Image# 201607159020496523					PAGE 1 / 20
	EPORT OF F ND DISBURS Other Than An Author	SEMENTS	S	Office	9 Use Only
	e or print V	Example: If typir	ng, type	12FE4M5	
COMMITTEE (in full)		over the lines.			
	E, INC. GOVERNME			TEE	
ADDRESS (number and street)		DRIVE STE 200			
Check if different					
than previously reported. (ACC)	RANKLIN			TN 370	067
2. FEC IDENTIFICATION NUME	ER V CITY	▲	S		ZIP CODE
C C00421420	3. IS RE	~ ~ ~	NEW N) OR	AMENDE (A)	Ð
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Report Due On:		May 20 (M5) Jun 20 (M6)	Aug 20 (Ma Sep 20 (Ma	Year Only)
April 15	Apr 20	D (M4)	Jul 20 (M7)	Oct 20 (M1	0) Jan 31 (YE)
Quarterly Report (Q1) X July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election	on /		Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (300	à)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Election	on M M /		Y Y Y Y Y	in the State of
5. Covering Period 04	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	M M 06		y y y 2016
I certify that I have examined this R	eport and to the best of m	ny knowledge and b	pelief it is true	e, correct and comp	olete.
Type or Print Name of Treasurer	Chris Minar				
Signature of Treasurer Chris Min	ar	[Electronically	<i>Filed]</i> Da		D D / Y Y Y Y Y 13 2016
NOTE: Submission of false, erroneous	, or incomplete information	may subject the pers	son signing thi	s Report to the pen	alties of 2 U.S.C. §437g.
Office Use Only				FE	EC FORM 3X Rev. 12/2004

07/15/2016 11 : 16

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

R	eport Covering the Period: From:	4 01 / YEYEY 2016 To:	06 / Y Y Y Y Y 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		22847.85
	(b) Cash on Hand at Beginning of Reporting Period	28922.33	
	(c) Total Receipts (from Line 19)	4409.92	11584.40
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	33332.25	34432.25
7.	Total Disbursements (from Line 31)	2500.00	3600.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30832.25	30832.25
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#	2016071	59020496525
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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

R	eport Covering the Period: From:	/ D D / Y Y Y Y 01 2016 To	b: 06 / 06 / Y Y Y Y Y							
	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							
	(ii) TOTAL (add									
	Lines 11(a)(i) and (ii)	4409.92	11584.40							
		0.00	0.00							
	(b) Political Party Committees(c) Other Political 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	0.00	0.00							
	Party Committees	0.00	7 7 7							
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									
17	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),	4400.00	44504.40							
	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							

I

DETAILED SUMMARY PAGE

of Disbursements

	II. Disbursomente	COLUMN A	COLUMN B
4	II. Disbursements	Total This Period	Calendar Year-to-Date
1.	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	0.00	0.00
2.	(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party		
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	0.00	1000.00
	Independent Expenditures (use Schedule E)	0.00	0.00
5.	(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
_		0.00	
ð.	Loan Repayments Made	0.00	0.00
7. 8.	Loans Made Refunds of Contributions To:	0.00	0.00
	(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		
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	0.00
9.	Other Disbursements	2500.00	2600.00
h	Federal Election Activity (2 U.S.C. §431(20))		
0.	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	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
1	Total Disbursements (add Lines 21(c), 22,		, , , , , , , , , , , , , , , , , , , ,
•••	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2500.00	3600.00
2,	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	2500.00	3600.00

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	4409.92	11584.40
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	4409.92	11584.40
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 6 OF

