Image# 201807129115375772				PAGE 1 / 21
	EPORT OF R ND DISBURS Other Than An Author	EMENTS		Office Use Only
1. NAME OF TYF COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, to over the lines.	type 12FE4N	15
	, INC. GOVERNME			
ADDRESS (number and street)				
Check if different				37027
2. FEC IDENTIFICATION NUMB			STATE A	ZIP CODE 🔺
C C00421420	3. IS T REP	HIS NEW ORT (N)	OR	MENDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) 	(b) Monthly Report Due On: Apr 20	(M3) Jun (M4) Jul 2	20 (M6) Sep 20 (M7) Oct	g 20 (M8) Nov 20 (M11) (Non-Election Year Only) p 20 (M9) Dec 20 (M12) (Non-Election Year Only) g 20 (M9) Jan 31 (YE)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(c) 12-Day PRE -Election Report for the:	Primary (12P) Convention (12C		(12S)
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election		Runoff	State of
Termination Report (TER)	Report for the: Election o	n / D		in the State of
5. Covering Period 04	/ D D / Y Y Y Y Y 01 2018	through	06 / D D 30	2018
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of my Jinar, Chris, , ,	knowledge and belie	of it is true, correct ar	nd complete.
Signature of Treasurer	ris, , ,	[Electronically File	ed] Date 07	M / D D / Y Y Y Y 12 2018
NOTE: Submission of false, erroneous	, or incomplete information m	ay subject the person	signing this Report to	the penalties of 52 U.S.C. § 3010
Office Use Only				FEC FORM 3X Rev. 05/2016

07/12/2018 12 : 46

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page **2**

FEC Form 3X (Rev. 05/2016) Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

R	Report Covering the Period: From: 04		b: 06 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		37879.58
	(b) Cash on Hand at Beginning of Reporting Period	42234.96	
	(c) Total Receipts (from Line 19)	2807.77	7875.65
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	45042.73	45755.23
7.	Total Disbursements (from Line 31)	2718.75	3431.25
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42323.98	42323.98
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

Image#	2018071	2911	5375774
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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: Fro	om: 04 / 01	/ 2018	To: 06 / 30 /	2018
I. Receipts		COLUMN B Calendar Year-to-	Date	
 Contributions (other than loans) F (a) Individuals/Persons Other Than Political Committees 	From:			
(i) Itemized (use Schedule A	A)	2641.65	, , , ,	5652.20
(ii) Unitemized (iii) TOTAL (add		166.12		2223.45
Lines 11(a)(i) and (ii)		2807.77		7875.65
(b) Political Party Committees(c) Other Political Committees		0.00		0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Line 11(a)(iii), (b), and (c)) (Carry 		0.00		0.00
Totals to Line 33, page 5) 12. Transfers From Affiliated/Other		2807.77		7875.65
Party Committees		0.00		0.00
13. All Loans Received		0.00		0.00
 Loan Repayments Received Offsets To Operating Expenditures 		0.00		0.00
(Refunds, Rebates, etc.)(Carry Totals to Line 37, page 5).16. Refunds of Contributions Made to Federal Candidates and Other		0.00		0.00
Political Committees		0.00		0.00
(Dividends, Interest, etc.)		0.00		0.00
(a) Non-Federal Account (from Schedule H3)		0.00		0.00
(b) Levin Funds (from Schedule F	H5)	0.00		0.00
(c) Total Transfers (add 18(a) and	d 18(b))	0.00		0.00
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)))	2807.77		7875.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19))	2807.77		7875.65

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 05/2016)		Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
0	perating Expenditures:		
(6	Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(t			474 474 474
(*	Expenditures	218.75	831.2
(0) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))	218.75	831.25
	ransfers to Affiliated/Other Party ommittees	0.00	0.00
С	ontributions to		
	ederal Candidates/Committees	2500.00	2500.00
	dependent Expenditures		
(ι	se Schedule E) oordinated Party Expenditures	0.00	0.00
(5	52 U.S.C. § 30116(d))		
(ι	ise Schedule F)	0.00	0.00
L	oan Repayments Made	0.00	
		0.00	0.00
L	oans Made	0.00	0.00
	efunds of Contributions To:) Individuals/Persons Other		
(-	Than Political Committees	0.00	0.00
(t	,	0.00	0.00
(0	 Other Political Committees (such as PACs) 	0.00	0.00
10		0.00	0.00
(0	(add Lines 28(a), (b), and (c))	0.00	0.00
		0.00	0.00
С	ther Disbursements (Including		
Ν	on-Federal Donations)	0.00	100.00
E	ederal Election Activity (52 U.S.C. § 30101(20))	
	a) Allocated Federal Election Activity	20))	
(0	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(t	, , , , , , , , , , , , , , , , , , , ,		
(0	Entirely With Federal Funds	0.00	0.00
(C	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
		0.00	0.00
Т	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	2718.75	3431.25
		2/10/13	
	otal Federal Disbursements		
(ទ	ubtract Line 21(a)(ii) and Line 30(a)(ii) om Line 31)		
		2718.75	3431.25

