Image# 201507149000104489					PAGE 1 / 22
	EPORT OF R ND DISBURS Other Than An Autho	EMENT	s	Office	Jse Only
	E OR PRINT V	Example: If typi	ng, type	L2FE4M5	
COMMITTEE (in full)		over the lines.			
	, INC. GOVERNME			TEE	
ADDRESS (number and street)		RIVE STE 200			
Check if different					
Alexandra da cale d	RANKLIN			TN 3706	57
2. FEC IDENTIFICATION NUMB	ER V CITY		ST		ZIP CODE
C C00421420	3. IS T REF	~ /	NEW N) OR	AMENDED (A))
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On: Mar 20		May 20 (M5) Jun 20 (M6)	Aug 20 (M8)	Year Only)
April 15	Apr 20	(M4)	Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day PRE-Election	Primary (12F	?)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention ((12C)	Special (12S)	
Quarterly Report (Q3) January 31	Election	M M /	D D / Y	YYYY	in the State of
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election	General (300	G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	on /	D D / Y	Y Y Y Y	in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2015	through	M M 06		015
I certify that I have examined this Re	eport and to the best of m	y knowledge and	belief it is true	, correct and comple	ete.
Type or Print Name of Treasurer	ames R. Wiseman				
Signature of Treasurer	Viseman	[Electronicall	y Filed] Da	te 07 1	
NOTE: Submission of false, erroneous	, or incomplete information n	nay subject the per	son signing this	Report to the penal	ties of 2 U.S.C. §437g.
Office Use Only					C FORM 3X Rev. 12/2004

07/14/2015 09 : 58

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

R	Report Covering the Period: From:	01 01 / Y Y Y Y 2015 T	D: 06 / D D / Y Y Y Y 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		12526.47
	(b) Cash on Hand at Beginning of Reporting Period	12526.47	
	(c) Total Receipts (from Line 19)	24291.53	24291.53
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	36818.00	36818.00
7.	Total Disbursements (from Line 31)	21223.65	21223.65
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15594.35	15594.35
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

X

Image#	201507	1490001	04491
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DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From:	01 / Y	06 / D D / Y Y Y Y 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:	·	
(a) Individuals/Persons Other		
Than Political Committees	22073.47	22073.47
(i) Itemized (use Schedule A)	7 7 7	
(ii) Unitemized	2218.06	2218.06
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	24291.53	24291.53
(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		04004 50
Totals to Line 33, page 5)▶	24291.53	24291.53
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees 7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
8. 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
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	24291.53	24291.53
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	24291.53	24291.53

I

DETAILED SUMMARY PAGE

UMN A his Period 0.00 0.00 223.65 223.65 0.00 18000.00 0.00	COLUMN B Calendar Year-to-Date
0.00 0.00 223.65 223.65 0.00 18000.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
0.00 223.65 223.65 0.00 18000.00	0.00 223.65 223.65 0.00
223.65 223.65 0.00 18000.00	223.65 223.65 0.00
223.65 0.00 18000.00	223.6
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18000.00	
18000.00	
	18000.00
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0.00	0.0
0.00	0.0
0.00	0.0
,	
0.00	0.00
3000.00	3000.00
0.00	0.00
0.00	0.00
0.00	0.0
0.00	0.00
21223.65	21223.6
21223.65	21223.65
	0.00 0.00 0.00 0.00 0.00 0.00 3000.00 0.00 0.00 0.00 0.00 0.00 0.00

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	24291.53	24291.53
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	24291.53	24291.53
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	223.65	223.65
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	223.65	223.65

