Systems Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 01008.C34014

Amount of Each Receipt this Period
200.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Jan Hickman

Mailing Address P.O. Box 689020

City State Zip Code
Franklin TN 37068-9020

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

Name of Employer Community Health Systems Occupation Asst Corp Controller & VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 01008.C34015

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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 16 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) Tim Hingtgen	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34016
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems VP Ops - Division IV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Robert O. Horrar	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34017
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems Vice Pres Business Develop	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Stan Hunt	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34063
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems VP Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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 17 / 27
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) William S. Hussey	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34018
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Community Health Systems Occupation President Div IV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

B.	Full Name (Last, First, Middle Initial) Debra Landers	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34027
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Community Health Systems Occupation VP, CMO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Carolyn Lipp	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34020
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Community Health Systems Occupation Sr. VP Quality & Resource Mtg Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
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 18 / 27
(check only one)

<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)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.

Full Name (Last, First, Middle Initial)
Carolyn Lipp

Mailing Address 4000 Meridian Blvd

City Franklin State TN Zip Code 37067-6325

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

Name of Employer Community Health Systems Occupation Sr. VP Quality & Resource Mtg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 01 / 2010
Transaction ID: 01008.C34064
Amount of Each Receipt this Period 500.00
Receipt

B.

Full Name (Last, First, Middle Initial)
Leslie Paul Luke

Mailing Address 4000 Meridian Blvd

City Franklin State TN Zip Code 37067-6325

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

Name of Employer Community Health Systems Occupation VP Practice Mgmt Division 2

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 20 / 2010
Transaction ID: 01008.C34051
Amount of Each Receipt this Period 200.00
Receipt

C.

Full Name (Last, First, Middle Initial)
Tim Marlette

Mailing Address 4000 Meridian Blvd

City Franklin State TN Zip Code 37067-6325

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

Name of Employer Community Health Systems Occupation Chief Purchasing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 13 / 2010
Transaction ID: 01008.C34021
Amount of Each Receipt this Period 350.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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 19 / 27
	<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)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) Hal McCard		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 4000 Meridian Blvd		Transaction ID: 01008.C34052
	City	State	Zip Code
	Franklin	TN	37067-6325
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Community Health Systems		Occupation VP/AGC Division IV	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) John McClellan		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 4021 Ayleworth Lane		Transaction ID: 01008.C34053
	City	State	Zip Code
	Nashville	TN	37221-4435
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Community Health Systems		Occupation VP - Operations Division 3	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) David Medley		Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd		Transaction ID: 01008.C34022
	City	State	Zip Code
	Franklin	TN	37067-6325
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Community Health Systems		Occupation VP - Operations Division 2	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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 20 / 27
(check only one)

<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)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a
CHS PAC

A.

Full Name (Last, First, Middle Initial)
David L. Miller

Mailing Address 4000 Meridian Blvd

City State Zip Code
Franklin TN 37067-6325

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

Name of Employer Community Health Systems Occupation President - Division I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 20 / 2010
Transaction ID: 01008.C34054
Amount of Each Receipt this Period: 2000.00
Receipt

B.

Full Name (Last, First, Middle Initial)
Thomas Miller

Mailing Address 4000 Meridian Blvd

City State Zip Code
Franklin TN 37067-6325

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

Name of Employer Community Health Systems Occupation Pres, Division V Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 13 / 2010
Transaction ID: 01008.C34023
Amount of Each Receipt this Period: 2000.00
Receipt

C.

Full Name (Last, First, Middle Initial)
Stephanie Moore

Mailing Address 4000 Meridian Blvd

City State Zip Code
Franklin TN 37067-6325

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

Name of Employer Community Health Systems Occupation VP of Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 08 / 13 / 2010
Transaction ID: 01008.C34024
Amount of Each Receipt this Period: 200.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► **4200.00**

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 21 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Community Health System Professional Services Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) Cindy Parrott	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34025
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems VP Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Barbara R. Paul	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34019
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems Sr. Vice Pres & Chief Med Off	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Michael Portacci	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34026
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems Pres, Division II Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3200.00
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 22 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A. Full Name (Last, First, Middle Initial)
James Rayome

Mailing Address 4000 Meridian Blvd

City Franklin State TN Zip Code 37067-6325

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

Name of Employer Community Health Systems Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 01 / 2010

Transaction ID: 01008.C34065

Amount of Each Receipt this Period 200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Eric Roach