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
 Total Contributions (other than loans) (from Line 11(d), page 3) 	2807.77	7875.65				
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2807.77	7875.65				
add Line 21(a)(i) and Line 21(b))►	218.75	831.25				
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
 Net Operating Expenditures (subtract Line 37 from Line 36) 	218.75	831.25				

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X	l1a		11b	11c	12		
					·	3		14	15	16		17
	y information copied from such Reports and Stat for commercial purposes, other than using the n											
\setminus	NAME OF COMMITTEE (In Full)											
	CAPELLA HEALTHCARE, INC. (GOVER	NMENT AFFAIRS CON	MМ	IT	TEE	=					
Α.	Full Name of Individual (Last, First, Middle Initia Bailey, Scott, , ,	I) or Full C	Organization Name		Da	ite of	Re	eceipt				
	Mailing Address 501 Corporate Centre Drive				K	04	/	30		y y 2018	Y	Γ
	City	State	Zip Code		1	rans	acti	ion ID	: SA11AI.	7891		
	Franklin	TN	37067	_	An	nount	t of	Each	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С								46	6.14	1
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) spital COO			M	emo	Item				
	Poppint For:		Year-to-Date V	\neg								
	Primary General	riggrogato										
	Other (specify) ▼	L	299.91									
В.	Full Name of Individual (Last, First, Middle Initia Bailey, Scott, , ,	l) or Full C	Organization Name		Da	ite of	Re	eceipt				
	Mailing Address 501 Corporate Centre Drive				N	05	/	31		2018	Y	7
	City	State	Zip Code		Т	rans	acti	on ID	: SA11AI.	7892		
	Franklin	TN	37067		An	nount	t of	Each	Receipt th	nis Peric	d	
	FEC ID number of contributing federal political committee.	С			Ľ			-		46	6.14	1
	Name of Employer (for Individual) Capella Healthcare		cupation (for Individual) spital COO			M	emo	ltem				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) v	L	346.05									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Bailey, Scott, , ,	l) or Full C	Organization Name		Da	ite of	Re	eceipt				
	Mailing Address 501 Corporate Centre Drive				K	06	/	30		y y 2018	Y	7
	City	State	Zip Code		1	rans	act	ion ID	: SA11AI	.7893		
	Franklin	TN	37067		An	nount	t of	Each	Receipt th	nis Peric	d	
	FEC ID number of contributing federal political committee.	С						,	,	69	9.21	I
	Name of Employer (for Individual)	Occ	upation (for Individual)	-	Е	Μ	emc	tem				
	Capella Healthcare	Hos	pital COO									
		Aggregate	Year-to-Date V									
	Primary General		415.26									
	Other (specify)		413.20									
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 7 OF

	EMIZED 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 Sta for commercial purposes, other than using the r											
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS COM	IMITTEE								
Α.		al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 501 Corporate Centre Drive	State	Zip Code	05 / 31 / 2018								
	Franklin	TN	37067	Transaction ID : SA11AI.7898 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		27.68								
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) spital COO	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 207.60									
в.	Full Name of Individual (Last, First, Middle Initia Bell, Brian, , ,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 501 Corporate Centre Drive			06 30 2018								
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7899 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		41.52								
	Name of Employer (for Individual) Capella Healthcare		supation (for Individual) spital COO	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 249.12									
с.	Full Name of Individual (Last, First, Middle Initia Bhatia, Vishal, , ,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 501 Corporate Centre Drive Ste 200 City	State	Zip Code	04 30 2018								
	Franklin	TN	37067	Transaction ID : SA11AI.7864 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		92.30								
	Name of Employer (for Individual) Capella Healthcare Receipt For:	CMO		Memo Item								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 599.95									
s	UBTOTAL of Receipts This Page (optional)		•	161.50								
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SCHEDULE A (FEC Form 3X)