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

	IMIZED RECEIPTS		for each categ Detailed Sumr			11a 13		11b 14	11c	12	17	7
or f	information copied from such Reports and St or commercial purposes, other than using the					or the	purpo	ose of	f soliciting	contribu	utions	
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AF	FAIRS CO	MMI	TTEE	Ξ					
A. M	Full Name (Last, First, Middle Initial) Scott Bailey Mailing Address 501 Corporate Centre Drive Dity Franklin	State TN	Zip Code 37067				/ actio	30 30			Y	
f P C	EC ID number of contributing ederal political committee. Name of Employer Capella Healthcare Receipt For:	C Occupation Hospital CC Aggregate			p:	ayroll d	leduc	tion 10	00/month	600	0.00]
	Primary General Other (specify) ▼		лу	600.00								
B.	Full Name (Last, First, Middle Initial) Tim Browne Mailing Address 501 Corporate Centre Drive Dity Franklin EC ID number of contributing ederal political committee.	State TN	Zip Code 37067				/ actio	30		is Perioc	Y 1 5.00]
C	Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	Occupation healthcare Aggregate	Year-to-Date ▼	625.00	— pa —	ayroll d	educt	tion 12	25/month			
C _ _ _ f _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Full Name (Last, First, Middle Initial) Holly Clark Mailing Address 501 Corporate Center Drive Suite 200 Dity Franklin EC ID number of contributing ederal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)		Zip Code 37067 administration Year-to-Date ▼	483.30		Amount	/ sactic t of E	30 0n ID : Each F		is Perioc 48]
su	BTOTAL of Receipts This Page (optional)			••••••			,	,	7	1708	3.30	
то	TAL This Period (last page this line number of	only)		••••••			. ,	,				

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SCHEDULE A	(FEC Form 3X)
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PAGE 7 OF

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	(11a		11b	11c	12	_					
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	y information copied from such Reports and St for commercial purposes, other than using the														
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS COM	ЛМI	TTE	Ξ									
Α.	Full Name (Last, First, Middle Initial) Jeff Cobb				Date o	f Re	ceipt								
	Mailing Address 501 Corporate Centre Drive				м м 06	/	30		у у 2015	Y					
	City Brentwood	State TN	Zip Code 37027				-	: SA11AI.							
	FEC ID number of contributing federal political committee.	С			Amoun	tor	Each I	Receipt th	300 300	.00					
	Name of Employer Capella Healthcare Receipt For:	Occupation healthcare Aggregate	Year-to-Date ▼	k	oayroll o	ledu	ction 6	i0/monthly							
	Primary General Other (specify) ▼		300.00												
в.	Full Name (Last, First, Middle Initial) S. Ray Coffey				Date o	f Re	ceipt								
	Mailing Address 501 Corporate Centre Drive Suite 200			06 / D D / Y Y Y Y Y 2015											
	City Franklin	State TN	Zip Code 37067					: SA11AI. Receipt th							
	FEC ID number of contributing federal political committee.	С					,		463	.38					
	Name of Employer Capella Healthcare	Occupation	rnment Programs	— p	ayroll d	edu	ction 7	7.28/mont	hly						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 463.38												
c.	Full Name (Last, First, Middle Initial) Sue Conley				Date o	f Re	ceipt								
	Mailing Address 501 Corporate Centre Drive Suite 200				м м 06	1	D 30		2015	Y					
	City Franklin	State TN	Zip Code 37067					<u>: SA11AI.</u> Receipt th							
	FEC ID number of contributing federal political committee.	С					7		600	.00					
	Name of Employer	Occupation	1	F	bayroll o	dedu	ction 1	00/mo							
	Capella Healthcare	Healthcare	administration												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00												
s	UBTOTAL of Receipts This Page (optional)		•				7		1363.	38					
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

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PAGE 8 OF

			Detailed Summary Page	×	11a		11b		11c	12	<u> </u>	7
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or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	licit co	ntrib	outions	s fror	m such	1 commi	ttee.	
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	MMI	TTE	Ξ						
Α.	Full Name (Last, First, Middle Initial) Beverly Craig				Date o	f Re	eceipt					
	Mailing Address 501 Corporate Centre Drive Suite 200				м м 06	J.	3	D 30	/ Y	ү ү 2015	Y	
	City Franklin	State TN	Zip Code 37067						A11AI.	6999 is Perio	4	
	FEC ID number of contributing federal political committee.	С					3				0.00]
	Name of Employer Capella Healthcare	Occupation VP & Qualit	y Management	р	ayroll c	dedu	uction	50/m	ionth			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]								
В.	Full Name (Last, First, Middle Initial) Jim Davidson				Date o	f Re	eceipt					
	Mailing Address 501 Corporate Centre Drive Suite 200				м м 06	/		D 30	/ Y	2015	Y	
	City Franklin	State TN	Zip Code 37067						A11AI.7 ceipt thi	7029 is Perio	d	
	FEC ID number of contributing federal political committee.	С					3		3		7.50]
	Name of Employer Capella Healthcare	Occupation Hospital CO		— pa	ayroll d	edu	iction (61.25	5/month	nly		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 367.50]								
с.	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt					
	Mailing Address 501 Corporate Centre Drive Suite 200				м м 06	/		30	/ Y	ү ү 2015	Y	
	City Franklin	State TN	Zip Code 37067						A11AI.	7025 is Perio	ł	
	FEC ID number of contributing federal political committee.	С					7		7	60	0.00]
	Name of Employer	Occupation		p	ayroll o	dedu	uction	100/	mo			
	Capella Healthcare Receipt For:	Hospital CE										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]								
s	UBTOTAL of Receipts This Page (optional)				_					1267	7.50	ī
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PAGE 9 OF

