



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="12526.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12526.47"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="24291.53"/>	<input type="text" value="24291.53"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="36818.00"/>	<input type="text" value="36818.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21223.65"/>	<input type="text" value="21223.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15594.35"/>	<input type="text" value="15594.35"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

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

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22073.47	22073.47
(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 Totals to Line 33, page 5) .....	24291.53	24291.53
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	24291.53	24291.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24291.53	24291.53

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	223.65	223.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	223.65	223.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	18000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	3000.00	3000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21223.65	21223.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21223.65	21223.65

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<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)  
**CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

**A. Scott Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.7028**

Amount of Each Receipt this Period  
**600.00**  
 payroll deduction 100/month

**B. Tim Browne**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.7046**

Amount of Each Receipt this Period  
**625.00**  
 payroll deduction 125/month

**C. Holly Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Center Drive Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation healthcare administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **483.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.6996**

Amount of Each Receipt this Period  
**483.30**  
 payroll deduction \$80.55/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1708.30</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<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)  
**CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

**A. Jeff Cobb**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Brentwood State TN Zip Code 37027

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

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.6997**

Amount of Each Receipt this Period  
**300.00**  
 payroll deduction 60/monthly

**B. S. Ray Coffey**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation VP & Government Programs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **463.38**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.6998**

Amount of Each Receipt this Period  
**463.38**  
 payroll deduction 77.28/monthly

**C. Sue Conley**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Healthcare administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.7023**

Amount of Each Receipt this Period  
**600.00**  
 payroll deduction 100/mo

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1363.38</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Beverly Craig</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.6999</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 300.00 payroll deduction 50/month
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP & Quality Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Jim Davidson</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.7029</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 367.50 payroll deduction 61.25/monthly
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 367.50	

Full Name (Last, First, Middle Initial) <b>C. Jim Geist</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.7025</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 600.00 payroll deduction 100/mo
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1267.50
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Brian Hitchcock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Occupation VP & Materials Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.7002**  
 Amount of Each Receipt this Period 420.00  
 payroll deduction 70/monthly

**B. Gay Huff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Occupation Director Operations Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.7003**  
 Amount of Each Receipt this Period 240.00  
 payroll deduction 40/monthly

**C. Steve Hyde**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Occupation Hospital CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2015  
**Transaction ID : SA11AI.7059**  
 Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Neil Kunkel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Occupation SVP - Chief Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 816.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.7004**  
 Amount of Each Receipt this Period 816.00  
 payroll deduction 136/monthly

**B. Bill Little**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CANN Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 648.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.7032**  
 Amount of Each Receipt this Period 648.00  
 payroll deduction 108/month

**C. Derek Lythgoe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Occupation Hospital CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.7026**  
 Amount of Each Receipt this Period 300.00  
 payroll deduction 50/mo

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1764.00
<b>TOTAL</b> 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 OF 22
	<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)  
**CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

**A. Jerry Mabry**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.7038**

Amount of Each Receipt this Period  
600.00  
payroll deduction 100/month

**B. Joseph Mazzo**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
299.52

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.7039**

Amount of Each Receipt this Period  
299.52  
payroll deduction 48.77/2mos 50.50/4mos

**C. Mike McCoy**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.7042**

Amount of Each Receipt this Period  
315.00  
payroll deduction 52.50/6 months

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1214.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 22
	<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)  
**CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Donald McDaniel</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.7034</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 270.00 payroll deduction 45/month
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		
Name of Employer Mineral	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Tim McGill</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.7040</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 810.00 payroll deduction 135/month
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Medley</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.7006</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 1076.00 payroll deduction 150/month for 4 mos 238/mo for 2 mos
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Division CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1076.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2156.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<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)  
**CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

**A. Lynn Mergen**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.7035**

Amount of Each Receipt this Period  
400.00  
payroll deduction 100/4 mos

**B. Angie Mulder**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr, Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
389.72

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.7008**

Amount of Each Receipt this Period  
389.72  
payroll deduction 63.69 for 2 mos 65.59 for 4 mos

**C. Christina Patterson**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Center Dr Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.7010**

Amount of Each Receipt this Period  
300.00  
payroll deduction 50/month

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1089.72

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 22
	<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)  
**CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

**A. Benjamin Ross**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation VP Physician Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : SA11AI.7012**

Amount of Each Receipt this Period  
499.98

payroll deduction 83.33/month

**B. Carolyn Schneider**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Center Dr, Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation VP of Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2015

**Transaction ID : SA11AI.7060**

Amount of Each Receipt this Period  
750.00

**c. David Sharp**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation healthcare executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : SA11AI.7024**