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	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. (GOVER	NMENT AFFAIR	S COM	1MITTEE								
A.	Full Name of Individual (Last, First, Middle Initia Bhatia, Vishal, , ,	l) or Full O	Organization Name		Date of Receipt								
	Mailing Address 501 Corporate Centre Drive Ste 200				05 31 2018								
	City Franklin	State TN	Zip Code 37067		Transaction ID : SA11AI.7865								
	FEC ID number of contributing		37087	1	_ Amount of Each Receipt this Period								
	federal political committee.	С			92.30								
	Name of Employer (for Individual) Capella Healthcare	Occi	upation (for Individual) O		Memo Item								
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	Other (specify)		092.	25									
В.	Full Name of Individual (Last, First, Middle Initia Bhatia, Vishal, , ,	l) or Full O	Organization Name		Date of Receipt								
	Mailing Address 501 Corporate Centre Drive Ste 200				06 30 2018								
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	FEC ID number of contributing federal political committee.	С			138.45								
	Name of Employer (for Individual) Capella Healthcare	Occ CM	cupation (for Individual) IO		Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼		-								
	Other (specify)		, 830	0.70									
— C.	Full Name of Individual (Last, First, Middle Initia Craig, Beverly, , ,	l) or Full O	Organization Name		Date of Receipt								
	Mailing Address 501 Corporate Centre Drive Suite 200				04 30 / Y Y Y Y 2018								
	City Franklin	State TN	Zip Code 37067		Transaction ID : SA11AI.7867 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С]	46.14								
	Name of Employer (for Individual)		upation (for Individual)		Memo Item								
	Capella Healthcare Receipt For:	VP 8	& Quality Management		_								
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		299	0.91									
s	UBTOTAL of Receipts This Page (optional)				276.89								
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	ull Name of Individual (Last, First, Middle Initia Craig, Beverly, , ,	al) or Full	Orga	nization Name	Date of Receipt										
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	ity Franklin	State TN		Zip Code 37067	\vdash		Trans								
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 10 OF

		Detailed Summary Page	×	-		11b	11c	12	— 1-
Any information copied from such Reports a or for commercial purposes, other than using									
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Full Name of Individual (Last, First, Middl A. Davidson, Jim, , ,	e Initial) or Full C	rganization Name		Date of	Re	eceipt			
Mailing Address 501 Corporate Centre Dri Suite 200	ive			M M M			/ Y	2018	Y
City Franklin	State TN	Zip Code 37067					SA11AL	7894 is Period	
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Name of Employer (for Individual) Capella Healthcare		upation (for Individual) pital COO		Me	əmc	tem			
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Name of Employer (for Individual) Capella Healthcare		upation (for Individual) spital COO		Me	emc	tem			
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Name of Employer (for Individual) Capella Healthcare		upation (for Individual) pital COO		M	emo	o Item			
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 11 OF

		Detailed Summary Page		K 11a 13		11b 14	11c	12	17				
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or for commercial purposes, other than using	the name and a	ddress of any political committe	e to so	olicit cor	ntrib	outions f	rom suc	h commit	tee.				
NAME OF COMMITTEE (In Full)	NC. GOVER	NMENT AFFAIRS CO	MM	ITTEE	Ξ								
Full Name of Individual (Last, First, Middle A. Goehring, Cynthia, , ,	ə Initial) or Full C	Organization Name		Date of Receipt									
Mailing Address 501 Corporate Centre Dr Ste 200				06 / D D / Y Y Y Y 06 30 2018									
City Franklin	State TN	Zip Code 37067					SA11AI						
		31001		Amount	t of	Each R	eceipt th	nis Perioc	1				
FEC ID number of contributing federal political committee.	C			Ļ		-		34	.59				
Name of Employer (for Individual) Capella		upation (for Individual) althcare		M	emo	tem							
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Primary General Other (specify) ▼		207.54]										
Full Name of Individual (Last, First, Middle B. Hitchcock, Brian, , ,	e Initial) or Full C	Organization Name		Date of	Re	eceipt							
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FEC ID number of contributing federal political committee.	С			Ē			-	64	.62				
Name of Employer (for Individual) Capella Healthcare		upation (for Individual) & Materials Management		M	emo	ltem							
Receipt For:	Aggregate	Year-to-Date ▼											
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Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	ltem							
Capella Healthcare	VP &	& Materials Management											
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Other (specify)		484.65]										
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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 12 OF