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15		12 16	17	
	ny information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	ММІТ	TE	Ξ						
Α.	Full Name (Last, First, Middle Initial) Brian Hitchcock Mailing Address 501 Corporate Centre Drive	Hitchcock										
	Suite 200 City Franklin	State TN	Zip Code 37067					SA11AI				
	FEC ID number of contributing federal political committee.	С		A	moun	toti	Each F	Receipt th	iis Pe	420.	00	
	Name of Employer Capella Healthcare Receipt For:		ials Management	— pa	ayroll c	deduo	ction 70	0/monthly	1			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00									
в.	Full Name (Last, First, Middle Initial) Gay Huff		Date of Receipt									
	Mailing Address 501 Corporate Centre Drive Suite 200 City	Zip Code	06 / 07 / 2015 Transaction ID : SA11AI.7003									
	Franklin	State TN	37067		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			240.00							
	Name of Employer Capella Healthcare	Occupation Director Op	erations Finance	— pa	yroll d	educ	tion 40)/monthly				
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 240.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Steve Hyde				Date o	f Red	ceipt					
	Mailing Address 501 Corporate Centre Drive Suite 200	Chatta	Zin Onda		M M / D D / Y Y Y Y 04 30 2015							
	City Franklin	State TN	Zip Code 37067	A				SA11AI Receipt th		eriod		
	FEC ID number of contributing federal political committee.	С					,			500.	00	
	Name of Employer	Occupation	1									
	Capella Healthcare	Hospital CE	EO									
	Receipt For:	Aggregate	Year-to-Date ▼ 500.00									
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PAGE 10 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS (COMMITTEE
Full Name (Last, First, Middle Initial) A. Neil Kunkel Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TN 37067	Date of Receipt Private Privat
Capella Healthcare Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Bill Little Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer CANN Receipt For: Primary General Other (specify) ▼	State Zip Code TN 37067 C Occupation CEO Aggregate Year-to-Date ▼	Date of Receipt 06 30 2015 Transaction ID : SA11AI.7032 Amount of Each Receipt this Period 648.00 payroll deduction 108/month
Full Name (Last, First, Middle Initial) Derek Lythgoe Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TN 37067 C Occupation Hospital CFO Aggregate Year-to-Date ▼	Date of Receipt
Detailed Summary Page Ita I		
TOTAL This Period (last page this line numbe	r only)	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 11 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVER	NMENT AFFAIRS CO	MMITTEE
Full Name (Last, First, Middle Initial) Jerry Mabry Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	State TN C Occupation Hospital CI Aggregate		Date of Receipt Date of Receipt Constraints Date of Receipt Date of Re
Full Name (Last, First, Middle Initial) Joseph Mazzo Mailing Address 501 Corporate Centre Drive City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	State TN C Occupation Hospital CC Aggregate		Date of Receipt Date of Receip
Full Name (Last, First, Middle Initial) Mike McCoy Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State TN C Occupation Hospital Cl Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (optional))	1214.52
TOTAL This Period (last page this line number	only)		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 12 OF

