

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. **12FE4M5**
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

ADDRESS (number and street) **103 CONTINENTAL PLACE**
SUITE 200
 Check if different than previously reported. (ACC) **BRENTWOOD TN 37027**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00421420 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 / / 2018 through / / 2018

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 **Minar, Chris, , ,**

Signature of Treasurer **Minar, Chris, , ,** [Electronically Filed] Date / / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="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

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: From: M M / D D / Y Y Y Y 04 / 01 / 2018 To: M M / D D / Y Y Y Y 06 / 30 / 2018

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).....	2641.65	5652.20
(ii) Unitemized	166.12	2223.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2807.77	7875.65
(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)	2807.77	7875.65
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)).....▶	2807.77	7875.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2807.77	7875.65

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	218.75	831.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	218.75	831.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	100.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	2718.75	3431.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2718.75	3431.25

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	2807.77	7875.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2807.77	7875.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	218.75	831.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	218.75	831.25

**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 21
<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

A. Bailey, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) Hospital COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.91

Date of Receipt 04 / 30 / 2018
Transaction ID : SA11AI.7891
 Amount of Each Receipt this Period 46.14
 Memo Item

B. Bailey, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) Hospital COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.05

Date of Receipt 05 / 31 / 2018
Transaction ID : SA11AI.7892
 Amount of Each Receipt this Period 46.14
 Memo Item

C. Bailey, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) Hospital COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 415.26

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11AI.7893
 Amount of Each Receipt this Period 69.21
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	161.49
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 21
<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. Bell, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Capella Healthcare	Occupation (for Individual) Hospital COO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
207.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : SA11AI.7898

Amount of Each Receipt this Period
27.68

Memo Item

B. Bell, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Capella Healthcare	Occupation (for Individual) Hospital COO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : SA11AI.7899

Amount of Each Receipt this Period
41.52

Memo Item

C. Bhatia, Vishal, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Capella Healthcare	Occupation (for Individual) CMO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
599.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

Transaction ID : SA11AI.7864

Amount of Each Receipt this Period
92.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	161.50
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 21
<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. Bhatia, Vishal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.25

Date of Receipt 05 / 31 / 2018
Transaction ID : SA11AI.7865
 Amount of Each Receipt this Period 92.30
 Memo Item

B. Bhatia, Vishal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.70

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11AI.7866
 Amount of Each Receipt this Period 138.45
 Memo Item

C. Craig, Beverly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) VP & Quality Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 299.91

Date of Receipt 04 / 30 / 2018
Transaction ID : SA11AI.7867
 Amount of Each Receipt this Period 46.14
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	276.89
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 21
	<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. Craig, Beverly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) VP & Quality Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018
Transaction ID : SA11AI.7868
 Amount of Each Receipt this Period
 46.14
 Memo Item

B. Craig, Beverly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) VP & Quality Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : SA11AI.7869
 Amount of Each Receipt this Period
 69.21
 Memo Item

C. Crumpton, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) Hospital CNO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : SA11AI.7902
 Amount of Each Receipt this Period
 34.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	149.97
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 21
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Davidson, Jim, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2018
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7894
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.52
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) 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 ▼ 367.38	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Davidson, Jim, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2018
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7895
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.52
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) 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 ▼ 423.90	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Davidson, Jim, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2018
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7896
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.78
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) 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 ▼ 508.68	

SUBTOTAL of Receipts This Page (optional).....▶	197.82
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 21
	<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. Goehring, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Capella Occupation (for Individual) Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
207.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018

Transaction ID : SA11AI.7875

Amount of Each Receipt this Period
 34.59

Memo Item

B. Hitchcock, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Capella Healthcare Occupation (for Individual) VP & Materials Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2018

Transaction ID : SA11AI.7870

Amount of Each Receipt this Period
 64.62

Memo Item

C. Hitchcock, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Capella Healthcare Occupation (for Individual) VP & Materials Management

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
484.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2018

Transaction ID : SA11AI.7871

Amount of Each Receipt this Period
 64.62

Memo Item

SUBTOTAL of Receipts This Page (optional).....	163.83
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 21
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hitchcock, Brian, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2018 Transaction ID : SA11AI.7872
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 96.93
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) VP & Materials Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.58	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mabry, Jerry, , ,		Date of Receipt MM / DD / YYYY 04 / 30 / 2018 Transaction ID : SA11AI.7903
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 92.30
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 599.95	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mabry, Jerry, , ,		Date of Receipt MM / DD / YYYY 05 / 31 / 2018 Transaction ID : SA11AI.7904
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 92.30
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 692.25	

SUBTOTAL of Receipts This Page (optional).....▶	281.53
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 13 OF 21
	<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. Mabry, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) Hospital CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.70