т	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)								
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the n	ements ma ame and a	y not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	CAPELLA HEALTHCARE, INC. (GOVER	NMENT AFFAIRS COI	MMITTEE								
A.	Full Name of Individual (Last, First, Middle Initial Hitchcock, Brian, , ,) or Full O	rganization Name	Date of Receipt								
	Mailing Address 501 Corporate Centre Drive Suite 200	1 -		06 / D D / Y Y Y Y Y 06 30 2018								
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7872 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		96.93								
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) & Materials Management	Memo Item								
	Beggint For:		Year-to-Date V	_								
	Primary General	.99.094.0										
	Other (specify)		581.58									
B.	Full Name of Individual (Last, First, Middle Initial Mabry, Jerry, , ,) or Full O	rganization Name	Date of Receipt								
	Mailing Address 501 Corporate Centre Drive Suite 200			04 30 2018								
	City	State	Zip Code	Transaction ID : SA11AI.7903								
	Franklin	TN	37067	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		92.30								
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) pital CEO	Memo Item								
		Aggregate	Year-to-Date ▼									
	Other (specify)		599.95									
C.	Full Name of Individual (Last, First, Middle Initial Mabry, Jerry, , ,) or Full O	rganization Name	Date of Receipt								
	Mailing Address 501 Corporate Centre Drive Suite 200			05 / D / Y Y Y Y 2018								
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7904								
	FEC ID number of contributing	.	31001	Amount of Each Receipt this Period								
	federal political committee.	С		92.30								
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) bital CEO	Memo Item								
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify)		692.25									
S	UBTOTAL of Receipts This Page (optional)			281.53								
	OTAL This Period (last page this line number on		•									

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or	y information copied from such Reports and Stater for commercial purposes, other than using the nan			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. G	OVER	NMENT AFFAIRS COI	MMITTEE
	Franklin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Capella Healthcare Descript For:	State TN C Occu Hosp	rganization Name Zip Code 37067 upation (for Individual) pital CEO Year-to-Date ▼	Date of Receipt 06 ' 30 ' 2018 Transaction ID : SA11AI.7905 Amount of Each Receipt this Period 138.45 Memo Item
	Unitary Constant Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial)	or Full O	830.70 rganization Name	
в.	McDaniel, Donald, , , Mailing Address 501 Corporate Centre Drive Suite 200	State	Zip Code 37067	Date of Receipt
	FEC ID number of contributing federal political committee.		upation (for Individual)	41.54 Memo Item
	Pocoint For:	ggregate	D Year-to-Date ▼ 270.01	
C.	Full Name of Individual (Last, First, Middle Initial) McDaniel, Donald, , , Mailing Address 501 Corporate Centre Drive Suite 200		-	Date of Receipt
	Franklin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Mineral Descript For:	CFO	Zip Code 37067 upation (for Individual) Year-to-Date ▼ 311.55	Transaction ID : SA11AI.7862 Amount of Each Receipt this Period 41.54 Memo Item
s	UBTOTAL of Receipts This Page (optional)		•••••	221.53
т	OTAL This Period (last page this line number only))	•••••	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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IТ	EMIZED RECEIPTS		Use separate schedule(s)	(check only	(check only one)								
			for each category of the Detailed Summary Page	X 11a	11b	11c	12	17					
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the	purpose of	soliciting	g contribu	itions					
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	MMITTEE	:								
Α.	Full Name of Individual (Last, First, Middle Initi McDaniel, Donald, , ,	ial) or Full O	Organization Name	Date of	Date of Receipt								
	Mailing Address 501 Corporate Centre Drive Suite 200			06	/ D D 30	/ Y	2018	Y					
	City Franklin	State TN	Zip Code 37067		action ID : of Each R								
	FEC ID number of contributing federal political committee.	С					62.	31					
	Name of Employer (for Individual) Mineral	Occi CFC	upation (for Individual) D	Me	emo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 373.86]									
в.	Full Name of Individual (Last, First, Middle Initi Motes, Jane, , ,	ial) or Full O	Organization Name	Date of	Receipt								
	Mailing Address 501 Corporate Centre Drive			04 30 2018									
	City Franklin	State TN	Zip Code 37067		of Each R	-							
	FEC ID number of contributing federal political committee.	С		46.14									
	Name of Employer (for Individual) Capella Healthcare	Occi hea	Me	emo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 299.91]									
<u> </u>	Full Name of Individual (Last, First, Middle Initi Motes, Jane, , ,	ial) or Full O	Organization Name	Date of	Receipt								
	Mailing Address 501 Corporate Centre Drive			05	/ D D 31	/ Y	2018	Y					
	City Franklin	State TN	Zip Code 37067		action ID : of Each R								
	FEC ID number of contributing federal political committee.	С			y		46.	14					
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) Ithcare	Me	emo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.05]									
s	UBTOTAL of Receipts This Page (optional)		••••••			. ,	154.	59					
Т	OTAL This Period (last page this line number c	only)	••••••										