22

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	and Statements may not be sold or used by any point of the name and address of any political committee						
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE,	INC. GOVERNMENT AFFAIRS CC	OMMITTEE					
Full Name (Last, First, Middle Initial) A. Donald McDaniel Mailing Address 521 Occurrents Occurrent							
Suite 200	rive	06 30 _ 2015 _					
City	State Zip Code	Transaction ID : SA11AI.7034					
Franklin	TN 37067	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	270.00					
Name of Employer	Occupation	payroll deduction 45/month					
Mineral	CFO						
	Aggregate Year-to-Date ▼						
Other (specify)	270.00						
Full Name (Last, First, Middle Initial) B. Tim McGill	Date of Receipt						
Mailing Address 501 Corporate Centre D Suite 200		06 30 2015					
City	State Zip Code	Transaction ID : SA11AI.7040					
Franklin	TN 37067	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	810.00					
Name of Employer Capella Healthcare	Occupation Hospital CEO	payroll deduction 135/month					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00]					
Full Name (Last, First, Middle Initial) C. Mark Medley		Date of Receipt					
Mailing Address 501 Corporate Centre D Suite 200		M M / D D / Y Y Y Y 06 30 2015					
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7006					
	114 37067	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1076.00					
Name of Employer	Occupation	payroll deduction 150/month for 4 mos 238/mo for 2 m					
Capella Healthcare	Division CFO						
Receipt For:	Aggregate Year-to-Date ▼	_					
Other (specify)	1076.00						
SUBTOTAL of Receipts This Page (option	al)	▶ 2156.00					
TOTAL This Period (last page this line nu	mber only)						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVER	NMENT AFFAIRS CO	MMITTEE						
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt						
	Mailing Address 501 Corporate Centre Drive Suite 200	Otata	Zio Ocada	06 30 2015						
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7035 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer Capella Healthcare	Occupation Hospital Cl		payroll deduction 100/4 mos						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
в.	Full Name (Last, First, Middle Initial) Angie Mulder	Date of Receipt								
	Mailing Address 501 Corporate Centre Dr, Ste	06 30 2015								
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7008 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		389.72						
	Name of Employer Capella Healthcare	Occupation healthcare	1	payroll deduction 63.69 for 2 mos 65.59 for 4 mos						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 389.72							
<u>с</u> .	Full Name (Last, First, Middle Initial) Christina Patterson			Date of Receipt						
	Mailing Address 501 Corporate Center Dr Ste	200		06 30 _2015 _						
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7010 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		300.00						
	Name of Employer	Occupation	1	payroll deduction 50/month						
	Capella Healthcare Company Receipt For:									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00							
s	UBTOTAL of Receipts This Page (optional)			1089.72						
т	OTAL This Period (last page this line number	only)	••••••							