Mailing Address 4000 Meridian Blvd

City Franklin State TN Zip Code 37067-6325

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

Name of Employer Community Health Systems Occupation VP - Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 08 / 20 / 2010

Transaction ID: 01008.C34055

Amount of Each Receipt this Period 200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ron Schafer

Mailing Address 4000 Meridian Blvd

City Franklin State TN Zip Code 37067-6325

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

Name of Employer Community Health Systems Occupation VP OPerations, Division 5

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 13 / 2010

Transaction ID: 01008.C34031

Amount of Each Receipt this Period 300.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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 23 / 27
<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)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) Lizabeth R. Schuler		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 4000 Meridian Blvd		Transaction ID: 01008.C34056
	City Franklin	State TN	Zip Code 37067-6325
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Community Health Systems	Occupation VP - Investor Relations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Martin G. Schweinhart		Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd		Transaction ID: 01008.C34028
	City Franklin	State TN	Zip Code 37067-6325
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Community Health Systems	Occupation Senior VP Operations	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Joseph G. Seay		Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd		Transaction ID: 01008.C34029
	City Franklin	State TN	Zip Code 37067-6325
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Community Health Systems	Occupation SR VP - Chief Info Officer	Receipt
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)	▶	2200.00
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 24 / 27
	<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)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) Rachel A. Seifert		Date of Receipt MM / DD / YYYY 08 / 13 / 2010		
	Mailing Address 4000 Meridian Blvd		Transaction ID: 01008.C34030		
	City	State	Zip Code	Amount of Each Receipt this Period 2000.00	
	Franklin	TN	37067-6325	Receipt	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2000.00		
Name of Employer Community Health Systems		Occupation EVP & General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Martin Smith		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 4000 Meridian Blvd		Transaction ID: 01008.C34057		
	City	State	Zip Code	Amount of Each Receipt this Period 2000.00	
	Franklin	TN	37067-6325	Receipt	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2000.00		
Name of Employer Community Health Systems		Occupation Division President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Wayne Smith		Date of Receipt MM / DD / YYYY 09 / 09 / 2010		
	Mailing Address 4000 Meridian Blvd		Transaction ID: 01008.C34067		
	City	State	Zip Code	Amount of Each Receipt this Period 5000.00	
	Franklin	TN	37067-6325	Receipt	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 5000.00		
Name of Employer Community Health Systems		Occupation Chairman, President & CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	9000.00
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 25 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) P. Paul Smith, Jr.		Date of Receipt
	Mailing Address 4000 Meridian Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2010
	City	State	Zip Code
	Franklin	TN	37067-6325
	FEC ID number of contributing federal political committee. C		Transaction ID: 01008.C34058
Name of Employer Community Health Systems		Occupation VP Division I Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			Receipt

B.	Full Name (Last, First, Middle Initial) Sharon Stewart		Date of Receipt
	Mailing Address 4000 Meridian Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 13 / 2010
	City	State	Zip Code
	Franklin	TN	37067-6325
	FEC ID number of contributing federal political committee. C		Transaction ID: 01008.C34032
Name of Employer Community Health Systems		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			Receipt

C.	Full Name (Last, First, Middle Initial) Karen Sullivan		Date of Receipt
	Mailing Address 4000 Meridian Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 13 / 2010
	City	State	Zip Code
	Franklin	TN	37067-6325
	FEC ID number of contributing federal political committee. C		Transaction ID: 01008.C34033
Name of Employer Community Health Systems		Occupation VP, Risk Mgmt & Insurance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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 26 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a CHS PAC

A.	Full Name (Last, First, Middle Initial) Kathie Thomas	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34034
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems President, Home Care Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) David A. Weil	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34035
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems VP & Assoc Gen Counsel, Div 2	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Gerald Weissman	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 4000 Meridian Blvd	Transaction ID: 01008.C34036
	City State Zip Code Franklin TN 37067-6325	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Community Health Systems VP, Medical Staff Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	36750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

Community Health System Professional Servies Corporation Pol Action Cmte (a/k/a
CHS PAC

A. Full Name (Last, First, Middle Initial) Charles Boustany, Jr., MD for Congress Mailing Address P.O. Box 80126 City Lafayette State LA Zip Code 70598-0126 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name CHARLES DR. BOUSTANY, JR. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01008.E893 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 500.00 Category/Type DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Pete Sessions for Congress Mailing Address P.O. Box 823047 City Dallas State TX Zip Code 75382-3047 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name PETE SESSIONS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01008.E892 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00