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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11	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 n															
\setminus	NAME OF COMMITTEE (In Full)															
	CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CON	ММ	IT	TEE	Ξ									
A.	Full Name of Individual (Last, First, Middle Initia Motes, Jane, , ,	l) or Full C	Organization Name		Date of Receipt											
	Mailing Address 501 Corporate Centre Drive				Γ	и м 06	/	. 30		2018						
	City	State	Zip Code		1	Frans	acti	ion ID	: SA11AI	.7878						
	Franklin	TN	37067		Ar	nount	t of	Each	Receipt th	nis Perio	bd					
	FEC ID number of contributing federal political committee.	С						-		6	9.21	I				
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) Ithcare		Ľ	M	emc	tem								
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		415.26													
<u> </u>	Full Name of Individual (Last, First, Middle Initia Mulder, Angie, , ,	l) or Full C	Organization Name		Da	ate of	f Re	eceipt								
	Mailing Address 501 Corporate Centre Dr, Ste 20	00			04 30 2018											
	City	State	Zip Code	Transaction ID : SA11AI.7879 Amount of Each Receipt this Period												
	Franklin	TN	37067													
	FEC ID number of contributing federal political committee.	С		81.90												
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) Ilthcare			M	emc	tem Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.16]												
<u> </u>	Full Name of Individual (Last, First, Middle Initia Mulder, Angie, , ,	l) or Full C	Organization Name		Da	ate of	f Re	eceipt								
	Mailing Address 501 Corporate Centre Dr, Ste 20	00			7	05	/	D 34		2018						
	City	State	Zip Code		_	Frans	sact	ion ID	: SA11AI	.7880						
	Franklin	TN	37067		Ar	nount	t of	Each	Receipt th	nis Perio	bd					
	FEC ID number of contributing federal political committee.	С			Ę			y	. ,	8	1.90)				
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) Ithcare			М	emo	o Item								
	Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		542.06													
s	UBTOTAL of Receipts This Page (optional)		•					9	,	23	3.01					
Т	OTAL This Period (last page this line number on	ıly)	••••••								-					

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		tor each category of the Detailed Summary Page					11b	11c	12				
<u> </u>						3		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.	GOVER	NMENT AFFAIRS CO	ММ	IT-	TEE	Ξ							
Α.	Full Name of Individual (Last, First, Middle Initia Mulder, Angle, , ,	al) or Full C	Organization Name		Date of Receipt									
	Mailing Address 501 Corporate Centre Dr, Ste 2	00			06 / Y Y Y Y 06 30 2018									
	City Franklin	State TN	Zip Code 37067						: SA11AI.					
	FEC ID number of contributing		37007		Am	loun	t of	Each	Receipt th		05			
	federal political committee.	С			Ļ	÷	-	- J -		122.	60			
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) Ithcare		L	M	emo	Item						
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		664.91											
В.	Full Name of Individual (Last, First, Middle Initia Shugart, Susan, , ,	al) or Full C	Organization Name		Da	te of	f Re	ceipt						
	Mailing Address 501 Corporate Centre Drive				04 30 2018									
	City	State	Zip Code	Transaction ID : SA11AL7882 Amount of Each Receipt this Period										
	Franklin	TN	37067											
	FEC ID number of contributing federal political committee.	С		48.64										
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) Ilthcare			M	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 305.57											
<u> </u>	Full Name of Individual (Last, First, Middle Initia Shugart, Susan, , ,	al) or Full C	Organization Name		Da	te of	f Re	ceipt						
	Mailing Address 501 Corporate Centre Drive				M	05 ^M	1	3		2018	Y			
	City	State	Zip Code		Т	rans	act	ion ID	: SA11AI	.7883				
	Franklin	TN	37067	_	Am	nount	t of	Each	Receipt th	nis Period				
	FEC ID number of contributing federal political committee.	С			Ē	_		,		48.	64			
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) Ithcare	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼ 354.21											
⊢	UBTOTAL of Receipts This Page (optional)							,		220.	13			

