

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 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 / / through / /

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 Chris Minar

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="22847.85"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28922.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4409.92"/>	<input type="text" value="11584.40"/>
(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="33332.25"/>	<input type="text" value="34432.25"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="3600.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="30832.25"/>	<input type="text" value="30832.25"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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: 04 / 01 / 2016 To: 06 / 30 / 2016

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).....	3353.19	5396.13
(ii) Unitemized	1056.73	6188.27
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4409.92	11584.40
(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)	4409.92	11584.40
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))..... ▶	4409.92	11584.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4409.92	11584.40

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
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	2500.00	2600.00
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)) ..	2500.00	3600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	3600.00

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)	4409.92	11584.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4409.92	11584.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Scott Bailey		Date of Receipt MM / DD / YYYY 04 / 30 / 2016 Transaction ID : SA11AI.7510
Mailing Address 501 Corporate Centre Drive		Amount of Each Receipt this Period 100.00
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Scott Bailey		Date of Receipt MM / DD / YYYY 05 / 31 / 2016 Transaction ID : SA11AI.7511
Mailing Address 501 Corporate Centre Drive		Amount of Each Receipt this Period 100.00
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Vishal Bhatia		Date of Receipt MM / DD / YYYY 04 / 30 / 2016 Transaction ID : SA11AI.7467
Mailing Address 501 Corporate Centre Drive Ste 200		Amount of Each Receipt this Period 100.00
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Capella Healthcare	Occupation CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<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. Vishal Bhatia
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 31 / 2016
Transaction ID : SA11AI.7468

Amount of Each Receipt this Period
100.00

Memo Item

B. Rick Brasher
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 ▼
280.00

Date of Receipt
04 / 30 / 2016
Transaction ID : SA11AI.7469

Amount of Each Receipt this Period
70.00

Memo Item

C. 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 ▼
500.00

Date of Receipt
04 / 30 / 2016
Transaction ID : SA11AI.7465

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	295.00
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 OF 20
	<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. 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
05 / 31 / 2016

Transaction ID : SA11AI.7466

Amount of Each Receipt this Period
125.00

Memo Item

B. 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 ▼ **322.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : SA11AI.7470

Amount of Each Receipt this Period
80.55

Memo Item

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 ▼ **402.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.7471

Amount of Each Receipt this Period
80.55

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	286.10
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<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. 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 ▼
309.12

Date of Receipt
04 / 30 / 2016
Transaction ID : SA11AI.7472

Amount of Each Receipt this Period
77.28

Memo Item

B. Beverly Craig
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 & Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 31 / 2016
Transaction ID : SA11AI.7474

Amount of Each Receipt this Period
50.00

Memo Item

C. Jim Davidson
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 COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
04 / 30 / 2016
Transaction ID : SA11AI.7514

Amount of Each Receipt this Period
61.25

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 188.53

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Jim Davidson
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 COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
306.25

Date of Receipt
05 / 31 / 2016
Transaction ID : SA11AI.7515

Amount of Each Receipt this Period
61.25

Memo Item

B. Jim Geist
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
04 / 30 / 2016
Transaction ID : SA11AI.7459

Amount of Each Receipt this Period
100.00

Memo Item

C. Jim Geist
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
05 / 31 / 2016
Transaction ID : SA11AI.7460

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 261.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<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. 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 ▼ 280.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SA11AI.7479

Amount of Each Receipt this Period
70.00

Memo Item

B. 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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SA11AI.7480

Amount of Each Receipt this Period
70.00

Memo Item

C. Peter Hofstetter
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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2016

Transaction ID : SA11AI.7528

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Peter Hofstetter
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 **500.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : SA11AI.7529
Amount of Each Receipt this Period **100.00**
 Memo Item

B. 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 **400.00**

Date of Receipt **04 / 30 / 2016**
Transaction ID : SA11AI.7522
Amount of Each Receipt this Period **100.00**
 Memo Item