	EIVIIZED RECEIPIS		for each category of the Detailed Summary Page		X 11a	1	1b	11c		12	
			Detailed Summary Faye		13		4	15		16	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committe	persor	for the solicit cor	purpo ntribut	ose of tions f	soliciting) con h cor	tributi nmitte	ions ee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	MM	IITTEE	Ξ					
Α.	Full Name (Last, First, Middle Initial) Scott Bailey Mailing Address 501 Corporate Centre Drive				Date of		eipt) / Y	Y	Y	Y
	City	State	Zip Code	_	04 Trans	actio	30 n ID :	SA11AI.	20 7510		
	Franklin	TN	37067		Amount	t of E	ach R	leceipt th	nis Pe	əriod	
	FEC ID number of contributing federal political committee.	С				,				100.0	00
	Name of Employer Capella Healthcare	Occupation Hospital CC			Me	mo lte	m				
	Receipt For:		Year-to-Date ▼								
	Other (specify)		400.00]							
в.	Full Name (Last, First, Middle Initial) Scott Bailey				Date of	f Rece	eipt				
	Mailing Address 501 Corporate Centre Drive				м м 05	/	D D 31	/ Y	_201	Y 16	Y
	City	State	Zip Code			actio		SA11AI.			
	Franklin	TN	37067		Amount	t of E	ach R	leceipt th	iis Pe	əriod	
	FEC ID number of contributing federal political committee.	С				,				100.0	00
	Name of Employer Capella Healthcare	Occupation Hospital CC			Me	mo lte	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
<u>с.</u>	Full Name (Last, First, Middle Initial) Vishal Bhatia				Date of	f Rece	eipt				
	Mailing Address 501 Corporate Centre Drive Ste 200				^M M 04	/	D D 30) / Y	20 ²	ү 16	Y
	City Franklin	State TN	Zip Code 37067					SA11AI. leceipt th			
	FEC ID number of contributing federal political committee.	С							_	100.0	00
	Name of Employer	Occupation			Me	mo lte	em				
	Capella Healthcare	СМО									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		400.00								
s	UBTOTAL of Receipts This Page (optional)					,				300.0	0
т	OTAL This Period (last page this line number	only)		•		,		- 1			

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PAGE 7 OF

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NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,									
CAPELLA HEALTHCARE, IN	C. GOVER	NMENT AFFAIRS CO	MMI	TTE	Ξ						
Full Name (Last, First, Middle Initial) Vishal Bhatia			[Date of	Re	ceipt					
Mailing Address 501 Corporate Centre Drive Ste 200	9			м м 05	1	31) / Y	2016	Y		
City	State	Zip Code		Trans	acti	on ID :	SA11AI	.7468			
Franklin	TN	37067	A	Amount	t of	Each F	Receipt tl	nis Period			
FEC ID number of contributing federal political committee.	С					7		100.	00		
Name of Employer	Occupation		1	Me	mo l	tem					
Capella Healthcare	СМО										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify)		500.00]								
Full Name (Last, First, Middle Initial) Rick Brasher				Date of	Re	ceipt					
Mailing Address 501 Corporate Centre Drive	!			м м 04	/	30	/ Y	2016	Y		
City	State	Zip Code		Transaction ID : SA11AI.7469							
Franklin	TN	37067	A	Amount	t of	Each F	Receipt tl	nis Period			
FEC ID number of contributing federal political committee.	С					y		70.	00		
Name of Employer Capella Healthcare	Occupation healthcare			Me	mo l	tem					
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 280.00]								
Full Name (Last, First, Middle Initial) Tim Browne				Date of	Re	ceint					
Mailing Address 501 Corporate Centre Drive	9			м м 04	/	30) / Y	2016	Y		
City	State	Zip Code		Trans	acti	ion ID :	SA11AI	.7465			
Franklin	TN	37067	A	Amount	t of	Each F	Receipt tl	nis Period			
FEC ID number of contributing federal political committee.	С					7	3	125.	00		
Name of Employer	Occupation			Me	mol	tem					
Capella Healthcare	healthcare										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General											
Other (specify)		500.00									
URTOTAL of Receipts This Page (optional)								295.	00		

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PAGE 8 OF

	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			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.			
Α.	Full Name (Last, First, Middle Initial) Tim Browne Mailing Address 501 Corporate Centre Drive			Date of Receipt
	City Franklin	State TN	Zip Code 37067	05 31 2016 Transaction ID : SA11AI.7466 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00 Memo Item
	Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation healthcare Aggregate	Year-to-Date ▼ 625.00	
в.	Full Name (Last, First, Middle Initial) Holly Clark Mailing Address 501 Corporate Center Drive			Date of Receipt
	City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	04 30 2016 Transaction ID : SA11AI.7470 Amount of Each Receipt this Period 80.55
	Name of Employer Capella Healthcare	Occupation healthcare	administration	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 322.20	
C.	Full Name (Last, First, Middle Initial) Holly Clark			Date of Receipt
	Mailing Address 501 Corporate Center Drive Suite 200 City	State	Zip Code	05 31 2016 Transaction ID : SA11AI.7471
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.55
	Name of Employer	Occupation	I	Memo Item
	Capella Healthcare Receipt For:		administration	_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 402.75	
s	UBTOTAL of Receipts This Page (optional)		•	286.10
т	OTAL This Period (last page this line number o	nly)	•	