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

FOR LINE NUMBER:

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21

				1 1a		11b	11c		12					
	formation copied from such Reports and S commercial purposes, other than using the								ng con					
NA	ME OF COMMITTEE (In Full) APELLA HEALTHCARE, INC.													
A. Sł	Name of Individual (Last, First, Middle Init nugart, Susan, , , ling Address 501 Corporate Centre Drive	tial) or Full O	Organization Name	Date of Receipt										
City	, anklin	State TN	Zip Code 37067	06 30 2018 Transaction ID : SA11AI.7884 Amount of Each Receipt this Period										
FE	C ID number of contributing eral political committee.	С			Amour		Each	Receipt		72.9	16			
Ca	ne of Employer (for Individual) bella Healthcare ceipt For: Primary General Other (specify) ▼	hea	upation (for Individual) Ithcare Year-to-Date ▼ 427.17			1emo	o Item							
B . <u>T</u> ł	Name of Individual (Last, First, Middle Init nomas, Jayne, , ,	tial) or Full O	Organization Name		Date o	of Re	eceipt							
Mai City	ling Address 501 Corporate Centre Drive	State	Zip Code	_	06 / 30 / 2018 Transaction ID : SA11AI.7887									
	nklin	TN	37064	Amount of Each Receipt this Period										
	C ID number of contributing eral political committee.	С							34.6	;2				
	me of Employer (for Individual) pella Healthcare		upation (for Individual) althcare worker		N	lemo	o Item							
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 207.72											
	Name of Individual (Last, First, Middle Init an Es, Wendell, , ,	tial) or Full O	Organization Name		Date o	of Re	eceipt							
	ling Address 501 Corporate Centre Drive Suite 201				04	1	3	0	201	1 mail 1	Y			
City Fra	, anklin	State TN	Zip Code 37067	-			-	: SA11A Receipt		-				
	C ID number of contributing eral political committee.	С					y			42.9	12			
Ca	ne of Employer (for Individual) bella Healthcare beipt For:	Hos	upation (for Individual) pital CFO		Ν	/lemo	o Item							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 278.98											
	TOTAL of Receipts This Page (optional)			- -		-	,			150.5	0			

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	×	11a 13		11b 14	11c 15		12 16	17			
An or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by any pa address of any political committee	erson f e to so	or the plicit con	purp ntrib	oose of utions f	solicitin rom suc	g co ch co	ntribut	ions e.			
\rangle	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. (GOVER	NMENT AFFAIRS CO	MMI	TTEE	=								
Α.	Full Name of Individual (Last, First, Middle Initia Van Es, Wendell, , ,	l) or Full O	Organization Name	[Date of	Re	ceipt							
	Mailing Address 501 Corporate Centre Drive Suite 201			05 31 2018 Transaction ID : SA11AI.7907										
	City Franklin	State TN	Zip Code 37067				on ID : Each R							
	FEC ID number of contributing federal political committee.	С								42.9	2			
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) spital CFO		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 321.90											
в.	Full Name of Individual (Last, First, Middle Initial Van Es, Wendell, , ,	l) or Full O	Organization Name		Date of	Re	ceipt							
	Mailing Address 501 Corporate Centre Drive Suite 201				06 / D D / Y Y Y Y 2018									
	City Franklin	State TN	Zip Code 37067		Transaction ID : SA11AI.7908 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					-			64.3	8			
	Name of Employer (for Individual) Capella Healthcare		upation (for Individual) spital CFO		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 386.28											
с.	Full Name of Individual (Last, First, Middle Initia Yuill, Lee, , ,	l) or Full O	Organization Name		Date of	Re	ceipt							
	Mailing Address 501 Corporate Centre Drive Suite 200	State	Zin Code		04	/	30	JL	20	018 0	Y			
	City Franklin	State TN	Zip Code 37067				i on ID : Each R							
	FEC ID number of contributing federal political committee.	С					y .	, ,		46.1	6			
	Name of Employer (for Individual) Capella Healthcare Receipt For:	VP o	upation (for Individual) of Internal Audit		Me	emo	tem							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.04	1										
s	UBTOTAL of Receipts This Page (optional)						y 1			153.4	6			
т	OTAL This Period (last page this line number on	ly)		.										

