

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) 501 CORPORATE CENTRE DRIVE STE 200 FRANKLIN TN 37067

2. FEC IDENTIFICATION NUMBER C C00421420 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2016 through 09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Minar, Chris, , ,

Type or Print Name of Treasurer Signature of Treasurer Minar, Chris, , , [Electronically Filed] Date 10 14 2016

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="2016"/>	<input type="text" value="22847.85"/>	<input type="text" value="22847.85"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="30832.25"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5374.97"/>	<input type="text" value="16959.37"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="36207.22"/>	<input type="text" value="39807.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="3600.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="36207.22"/>	<input type="text" value="36207.22"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4959.97	10356.10
(ii) Unitemized	415.00	6603.27
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5374.97	16959.37
(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)	5374.97	16959.37
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)).....▶	5374.97	16959.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5374.97	16959.37

DETAILED SUMMARY PAGE
of Disbursements

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

DETAILED SUMMARY PAGE
of Disbursements

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)	5374.97	16959.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5374.97	16959.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 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
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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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : SA11AI.7574

Amount of Each Receipt this Period
200.00

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
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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 ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

Transaction ID : SA11AI.7575

Amount of Each Receipt this Period
100.00

Memo Item

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

Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) Hospital COO
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : SA11AI.7583

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	360.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 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. Bell, Brian, , ,			Date of Receipt
Mailing Address 501 Corporate Centre Drive			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2016"/>
City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7584
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="30.00"/>
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 ▼ <input type="text" value="240.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bhatia, Vishal, , ,			Date of Receipt
Mailing Address 501 Corporate Centre Drive Ste 200			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2016"/>
City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7541
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer (for Individual) Capella Healthcare		Occupation (for Individual) CMO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bhatia, Vishal, , ,			Date of Receipt
Mailing Address 501 Corporate Centre Drive Ste 200			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2016"/>
City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7542
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Capella Healthcare		Occupation (for Individual) CMO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="330.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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. Browne, Tim, , ,
 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 ▼ 875.00

Date of Receipt 07 / 31 / 2016
Transaction ID : SA11AI.7539
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Browne, Tim, , ,
 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 ▼ 1000.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.7540
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Capuano, Anthony, , ,
 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) Hospital COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 289.38

Date of Receipt 07 / 31 / 2016
Transaction ID : SA11AI.7577
 Amount of Each Receipt this Period 116.12
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	491.12
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"/> 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. Capuano, Anthony, , ,
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
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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 ▼
347.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

Transaction ID : SA11AI.7578

Amount of Each Receipt this Period
58.06

Memo Item

B. Clark, Holly, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Corporate Center Drive Suite 200

City Franklin	State TN	Zip Code 37067
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare administration
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
483.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : SA11AI.7543

Amount of Each Receipt this Period
80.55

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
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : SA11AI.7544

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	238.61
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

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 ▼ 400.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.7545
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Davidson, Jim, , ,
 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 COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 428.75

Date of Receipt 07 / 31 / 2016
Transaction ID : SA11AI.7579
 Amount of Each Receipt this Period 122.50
 Memo Item

C. Davidson, Jim, , ,
 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 COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.7580
 Amount of Each Receipt this Period 61.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	233.75
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"/> 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. Geist, Jim, , ,
 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 ▼ 700.00

Date of Receipt **07 / 31 / 2016**
Transaction ID : SA11AI.7533
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Geist, Jim, , ,
 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 ▼ 800.00

Date of Receipt **08 / 31 / 2016**
Transaction ID : SA11AI.7534
 Amount of Each Receipt this Period 100.00
 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 ▼ 490.00

Date of Receipt **07 / 31 / 2016**
Transaction ID : SA11AI.7550
 Amount of Each Receipt this Period 140.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	440.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 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. 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 ▼ 560.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.7551
 Amount of Each Receipt this Period 70.00
 Memo Item