Amount of Each Receipt this Period  
300.00

payroll deduction 50/month

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1549.98
<b>TOTAL</b> 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 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dan Slipkovich</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.7013</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1002.00
Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	payroll deduction 167/month
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1002.00	

Full Name (Last, First, Middle Initial) <b>B. D. Andrew Slusser</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.7014</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1020.00
Name of Employer Capella Healthcare	Occupation Senior VP & Development Officer	payroll deduction 170/month
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

Full Name (Last, First, Middle Initial) <b>C. Alan Smith</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.7016</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 950.00
Name of Employer Capella Healthcare	Occupation VIP, CIO	payroll deduction 150/month
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2972.00
<b>TOTAL</b> 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 OF 22
	<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)  
**CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Warren Smith</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.7015</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 240.00 payroll deduction 40/month
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bill Southwick</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.7027</b>
Mailing Address 501 Corporate Centre Drive Ste 200		Amount of Each Receipt this Period 260.00 payroll deduction 40/4 mos 50/2 mos
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 260.00
Name of Employer CMC	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Davis Turner</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : SA11AI.7017</b>
Mailing Address 501 Corporate Centre Dr, Ste 200		Amount of Each Receipt this Period 467.78 payroll deduction 76.45/2 mos 78.73/4 mos
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 467.78
Name of Employer Capella Healthcare	Occupation healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	967.78
<b>TOTAL</b> 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 17 OF 22
	<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)  
**CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Wendell Van Es**

Mailing Address 501 Corporate Centre Drive  
Suite 201

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
279.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.7043**

Amount of Each Receipt this Period  
279.00

payroll deduction 46.50/monthly

Full Name (Last, First, Middle Initial)  
**B. Robert Wampler**

Mailing Address 501 Corporate Centre Drive, Ste 20

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation VP & Operations CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.7018**

Amount of Each Receipt this Period  
700.00

payroll deduction 100/4 mos 150/2 mos

Full Name (Last, First, Middle Initial)  
**C. Jennifer Weldon**

Mailing Address 501 Corporate Centre Dr, Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.29

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.7033**

Amount of Each Receipt this Period  
221.29

payroll deduction 36.17/2 mos 37.24/4 mos

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.29
<b>TOTAL</b> 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 18 OF 22
	<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)  
**CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

**A. Michael Wiechart**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.7019**

Amount of Each Receipt this Period  
1500.00  
payroll deduction 250/6 months

**B. James R. Wiseman**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation VP of Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.7020**

Amount of Each Receipt this Period  
480.00  
payroll deduction 80/month

**C. Lori Wooten**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Brentwood State TN Zip Code 37027

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

Name of Employer Capella Healthcare Occupation VP/Financial Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : SA11AI.7021**

Amount of Each Receipt this Period  
600.00  
payroll deduction 100/mo

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2580.00

**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 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Beth Wright**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation VP Corp Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.7022**

Amount of Each Receipt this Period  
 370.00  
 payroll deduction 55/4 mos 75/2 mos

**B. Anthony Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr  
Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer MRMC Occupation Hospital CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
710.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.7030**

Amount of Each Receipt this Period  
 710.00  
 payroll deduction 115/4 mos 125/2 mos

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1080.00
<b>TOTAL</b> This Period (last page this line number only).....▶	22073.47

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BENNET FOR COLORADO**

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement contribution

Candidate Name

**BENNET FOR COLORADO**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

**Transaction ID : SB23.7069**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. FEDERATION OF AMERICAN HOSPITALS PAC**

Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2015

**Transaction ID : SB23.7068**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ROY BLUNT**

Mailing Address PO Box 50100 PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement contribution

Candidate Name

**FRIENDS OF ROY BLUNT**

Office Sought:  House  Senate  President  
State: MO District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2015

**Transaction ID : SB23.7062**

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

**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)

<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)  
**CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of THA**

Mailing Address 500 Interstate Blvd, S

City Nashville State TN Zip Code 37210

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2015

Transaction ID : **SB23.7063**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. MAJORITY COMMITTEE PAC--MC PAC**

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2015

Transaction ID : **SB23.7064**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. WYDEN FOR SENATE**

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement contribution

Candidate Name

**RONALD LEE WYDEN**

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

Disbursement For: 2016  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2015

Transaction ID : **SB23.7073**

Amount of Each Disbursement this Period

2500.00

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

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

8000.00

18000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. OHA-PAC**

Mailing Address 4000 Lincoln Blvd

City Oklahoma City State OK Zip Code 73105

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 07 / 2015

**Transaction ID : SB29.7067**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Washington Hospital PAC**

Mailing Address 300 Elliott Avenue West  
Suite 300

City Seattle State WA Zip Code 98119

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : SB29.7072**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3000.00

3000.00