C. 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 **500.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : SA11AI.7523
Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. 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 ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016

Transaction ID : SA11AI.7524

Amount of Each Receipt this Period
 52.50

Memo Item

B. 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 ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.7525

Amount of Each Receipt this Period
 52.50

Memo Item

C. Donald McDaniel
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 Mineral Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.7464

Amount of Each Receipt this Period
 45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 OF 20
	<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. Jane Motes

Mailing Address 501 Corporate Centre Drive

City	State	Zip Code
Franklin	TN	37067

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

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2016

Transaction ID : SA11AI.7487

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 501 Corporate Centre Dr, Ste 200

City	State	Zip Code
Franklin	TN	37067

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

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

Transaction ID : SA11AI.7488

Amount of Each Receipt this Period
67.72

Memo Item

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

Mailing Address 501 Corporate Centre Dr, Ste 200

City	State	Zip Code
Franklin	TN	37067

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

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
334.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2016

Transaction ID : SA11AI.7489

Amount of Each Receipt this Period
67.72

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	185.44
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 15 OF 20
	<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. 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 ▼ 250.00

Date of Receipt 05 / 31 / 2016
Transaction ID : SA11AI.7493

Amount of Each Receipt this Period 50.00

Memo Item

B. Susan Shugart
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 ▼ 242.32

Date of Receipt 05 / 31 / 2016
Transaction ID : SA11AI.7497

Amount of Each Receipt this Period 49.11

Memo Item

C. Dan Slipkovich
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 Company Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 668.00

Date of Receipt 04 / 30 / 2016
Transaction ID : SA11AI.7498

Amount of Each Receipt this Period 167.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.11

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20
	<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. Dan Slipkovich		Date of Receipt MM / DD / YYYY 05 / 31 / 2016
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7499
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 167.00
Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 835.00	

Full Name (Last, First, Middle Initial) B. Bill Southwick		Date of Receipt MM / DD / YYYY 05 / 31 / 2016
Mailing Address 501 Corporate Centre Drive Ste 200		Transaction ID : SA11AI.7462
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer CMC	Occupation Hospital COO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Davis Turner		Date of Receipt MM / DD / YYYY 04 / 30 / 2016
Mailing Address 501 Corporate Centre Dr, Ste 200		Transaction ID : SA11AI.7504
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 81.13
Name of Employer Capella Healthcare	Occupation healthcare	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.86	

SUBTOTAL of Receipts This Page (optional).....▶	298.13
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 17 OF 20
	<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. Davis Turner
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 ▼ 400.99

Date of Receipt 05 / 31 / 2016
Transaction ID : SA11AI.7505

Amount of Each Receipt this Period 81.13

Memo Item

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

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 ▼ 232.50

Date of Receipt 05 / 31 / 2016
Transaction ID : SA11AI.7527

Amount of Each Receipt this Period 46.50

Memo Item

C. 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 ▼ 240.00

Date of Receipt 04 / 30 / 2016
Transaction ID : SA11AI.7506

Amount of Each Receipt this Period 80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	207.63
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 18 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016

Transaction ID : SA11AI.7507

Amount of Each Receipt this Period
 75.00

Memo Item

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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2016

Transaction ID : SA11AI.7516

Amount of Each Receipt this Period
 125.00

Memo Item

C. 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 ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.7517

Amount of Each Receipt this Period
 125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

A. Lee Yuill
 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 Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : SA11AI.7509
 Amount of Each Receipt this Period
 50.00
 Memo Item

B.
 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 / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

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 / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	3353.19

**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. Washington Hospital PAC

Mailing Address 300 Elliott Avenue West
Suite 300

City Seattle State WA Zip Code 98119

Purpose of Disbursement
fund raiser

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
05	/	31	/	2016

Transaction ID : SB29.7530

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

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

--

Memo Item

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

--

Memo Item

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

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

2500.00

2500.00