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			Detailed Summary Page	Ľ	< 11a		11b		11c	12	
					13		14		15	16	17
	y 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	MMI	TTE	Ξ					
<u>А.</u>	Full Name (Last, First, Middle Initial) S. Ray Coffey				Date of	f Re	ceipt				
	Mailing Address 501 Corporate Centre Drive Suite 200	Charles	Zie Ocale		04		3	0		ү ү 2016	Y
	City Franklin	State TN	Zip Code 37067	_					A11AI.7 ceipt thi	7 472 s Perio	d
	FEC ID number of contributing federal political committee.	С					7		7		.28
	Name of Employer Capella Healthcare	Occupation	mment Programs		Me	mo l	tem				
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 309.12								
в.	Full Name (Last, First, Middle Initial) Beverly Craig				Date of	f Re	ceipt				
	Mailing Address 501 Corporate Centre Drive Suite 200				м м 05	/	D 3		/ Y	ү ү 2016	Y
	City Franklin	State TN	Zip Code 37067						A11AI.7 ceipt thi	2 474 s Perio	d
	FEC ID number of contributing federal political committee.	С			<u> </u>		7		7	50	.00
	Name of Employer Capella Healthcare	Occupation	y Management		Me	mo l	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
с.	Full Name (Last, First, Middle Initial) Jim Davidson				Date of	f Re	ceipt				
	Mailing Address 501 Corporate Centre Drive Suite 200				м м 04	/	D 3	D 80	/ Y	ү ү 2016	Y
	City Franklin	State TN	Zip Code 37067						A11AI.7	7 514 s Perio	d
	FEC ID number of contributing federal political committee.	С					7			61	.25
	Name of Employer	Occupation			Me	mo l	tem				
	Capella Healthcare Receipt For:	Hospital CC		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00								
s	UBTOTAL of Receipts This Page (optional)									188	.53

FOR LINE NUMBER:

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		Detailed Summary Page	×	11a	-	11b		11c	12			
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or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full)					_							
CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS COI	MMI	ITEE	-							
Full Name (Last, First, Middle Initial) A. Jim Davidson				Date of	Re	ceipt						
Mailing Address 501 Corporate Centre Drive Suite 200			05 31 2016									
City	State	Zip Code						A11AI.7				
Franklin	TN	37067	A	mount	of	Each	Re	ceipt th	is Period			
FEC ID number of contributing federal political committee.	С							7	61.2			
Name of Employer	Occupation		11	Mer	no li	tem						
Capella Healthcare	Hospital CC	00										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		306.25										
Full Name (Last, First, Middle Initial) 3. Jim Geist			Date of Receipt									
Mailing Address 501 Corporate Centre Drive Suite 200				04 30 _2016 _								
City	State	Zip Code		Transa	acti	on IE) : S	A11AI.7	459			
Franklin	TN	37067	A	mount	of	Each	Re	ceipt thi	is Period			
FEC ID number of contributing federal political committee.	С					3		7	100.0	00		
Name of Employer	Occupation	I	+	Mer	no l	tem						
Capella Healthcare	Hospital CE	0										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		400.00										
Full Name (Last, First, Middle Initial)				Date of	Re	ceipt						
Mailing Address 501 Corporate Centre Drive Suite 200				м м 05	1		D 31	/ Y	y y 2016	Y		
City	State TN	Zip Code						A11AI.				
Franklin	I IN	37067	A	Mount	of	Each	Re	ceipt th	is Period			
FEC ID number of contributing federal political committee.	С					7		3	100.0	00		
Name of Employer	Occupation	1	- I	Mer	no li	tem						
Capella Healthcare	Hospital CE	80										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify)		500.00										
		300.00										
SUBTOTAL of Receipts This Page (optional)						3		7	261.2	25		
TOTAL This Period (last page this line number of	only)	•				7		7				