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12	17					
	y information copied from such Reports and s for commercial purposes, other than using the				for the		pose c	of soliciting	g contrib	utions					
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVER	NMENT AFFAIRS CO	MMI	TTE	E									
<u>A.</u>			Date of Receipt												
	Mailing Address 501 Corporate Centre Drive Suite 200 City	State	Zip Code		06 / Y Y Y Y Y 06 2015 Transaction ID : SA11AI.7012										
	Franklin	_	_ Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					7		49	9.98					
	Name of Employer Capella Healthcare	Occupation VP Physicia		F	oayroll	dedı	uction 8	33.33/mon	ıth						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98												
	Full Name (Last, First, Middle Initial) Carolyn Schneider		Date of Receipt												
	Mailing Address 501 Corporate Center Dr, Ste 200						M = M / D = D / Y = Y = Y Y 04 30 2015								
	City Franklin	State TN	Zip Code 37067		Transaction ID : SA11AI.7060 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		750.00											
	Name of Employer Capella Healthcare Company	Occupation VP of Huma	an Resources												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00												
	Full Name (Last, First, Middle Initial) David Sharp				Date c	of Re	eceipt								
	Mailing Address 501 Corporate Centre Drive Suite 200				06	/	3	D / Y 0	2015	Y					
	City Franklin	State TN	Zip Code 37067					: SA11AI							
	FEC ID number of contributing federal political committee.	С			Amour		Each	Receipt tl		0.00					
	Name of Employer	Occupation	l	- 1	oayroll	ded	uction {	50/month							
	Capella Healthcare	healthcare	executive												
	Receipt For: Primary General														
	Other (specify)		300.00												
s	UBTOTAL of Receipts This Page (optional)			• -		-	7		1549	9.98					
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Ar	ny information copied from such Reports and S	tatements ma	I ay not be sold or used by any pe	rson	for the	pur	rpos	se of	soliciting	g cont	tributi	ions			
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to so	olicit co	ontrik	butio	ons fr	om suc	h com	imitte	e.			
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS COM	MMI	TTE	Е									
Α.	•	Date of Receipt													
	Mailing Address 501 Corporate Centre Drive Suite 200	Chata	Zie Oode	06 30 / 2015											
	City Franklin	State TN	Zip Code 37067		Transaction ID : SA11AI.7013 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			payroll deduction 167/month										
	Name of Employer	Occupation		- F											
	Capella Healthcare Company Receipt For:		utive Officer												
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1002.00	0											
в.	Full Name (Last, First, Middle Initial) D. Andrew Slusser		Date of Receipt												
	Mailing Address 501 Corporate Centre Drive Suite 200														
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7014 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С													
	Name of Employer Capella Healthcare	Occupation Senior VP &	& Development Officer	payroll deduction 170/month											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00												
с.	Full Name (Last, First, Middle Initial)				Date o	of Re	ecei	ipt							
	Mailing Address 501 Corporate Centre Drive Suite 200				м 06		L	30	/ Y	ү 201		Y			
	City Franklin	State TN	Zip Code 37067	-					SA11AI		riod				
	FEC ID number of contributing federal political committee.	С					7				950.	00			
	Name of Employer	Occupation			bayroll	ded	uctio	on 15	0/month	1					
	Capella Healthcare	VIP, CIO													
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 950.00												
F	CUBTOTAL of Receipts This Page (optional)		· ·			-	- - - -			29	972.0	00			

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using th		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS C	OMMITTEE