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Any information copied from such Reports an or for commercial purposes, other than using				or the		pose o	f solicitin	g contrib	utions
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	IC. GOVER	NMENT AFFAIRS CO	MMI	TTE	Ξ				
Full Name of Individual (Last, First, Middle A. Yuill, Lee, , , Mailing Address 501 Corporate Centre Driv Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State TN	Zip Code 37067		Amoun	act	31 ion ID	D / Y : SA11AI Receipt ti	his Perio	_
Capella Healthcare Receipt For: Primary General Other (specify) ▼		of Internal Audit Year-to-Date ▼ 346.20]						
Full Name of Individual (Last, First, Middle B. Yuill, Lee, , , Mailing Address 501 Corporate Centre Driv Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Capella Healthcare Receipt For: Primary General Other (specify) ▼	e State TN C Occ VP	Irganization Name Zip Code 37067 upation (for Individual) of Internal Audit Year-to-Date ▼ 415.44		Amoun	/ acti t of	ion ID :	SA11AI Receipt t	his Perio	d .24
Full Name of Individual (Last, First, Middle C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For:	State C Occu	Zip Code			/ t of	D	P / Y Receipt ti	his Period	_
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SCHEDULE B (FEC Form 3X)						NUMBER: PAGE 20 OF 21
ITEMIZED	DISBURSEMENTS	for each	Use separate schedule(s) for each category of the Detailed Summary Page		neck only 21b 28a	22 23 26 27
		28b 28c 29 30b on for the purpose of soliciting contributions a callicit contributions				
	cial purposes, other than using the national communities (In Full)	ame and add	ress of any politica	al com	mittee to	o solicit contributions from such committee.
	LA HEALTHCARE, INC. (GOVERN	MENT AFFA	IRS	COM	MITTEE
Full Name (A. KraftCP	(Last, First, Middle Initial) PAS PLLC	Date of Disbursement				
Mailing Add	ress 555 Great Circle Road Suite 200	06 / D D / Y Y Y Y 2018				
City Nashville		State TN	Zip Code 37228			FEC Identification Number
Purpose of Disbursement professional services						C Transaction ID : SB21B.7912
Candidate Name					gory/ pe	Amount of Each Disbursement this Period
Office Soug	ht: House Disburs Senate President	ement For: Primary Other (spe				218.75
State:	Last, First, Middle Initial)		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Memo Item	
B.			Date of Disbursement			
Mailing Add	ress					
City		State	Zip Code			FEC Identification Number
·	Disbursement		С			
Candidate Name Category/ Type						Amount of Each Disbursement this Period
Office Soug	Office Sought: House Disbursement For: Senate Primary General					
State:	District:	Other (spe	сіту)			Memo Item
Full Name (C.	(Last, First, Middle Initial)		Date of Disbursement			
Mailing Add	ress					
City		State	Zip Code			FEC Identification Number
	Disbursement	С				
Candidate N		Amount of Each Disbursement this Period				
Office Soug	Senate					
President Other (specify) ▼ State: District:						Memo Item
	f Disbursements This Page (optional)					218.75
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SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE NUMBER: PAGE 21 OF 21		
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b	
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NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. G	OVERN	MENT AFFA	IRS COM	MITTEE	
Full Name (Last, First, Middle Initial) A. THE HAWKEYE PAC	Date of Disbursement				
Mailing Address PO BOX 156	06 13 2018				
City DES MOINES	State IA	Zip Code 50301		FEC Identification Number	
Purpose of Disbursement			C C00379479 Transaction ID : SB23.7909		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President		2500.00 Memo Item			
State: District: Full Name (Last, First, Middle Initial) B.	Date of Disbursement				
Mailing Address	M M / D D / Y Y Y Y				
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement		С			
Candidate Name	Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate President	General Cify)				
State: District:				Memo Item	
Full Name (Last, First, Middle Initial)	Date of Disbursement				
Mailing Address					
City	FEC Identification Number				
Purpose of Disbursement	C				
	Amount of Each Disbursement this Period				
Office Sought: House Disburse Senate President		Memo Item			
State: District:					
SUBTOTAL of Disbursements This Page (optional).			····· ►	2500.00	
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