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PAGE 11 OF

			Detailed Summary Page		-		11b	11c	12				
An	y information copied from such Reports and S	tatements ma	ay not be sold or used by any pe	erson fo	13 or the	purp	14 ose of	15 soliciting	16 g contribu	utions			
or	for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	ММІТ	TTEE	Ξ							
Α.	Full Name (Last, First, Middle Initial) Brian Hitchcock				Date of	Re	ceipt						
	Mailing Address 501 Corporate Centre Drive Suite 200	-			м м 04	/	D 0 30) / Y	y y 2016	Y			
	City Franklin	State TN	Zip Code 37067					SA11AI.	7479 nis Perioc	4			
	FEC ID number of contributing federal political committee.	С					,			.00			
	Name of Employer	Occupation		- [Me	mo lt	em						
	Capella Healthcare	VP & Mater	ials Management	_									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00										
	Full Name (Last, First, Middle Initial) Brian Hitchcock				Date of	Red	ceipt						
	Mailing Address 501 Corporate Centre Drive Suite 200				м м 05	/	31	/ Y	2016	Y			
	City	State Zip Code					Transaction ID : SA11AI.7480						
	Franklin	TN	37067	Amount of Each Receipt this Period						b			
	FEC ID number of contributing federal political committee.	С								.00			
	Name of Employer Capella Healthcare	Occupation VP & Mater	ials Management	1	Me	mo lt	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00										
с.	Full Name (Last, First, Middle Initial) Peter Hofstetter				Date of	Re	ceipt						
	Mailing Address 501 Corporate Centre Drive				м м 04	/	30) / Y	2016	Y			
	City Franklin	State TN	Zip Code 37067	A				SA11AI. leceipt th	. 7528 nis Perioc	d			
	FEC ID number of contributing federal political committee.	С					,		100				
	Name of Employer	Occupation		- [Memo Item								
	Capella Healthcare	healthcare											
	Receipt For:	Aggregate	Year-to-Date V										
	Other (specify) ▼		400.00										
s	UBTOTAL of Receipts This Page (optional)								240	.00			

FOR LINE NUMBER:

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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									
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.									
Α.	Full Name (Last, First, Middle Initial) Peter Hofstetter			Date of Receipt						
	Mailing Address 501 Corporate Centre Drive	01212	7: 0.1	05 / J J J J J J J J J J J J J J J J J J						
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7529 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer Capella Healthcare	Occupation healthcare	1	— Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
	Full Name (Last, First, Middle Initial) Jerry Mabry			Date of Receipt						
	Mailing Address 501 Corporate Centre Drive Suite 200			04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7522 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer Capella Healthcare	Occupation Hospital CE		— Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
с.	Full Name (Last, First, Middle Initial) Jerry Mabry			Date of Receipt						
	Mailing Address 501 Corporate Centre Drive Suite 200			M M / D D / Y Y Y Y Y 05 31 2016						
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7523 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer	Occupation	1	Memo Item						
	Capella Healthcare	EO								
	Receipt For: Primary General Other (creceift)	Aggregate	Year-to-Date ▼ 500.00							
	Other (specify)	<u> </u>	g. g. m.							
SI	JBTOTAL of Receipts This Page (optional)			300.00						
т	OTAL This Period (last page this line number o	nly)	····· •							

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or for c	commercial purposes, other than using the			to solicit contributions from such committee.				
	NE OF COMMITTEE (In Full) APELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	MMITTEE				
	Name (Last, First, Middle Initial) ke McCoy			Date of Receipt				
	ing Address 501 Corporate Centre Drive Suite 200	Chatta	7:- 0	04 30 / Y Y Y Y Y 04 30 2016				
City Fra	nklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7524 Amount of Each Receipt this Period				
	D number of contributing political committee.	С		52.50				
	ne of Employer ella Healthcare	Occupation Hospital CE		Memo Item				
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00					
	Name (Last, First, Middle Initial) ke McCoy			Date of Receipt				
Mail	ing Address 501 Corporate Centre Drive Suite 200			05 31 2016				
City Frai	nklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7525 Amount of Each Receipt this Period				
	CID number of contributing ral political committee.	С		52.50				
	ne of Employer ella Healthcare	Occupation Hospital CE		Memo Item				
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 262.50					
	Name (Last, First, Middle Initial)			Date of Receipt				
	ing Address 501 Corporate Centre Drive Suite 200			05 31 2016				
City Fra	nklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7464 Amount of Each Receipt this Period				
	D number of contributing ral political committee.	С		45.00				
Nam	ne of Employer	Occupation	1	Memo Item				
Mine		CFO						
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00					
SUBT	OTAL of Receipts This Page (optional)			150.00				
тота	L This Period (last page this line number	only)						