Full Name (Last, First, Middle Initial) Warren Smith Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	State Zip Code TN 37067 C Occupation Hospital Finance Officer Aggregate Year-to-Date ▼ 240.00	Date of Receipt Date of Receipt O6 30 2015 Transaction ID : SA11AI.7015 Amount of Each Receipt this Period 240.00 payroll deduction 40/month
Full Name (Last, First, Middle Initial) Bill Southwick Mailing Address 501 Corporate Centre Drive Ste 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer CMC Receipt For: Primary General Other (specify) ▼	State Zip Code TN 37067 C Occupation Hospital COO Aggregate Year-to-Date ▼ 260.00	Date of Receipt Date of Receip
Full Name (Last, First, Middle Initial) C. Davis Turner Mailing Address 501 Corporate Centre Dr, St City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	te 200 State Zip Code TN 37067 C Occupation healthcare Aggregate Year-to-Date ▼ 467.78	Date of Receipt Date of Receipt Of 30 2015 Transaction ID : SA11AI.7017 Amount of Each Receipt this Period 467.78 payroll deduction 76.45/2 mos 78.73/4 mos
SUBTOTAL of Receipts This Page (optional)	1	
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. (GOVER	NMENT AFFAIRS COM	MMITTEE							
Α.	Full Name (Last, First, Middle Initial) Wendell Van Es Mailing Address 501 Corporate Centre Drive Suite 201 City Franklin FEC ID number of contributing federal political committee. Name of Employer	State TN C	Zip Code 37067	Date of Receipt 06 30 2015 Transaction ID : SA11AI.7043 Amount of Each Receipt this Period 279.00 payroll deduction 46.50/monthly							
		Hospital CF									
в.	Full Name (Last, First, Middle Initial) Robert Wampler Mailing Address 501 Corporate Centre Drive, Ste	20	Date of Receipt 06 2015 Transaction ID : SA11AI.7018 Amount of Each Receipt this Period 700.00								
	City Franklin FEC ID number of contributing federal political committee.	State TN									
	Conalla Llagithaara Company	Occupation VP & Opera Aggregate		payroll deduction 100/4 mos 150/2 mos							
C.	Full Name (Last, First, Middle Initial) Jennifer Weldon Mailing Address 501 Corporate Centre Dr, Ste 20 City Franklin	Date of Receipt 06 30 2015 Transaction ID : SA11AI.7033 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: ☐ Primary _ General Other (specify) ▼	Occupation healthcare Aggregate	Year-to-Date ▼ 221.29	221.29 payroll deduction 36.17/2 mos 37.24/4 mos							
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Any information copied from such Reports and S or for commercial purposes, other than using the				on for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIR	S COM	MITTEE							
Full Name (Last, First, Middle Initial) A. Michael Wiechart Mailing Address 501 Corporate Centre Drive Suite 200 City	State	Date of Receipt 06 / 30 / 2015 Transaction ID : SA11AI.7019									
Franklin FEC ID number of contributing federal political committee.	C	37067		Amount of Each Receipt this Period							
Name of Employer Capella Healthcare Receipt For:	Occupation COO Aggregate	Year-to-Date ▼ 1500	0.00	payroll deduction 250/6 months							
Full Name (Last, First, Middle Initial) B. James R. Wiseman Mailing Address 501 Corporate Centre Drive	Date of Receipt										
City Franklin FEC ID number of contributing federal political committee.	State TN		06 30 2015 Transaction ID : SA11AI.7020 Amount of Each Receipt this Period 480.00								
Name of Employer Capella Healthcare Receipt For: Primary	Occupation VP of Tax Aggregate	Year-to-Date ▼		payroll deduction 80/month							
C. Lori Wooten		<u>, 480</u>	0.00	Date of Receipt							
Mailing Address 501 Corporate Centre Drive Suite 200 City Brentwood FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For:	State TN C Occupation VP/Financia			M M / D D / Y Y Y Y Y 06 30 2015 Transaction ID : SA11AI.7021 Amount of Each Receipt this Period 600.00 payroll deduction 100/mo							
Primary General Other (specify)	Ayyieyale		0.00								
SUBTOTAL of Receipts This Page (optional)				2580.00							