B. Hofstetter, Peter, , ,
 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 ▼ 700.00

Date of Receipt 07 / 31 / 2016
Transaction ID : SA11AI.7592
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Hofstetter, Peter, , ,
 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 ▼ 800.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.7593
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	370.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 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. Lague, Teri, , ,
 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) Director - Clinical Applications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2016**
Transaction ID : SA11AI.7552
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Lague, Teri, , ,
 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) Director - Clinical Applications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **08 / 31 / 2016**
Transaction ID : SA11AI.7553
 Amount of Each Receipt this Period 30.00
 Memo Item

C. 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 ▼ 700.00

Date of Receipt **07 / 31 / 2016**
Transaction ID : SA11AI.7587
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 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. Mabry, Jerry, , ,		Date of Receipt MM / DD / YYYY 08 / 31 / 2016
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7588
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) Hospital CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McCoy, Mike, , ,		Date of Receipt MM / DD / YYYY 07 / 31 / 2016
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7589
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.50
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) Hospital CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McDaniel, Donald, , ,		Date of Receipt MM / DD / YYYY 07 / 31 / 2016
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7537
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer (for Individual) Mineral	Occupation (for Individual) CFO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional).....▶	242.50
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 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. 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 ▼ 360.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.7538
 Amount of Each Receipt this Period 45.00
 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 ▼ 350.00

Date of Receipt 07 / 31 / 2016
Transaction ID : SA11AI.7556
 Amount of Each Receipt this Period 100.00
 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 ▼ 400.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.7557
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	195.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 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 ▼
470.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : SA11AI.7558

Amount of Each Receipt this Period
135.44

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 ▼
537.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

Transaction ID : SA11AI.7559

Amount of Each Receipt this Period
67.72

Memo Item

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

Mailing Address 501 Corporate Center Dr Ste 200

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

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

Name of Employer (for Individual) Capella Healthcare Company	Occupation (for Individual) Hospital CFO
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : SA11AI.7562

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	303.16
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"/> 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. Patterson, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Corporate Center Dr Ste 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capella Healthcare Company Occupation (for Individual) Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.7563
 Amount of Each Receipt this Period 50.00
 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 ▼ 340.54

Date of Receipt 07 / 31 / 2016
Transaction ID : SA11AI.7565
 Amount of Each Receipt this Period 98.22
 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 ▼ 389.65

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.7566
 Amount of Each Receipt this Period 49.11
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	197.33
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. Slipkovich, Dan, , ,
 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 Company Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1169.00

Date of Receipt 07 / 31 / 2016
Transaction ID : SA11AI.7567
 Amount of Each Receipt this Period 334.00
 Memo Item

B. Smith, Warren, , ,
 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 Finance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2016
Transaction ID : SA11AI.7568
 Amount of Each Receipt this Period 80.00
 Memo Item

C. Smith, Warren, , ,
 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 Finance Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.7569
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	454.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 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. Southwick, Bill, , ,
 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) CMC Occupation (for Individual) Hospital COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 31 / 2016**
Transaction ID : SA11AI.7535
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Southwick, Bill, , ,
 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) CMC Occupation (for Individual) Hospital COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 31 / 2016**
Transaction ID : SA11AI.7536
 Amount of Each Receipt this Period 50.00
 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 ▼ 325.50

Date of Receipt **07 / 31 / 2016**
Transaction ID : SA11AI.7590
 Amount of Each Receipt this Period 93.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	243.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 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 ▼ 372.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.7591
 Amount of Each Receipt this Period 46.50
 Memo Item

B. Young, Anthony, , ,
 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) MRMC Occupation (for Individual) Hospital CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 07 / 31 / 2016
Transaction ID : SA11AI.7581
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Young, Anthony, , ,
 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) MRMC Occupation (for Individual) Hospital CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.7582
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	421.50
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 21 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. 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 ▼ 350.00

Date of Receipt 07 / 31 / 2016
Transaction ID : SA11AI.7572
 Amount of Each Receipt this Period 100.00
 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 ▼ 400.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.7573
 Amount of Each Receipt this Period 50.00
 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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	4959.97