Image# 201607159020496536

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$						
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN(C. GOVER	NMENT AFFAIRS CO	MMITTEE						
Full Name (Last, First, Middle Initial) A. Jane Motes Mailing Address 501 Corporate Centre Drive	2		Date of Receipt						
City	State	Zip Code	05 31 2016						
Franklin	TN	37067	Transaction ID : SA11AI.7487 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer	Occupation healthcare		Memo Item						
Capella Healthcare Receipt For:		Year-to-Date ▼							
Primary General Other (specify) v	Aggregate	250.00							
Full Name (Last, First, Middle Initial) B. Angie Mulder			Date of Receipt						
Mailing Address 501 Corporate Centre Dr, St	te 200		04 30 2016						
City	State TN	Zip Code	Transaction ID : SA11AI.7488						
Franklin FEC ID number of contributing federal political committee.	С	37067	Amount of Each Receipt this Period						
Name of Employer Capella Healthcare	Occupation healthcare		Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 266.99							
Full Name (Last, First, Middle Initial) C. Angie Mulder			Date of Receipt						
Mailing Address 501 Corporate Centre Dr, S	ite 200		05 31 2016						
City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7489 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		67.72						
Name of Employer	Occupation		Memo Item						
Capella Healthcare	healthcare								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 334.71							
SUBTOTAL of Receipts This Page (optional)			185.44						
TOTAL This Period (last page this line number	er only)								

FOR LINE NUMBER:

(check only one)

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20

•••			Detailed Summary Page		_		11b	11c	12					
Ar	y information copied from such Reports and S	tatements m	av not be sold or used by any n	erson	13 for the		14 ose of	15 solicitina	contribu	17 tions				
	for commercial purposes, other than using the													
\setminus	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.		NMENT AFFAIRS CO	N/N/I	TTE	=								
	-			11111		-								
Α.	Full Name (Last, First, Middle Initial) Christina Patterson				Date of Receipt									
	Mailing Address 501 Corporate Center Dr Ste	200			M M	_		/ Y	ΥΥ	Y				
	City	State	Zip Code	-	05		31		2016					
	Franklin	TN	37067					SA11AI.7 eceipt thi						
	FEC ID number of contributing federal political committee.	С					,		50.	00				
	Name of Employer	Occupation	1	\neg	Me	mo lt	em							
	Capella Healthcare Company	Hospital CF	0											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		250.00											
в.	Full Name (Last, First, Middle Initial) Susan Shugart				Date of	f Rec	ceipt							
	Mailing Address 501 Corporate Centre Drive			05 31 2016										
	City	State	Zip Code		Transaction ID : SA11AI.7497									
	Franklin	TN	37067	-	Amount	t of E	Each R	eceipt thi	s Period					
	FEC ID number of contributing federal political committee.	С		49.11										
	Name of Employer Capella Healthcare	Occupation healthcare	1		— Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		, 242.32											
<u>с</u> .	Full Name (Last, First, Middle Initial) Dan Slipkovich				Date of	f Rec	ceipt							
	Mailing Address 501 Corporate Centre Drive Suite 200				м м 04	/	D D 30	/ Y	y y 2016	Y				
	City Franklin	State TN	Zip Code 37067	\vdash				SA11AI.7						
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period										
	Name of Employer	1	_	Me	mo lt	em								
	Capella Healthcare Company	utive Officer												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		668.00											
s	UBTOTAL of Receipts This Page (optional)			•			,		266.	11				
т	OTAL This Period (last page this line number	only)		•			,	7						