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11AI.7905
 Amount of Each Receipt this Period 138.45
 Memo Item

B. McDaniel, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Mineral Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.01

Date of Receipt 04 / 30 / 2018
Transaction ID : SA11AI.7861
 Amount of Each Receipt this Period 41.54
 Memo Item

C. McDaniel, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Mineral Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 311.55

Date of Receipt 05 / 31 / 2018
Transaction ID : SA11AI.7862
 Amount of Each Receipt this Period 41.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	221.53
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 14 OF 21
	<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. McDaniel, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Mineral Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 373.86

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11Al.7863
 Amount of Each Receipt this Period 62.31
 Memo Item

B. Motes, Jane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.91

Date of Receipt 04 / 30 / 2018
Transaction ID : SA11Al.7876
 Amount of Each Receipt this Period 46.14
 Memo Item

C. Motes, Jane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) healthcare
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.05

Date of Receipt 05 / 31 / 2018
Transaction ID : SA11Al.7877
 Amount of Each Receipt this Period 46.14
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	154.59
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 21
<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. Motes, Jane, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Capella Healthcare	Occupation (for Individual) healthcare
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : SA11AI.7878

Amount of Each Receipt this Period
69.21

Memo Item

B. Mulder, Angie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Capella Healthcare	Occupation (for Individual) healthcare
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

Transaction ID : SA11AI.7879

Amount of Each Receipt this Period
81.90

Memo Item

C. Mulder, Angie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Capella Healthcare	Occupation (for Individual) healthcare
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
542.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : SA11AI.7880

Amount of Each Receipt this Period
81.90

Memo Item

SUBTOTAL of Receipts This Page (optional).....	233.01
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 21
<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. Mulder, Angie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Capella Healthcare	Occupation (for Individual) healthcare
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
664.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : SA11AI.7881

Amount of Each Receipt this Period
122.85

Memo Item

B. Shugart, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Capella Healthcare	Occupation (for Individual) healthcare
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.57

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

Transaction ID : SA11AI.7882

Amount of Each Receipt this Period
48.64

Memo Item

C. Shugart, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Capella Healthcare	Occupation (for Individual) healthcare
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
354.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2018

Transaction ID : SA11AI.7883

Amount of Each Receipt this Period
48.64

Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.13
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 21
	<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	<input type="checkbox"/> 17

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

A. Shugart, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 427.17

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11AI.7884
 Amount of Each Receipt this Period 72.96
 Memo Item

B. Thomas, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Occupation (for Individual) healthcare worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11AI.7887
 Amount of Each Receipt this Period 34.62
 Memo Item

C. Van Es, Wendell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) Hospital CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 278.98

Date of Receipt 04 / 30 / 2018
Transaction ID : SA11AI.7906
 Amount of Each Receipt this Period 42.92
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.50
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 21
<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. Van Es, Wendell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 321.90

Date of Receipt 05 / 31 / 2018
Transaction ID : SA11AI.7907
 Amount of Each Receipt this Period 42.92
 Memo Item

B. Van Es, Wendell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 386.28

Date of Receipt 06 / 30 / 2018
Transaction ID : SA11AI.7908
 Amount of Each Receipt this Period 64.38
 Memo Item

C. Yuill, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Capella Healthcare Occupation (for Individual) VP of Internal Audit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 04 / 30 / 2018
Transaction ID : SA11AI.7888
 Amount of Each Receipt this Period 46.16
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.46
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 21
<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. Yuill, Lee, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Capella Healthcare Occupation (for Individual) VP of Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.20

Date of Receipt
MM / DD / YYYY
05 / 31 / 2018

Transaction ID : SA11AI.7889

Amount of Each Receipt this Period
46.16

Memo Item

B. Yuill, Lee, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Capella Healthcare Occupation (for Individual) VP of Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.44

Date of Receipt
MM / DD / YYYY
06 / 30 / 2018

Transaction ID : SA11AI.7890

Amount of Each Receipt this Period
69.24

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.40
TOTAL This Period (last page this line number only).....	2641.65

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. KraftCPAs PLLC

Full Name (Last, First, Middle Initial)

Mailing Address 555 Great Circle Road
Suite 200

City Nashville State TN Zip Code 37228

Purpose of Disbursement professional services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY
06 / 13 / 2018

FEC Identification Number C

Transaction ID : SB21B.7912

Amount of Each Disbursement this Period 218.75

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	218.75
TOTAL This Period (last page this line number only).....▶	218.75

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE HAWKEYE PAC

Mailing Address PO BOX 156

City
DES MOINES

State
IA

Zip Code
50301

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	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	3		2	0	1	8		

FEC Identification Number

C C00379479

Transaction ID : SB23.7909

Amount of Each Disbursement this Period

2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

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	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

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	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

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