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
or for commercial purposes, other than using the		person for the purpose of soliciting contributions tee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	. GOVERNMENT AFFAIRS C	OMMITTEE						
Full Name (Last, First, Middle Initial) A. Beth Wright Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer	h Wright ng Address 501 Corporate Centre Drive Suite 200 klin TN 37067 D number of contributing al political committee. C							
Capella Healthcare Receipt For: Primary General Other (specify)	VP Corp Communications Aggregate Year-to-Date ▼ 370.00							
Full Name (Last, First, Middle Initial) Anthony Young Mailing Address 501 Corporate Centre Dr Ste 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer MRMC	State Zip Code TN 37067 C Occupation Hospital CEO	Date of Receipt 06 30 2015 Transaction ID : SA11AI.7030 Amount of Each Receipt this Period 710.00 payroll deduction 115/4 mos 125/2 mos						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00							
Full Name (Last, First, Middle Initial) C. Mailing Address City	State Zip Code	Date of Receipt Main / Date / Yayaya Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer Receipt For:	C Occupation Aggregate Year-to-Date							
SUBTOTAL of Receipts This Page (optional)		22072.47						

S	CHEDULE B (FEC Form 3X)			F	OR	LIN	E NI	UMBER	:			F	AGE	20	OF 22					
IT	EMIZED DISBURSEMENTS	Use sep for each			ck or	nly o	ne)			r										
			Summary Page			21l		22 28a	×	23 28b	,	24	,	25 29	26 30b					
	y information copied from such Reports and Staten for commercial purposes, other than using the nam					y pe		for the		pose	e of	f solicit	ing co	ontribu	utions					
\land	NAME OF COMMITTEE (In Full)				_				_											
	CAPELLA HEALTHCARE, INC. GO	OVERN	IMENT AFFA	AIRS	C C	:ON	ЛМ	ITTE	E											
<u>د</u>	Full Name (Last, First, Middle Initial) BENNET FOR COLORADO	Date of Disbursement																		
	Mailing Address PO BOX 3078							м м 04	/	D	30			015	Y					
	City 5 DENVER	State CO	Zip Code 80201					Transaction ID : SB23.7069												
	Purpose of Disbursement contribution						Amount of Each Disbursement this Period													
				Cat	ego	ory/								250	0.00					
	BENNET FOR COLORADO Office Sought: House Disbursen	nent For:	2016	Т	ype)	_	<u> </u>	-	7	1			250	0.00					
	X Senate	Primary	General																	
	State: CO District: 00	Other (spe	ecify) 🔻																	
_	Full Name (Last, First, Middle Initial)	0.DI.T.A						Data	(D)											
в.	FEDERATION OF AMERICAN HO	SPITA	LS PAC					Date o	_		ser		V	(Y	V					
	Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245							04 13 2015												
	5	State DC	Zip Code 20004					Transaction ID : SB23.7068												
	Purpose of Disbursement							Amoun	t of	Fac	hГ	Diehure	omon	t this	Period					
	Candidate Name			Cat	eao	orv/		Amount of Each Disbursement this Period												
	Office Sought: House Disbursen	ant Far			ype			L	-	7	1			500	0.00					
		Primary	General																	
	State: District:	Other (spe	ecify) ▼																	
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C.	FRIENDS OF ROY BLUNT							Date o	_		ser		× N	Y Y	V					
	Mailing Address PO Box 50100 PO Box 50100							01			21			015	<u> </u>					
	City	State MO	Zip Code					Trans	sact	ion l	D :	: SB23	7062							
	Springfield Purpose of Disbursement contribution		65805	_			-													
	Candidate Name			L.	_			Amoun	t of	Eac	h [Disburs	emen	t this	Period					
	FRIENDS OF ROY BLUNT			Cate T	ego ype									250	0.00					
		nent For: Primary								7										
		General ecify) ▼																		
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\square	NAME OF COMMITTEE (In Full)							_									
	CAPELLA HEALTHCARE, INC. G	OVERNM	ENT AFFA	IRS			ITTE	Ξ									
Δ	Full Name (Last, First, Middle Initial) Friends of THA						Date of	f Disł	ourse	ment							
	Mailing Address 500 Interstate Blvd, S						01		21		_20	15					
	,		Zip Code		Transaction ID : SB23.7063												
	Nashville Purpose of Disbursement	TN	37210				mana	aotic		. 0020.7	000						
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В.	MAJORITY COMMITTEE PACM	C PAC					Date of	t Dist									
	Mailing Address P.O. BOX 10134						02	/	D 1:		20		Y				
	City S BAKERSFIELD	State Zip Code CA 93389						Transaction ID : SB23.7064									
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				L.,			Amoun	t of E	Each	Disburse	ment	this F	Period				
	Candidate Name		Category/ Type						2500.00								
	Office Sought: House Disburser	nent For:		ı yı	he	_			,	7							
	Senate	Primary	General														
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_	State: District: Full Name (Last, First, Middle Initial)																
C.	WYDEN FOR SENATE						Date of	f Disk	ourse	ment							
	Mailing Address 232 NE 9TH AVENUE					_	^M M	/	D 15		20 ⁻		Y				
			Zip Code 97232				Trans	sactio	on ID	: SB23.7	073						
	Purpose of Disbursement	UK .	91232	_	_												
	contribution						Amoun	t of E	Each	Disburse	ment	this F	Period				
	Candidate Name RONALD LEE WYDEN			Cate		/			-			2500	.00				
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	CAPELLA HEALTHCARE, INC. GO	OVERNN	MENT AFFA	IRS			IITTE	E					
A .	Full Name (Last, First, Middle Initial) OHA-PAC						Date o	of Dis	burse	ment			
								M M / D D / Y Y Y Y					
	Mailing Address 4000 Lincoln Blvd						04 07 2015						
	City State Zip Code Oklahoma City OK 73105						Transaction ID : SB29.7067						
	Purpose of Disbursement contribution			_	_								
	Candidate Name						Amount of Each Disbursement this Period						
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	ffice Sought: House Disbursement For: Senate Primary General												
	President	Other (spec											
_	State: District: Full Name (Last, First, Middle Initial)												
Β.	Washington Hospital PAC						Date of Disbursement						
	Mailing Address 300 Elliott Avenue West												
	Suite 300												
	5	State WA	Zip Code 98119				Tran	sacti	on ID	: SB29.7	072		
	Purpose of Disbursement						Amount of Each Dichurcoment this Derived					Period	
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	Office Sought: House Disbursen	nent For:			ype				7		200	00.00	
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	City State Zip Code												
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