FOR LINE NUMBER:

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TIEMIZED 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 usin		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	NC. GOVERNMENT AFFAIRS (COMMITTEE					
Full Name (Last, First, Middle Initial) A. Dan Slipkovich		Date of Receipt					
Mailing Address 501 Corporate Centre D Suite 200		05 31 Y Y Y Y Y					
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7499 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	167.00					
Name of Employer	Occupation Chief Executive Officer	Memo Item					
Capella Healthcare Company Receipt For:	Aggregate Year-to-Date ▼						
Other (specify) ▼	835.00						
Full Name (Last, First, Middle Initial) B. Bill Southwick		Date of Receipt					
Mailing Address 501 Corporate Centre D Ste 200	rive	05 31 2016					
City Franklin	StateZip CodeTN37067	Transaction ID : SA11AI.7462 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer CMC	Occupation Hospital COO	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial) C. Davis Turner		Date of Receipt					
Mailing Address 501 Corporate Centre D	r, Ste 200	M M / D D / Y Y Y Y 04 30 2016					
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7504 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	81.13					
Name of Employer	Occupation	Memo Item					
Capella Healthcare							
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify)	319.86						
SUBTOTAL of Receipts This Page (option	al)	> 298.13					
TOTAL This Period (last page this line nu	mber only)						

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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	TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12				
_			, ,		13		14	15	16		17		
	y information copied from such Reports and S for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)					_							
	CAPELLA HEALTHCARE, INC	. GOVER	NMENT AFFAIRS CO	MIM		E							
Α.	Full Name (Last, First, Middle Initial) Davis Turner				Date of	of Re	eceipt						
	Mailing Address 501 Corporate Centre Dr, Ste	200			05	л /	3		2016	Y			
	City	State	Zip Code			sact		: SA11AI.					
	Franklin	TN	37067	_	Amour	nt of	Each	Receipt th	nis Perioo	Ł			
	FEC ID number of contributing federal political committee.	С					7	7	81	.13			
	Name of Employer	Occupation		-	M	emo	ltem						
	Capella Healthcare	healthcare											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		400.99										
в.	Full Name (Last, First, Middle Initial) Wendell Van Es				Date of	of Re	eceipt						
	Mailing Address 501 Corporate Centre Drive Suite 201				[™] 05	Л /	D 3		ү ү 2016	Y			
	City	State	Zip Code		Transaction ID : SA11AI.7527								
	Franklin	TN	37067	_	Amour	nt of	Each	Receipt th	nis Perioo	ł	_		
	FEC ID number of contributing federal political committee.	С			46.50								
	Name of Employer Capella Healthcare	Occupation Hospital CF			M	emo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 232.50										
— c.	Full Name (Last, First, Middle Initial) James R. Wiseman				Date of	of Re	eceipt						
	Mailing Address 501 Corporate Centre Drive Suite 200			Date of Receipt									
	City Franklin	State TN	Zip Code 37067					: SA11AI		4			
	FEC ID number of contributing federal political committee.					1			.00				
	Name of Employer	Occupation	1	_	M	emo	ltem						
	Capella Healthcare VP of Tax												
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		240.00										
	Other (specify)												
s	UBTOTAL of Receipts This Page (optional)		•	•			, ,		207	.63			
т	OTAL This Period (last page this line number	only)	••••••	-			,	- 7					

FOR LINE NUMBER:

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			Detailed Summary Page		(11a		11b	11c	12					
Any info	rmation copied from such Reports and	Statemente m	av not be sold or used by any n	ereon	13 for the		14	15 soliciting	16	17 tions				
	ommercial purposes, other than using th													
NAM	E OF COMMITTEE (In Full)													
CA	PELLA HEALTHCARE, INC	. GOVER	NMENT AFFAIRS CO	MMI	TTEE	Ξ								
	Name (Last, First, Middle Initial) h Wright				Date of	f Red	ceipt							
Mailir	ng Address 501 Corporate Centre Drive				M = M / D = D / Y = Y = Y = Y									
City	Suite 200	State	Zip Code		04		30		2016					
Fran	klin	TN	37067					SA11AI.7 eceipt thi						
	ID number of contributing al political committee.	С			<u>_</u>		7		75.					
Name	e of Employer	Occupation	1		Me	mo lt	em							
	Ila Healthcare	VP Corp Co	ommunications											
Rece	ipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		300.00]										
	Name (Last, First, Middle Initial) hony Young	I			Date of	f Red	ceipt							
Mailir	ng Address 501 Corporate Centre Dr Ste 200				м м 04	/	30	/ Y	у у 2016	Y				
City		State	Zip Code	Transaction ID : SA11AI.7516										
Fran	klin	TN	37067		Amount of Each Receipt this Period 125.00 Memo Item									
	ID number of contributing al political committee.	С												
Name MRM	e of Employer C	Occupation												
	ipt For:	Hospital CE												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
	Name (Last, First, Middle Initial) thony Young				Date of	f Red	ceipt							
	ng Address 501 Corporate Centre Dr Ste 200				05		, 31	/ Y	2016	Y				
City Fran	klin	State TN	Zip Code 37067					SA11AI.						
	ID number of contributing				Amoun	tore	Each R	eceipt thi	is Period	_				
	al political committee.	C			Ŀ-		7		125.	00				
Name	e of Employer	Occupation	1		Me	mo lt	em							
MRM		Hospital CE	EO											
Rece	ipt For:	Aggregate	Year-to-Date ▼											
	Primary General		625.00	11										
	Other (specify)		1											
SUBTO	DTAL of Receipts This Page (optional)			•			7		325.0	00				
	TAL of Receipts This Page (optional) This Period (last page this line number			► ►	L. L.		7	- T	3	25.				

FOR LINE NUMBER:

(check only one)

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20

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	NC. GOVER	NMENT AFFAIRS CO	MMITTEE
Full Name (Last, First, Middle Initial) Lee Yuill Mailing Address 501 Corporate Centre Dri 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 VP of Intern		Date of Receipt
B. Full Name (Last, First, Middle Initial) Mailing Address	State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation	Year-to-Date ▼	Amount of Each Receipt this Period
C. Full Name (Last, First, Middle Initial) Mailing Address	State	Zip Code	
FEC ID number of contributing federal political committee. Name of Employer Receipt For:	Occupation Aggregate	Year-to-Date ▼	Amount of Each Receipt this Period
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional TOTAL This Paging (last page this line pumple)	I)	, , , , , , , , , , , , , , , , , , ,	50.00

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

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 20 OF 20										
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only 21b	r one) 22 23 24 25 26										
	Detailed Summary Page	27	28a 28b 28c X 29 30b										
Any information copied from such Reports and or for commercial purposes, other than using th													
NAME OF COMMITTEE (In Full)													
CAPELLA HEALTHCARE, INC	. GOVERNMENT AFFA	IRS COM	MITTEE										
Full Name (Last, First, Middle Initial) A. Washington Hospital PAC			Date of Disbursement										
			M M / D D / Y Y Y Y										
Mailing Address 300 Elliott Avenue West Suite 300			05 31 2016										
City Seattle	State Zip Code WA 98119		Transaction ID : SB29.7530										
Purpose of Disbursement fund raiser													
Candidate Name		Category/	Amount of Each Disbursement this Period										
		Туре	2500.00										
Office Sought: House Disl	oursement For: Primary General		Memo Item										
State: District:	Other (specify)												
Full Name (Last, First, Middle Initial)													
В.			Date of Disbursement										
Mailing Address			M M / D D / Y Y Y Y Y										
City	State Zip Code												
Purpose of Disbursement													
			Amount of Each Disbursement this Period										
Candidate Name		Category/ Type											
	pursement For:	Type	Memo Item										
Senate President	Other (specify) ▼												
State: District:													
Full Name (Last, First, Middle Initial)			Date of Disbursement										
			M = M / D = D / Y = Y = Y										
Mailing Address													
City	State Zip Code												
Purpose of Disbursement													
Candidate Name		Category/ Type	Amount of Each Disbursement this Period										
Senate	Dursement For:		Memo Item										
State: District:	Other (specify)												
SUBTOTAL of Disbursements This Page (optic	nal)	•••••	2500.00										
TOTAL This Period (last page this line number	only)	••••••	2500.00										