PAGE 1 / 21

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		thorized Committee	Of	ffice Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	
CAPELLA HEALTHCAN	RE, INC. GOVERN	MENT AFFAIRS C	OMMITTEE	
ADDRESS (number and street)	501 CORPORATE CENTE	RE DRIVE STE 200		
▼ Check if different				
than previously reported. (ACC)	FRANKLIN		TN	37067
2. FEC IDENTIFICATION NUI	MBER ▼ C	TY▲	STATE ▲	ZIP CODE ▲
C C00421420		IS THIS REPORT NEV	OR AMEN	IDED
4. TYPE OF REPORT (Choose One)	Report Due On:		20 (M5) Aug 20	Year Only)
(a) Quarterly Reports:			20 (M6) Sep 20	(Non-Election Year Only)
April 15 Quarterly Report (Q1			20 (M7) Oct 20 (
July 15 Quarterly Report (Q2	PRE-Election	Primary (12P)	General (120	
October 15 Quarterly Report (Q3	Report for the:	Convention (120) Special (12S	')
January 31 Year-End Report (YE	E) Elect	ion on)	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		ion on	D / Y = Y = Y	in the State of
5. Covering Period 07	01 2016	through	09 30 Y	2016
I certify that I have examined this	s Report and to the best of	of my knowledge and belie	of it is true, correct and co	omplete.
Type or Print Name of Treasurer	Minar, Chris, , ,			
Signature of Treasurer	. Chris, , ,	[Electronically Fil	ed] Date 10	14 2016
NOTE: Submission of false, erroned	ous, or incomplete informati	on may subject the person	signing this Report to the p	penalties of 52 U.S.C. § 30109
Office Use Only				FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

01 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 22847.85 January 1, 2016 (b) Cash on Hand at 30832.25 Beginning of Reporting Period..... 5374.97 16959.37 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 39807.22 36207.22 6(a) and 6(c) for Column B)..... 0.00 3600.00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 36207.22 36207.22 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

R	eport Covering the Period: From:		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(iii) TOTAL (add	415.00	6603.27
	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
	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
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
10.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made to Federal Candidates and Other	4 4	4 4
17	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 H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	T. 18		
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

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinati Toul-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	
Expenditures	0.00	0.00
(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	1000.00
Independent Expenditures	0.00	
(use Schedule E)	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		75 75 75
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	2600.00
Federal Election Activity (52 U.S.C. § 30101) (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	3600.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	0.00	3600 00
•	7 7	3600.00

34. Total Contribution Refunds

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 5374.97 16959.37 (from Line 11(d), page 3) 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 16959.37 5374.97 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 0.00 (subtract Line 37 from Line 36)

							PAGE	6	OF	21
(check only one)										
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	(check only one) X 11a 11b 13 14						15	16	6	17

		litical committee to solicit contributions from such commit				
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFF	FAIRS COMMITTEE				
Full Name of Individual (Last, First, Middle I Bailey, Scott, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 501 Corporate Centre Drive		07 31 2016	Y			
City	State Zip Code TN 37067	Transaction ID : SA11AI.7574				
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	200.	00			
Name of Employer (for Individual)	Occupation (for Individ	dual) Memo Item				
Capella Healthcare	Hospital COO					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼		700.00				
Full Name of Individual (Last, First, Middle I Bailey, Scott, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 501 Corporate Centre Drive		08 31 2016	Y			
City	State Zip Code	Transaction ID : SA11AI.7575				
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů l					
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual Hospital COO	dual) Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	800.00				
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 501 Corporate Centre Drive		07 31 2016	Y			
City	State Zip Code	Transaction ID : SA11AI.7583				
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	60.	00			
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual Hospital COO	dual) Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	Aggregate Teal-to-Date V	210.00				
SUBTOTAL of Receipts This Page (optional)			00			
TOTAL This Period (last page this line number	er only)					

							PAGE	7	OF	21
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						15	16	6	17	

	y information copied from such Reports and State for commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. C	OVERNI	MENT AFFAIRS COMN	/ITTEE
۸.	Full Name of Individual (Last, First, Middle Initial Bell, Brian, , , Mailing Address 501 Corporate Centre Drive	or Full Orgar	nization Name	Date of Receipt
	City Franklin	State TN	Zip Code 37067	7 Transaction ID : SA11AI.7584 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupat Hospital Aggregate Yea		Memo Item
3.	Full Name of Individual (Last, First, Middle Initial Bhatia, Vishal, , , Mailing Address 501 Corporate Centre Drive Ste 200	or Full Orgar	nization Name	Date of Receipt M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
	City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Transaction ID : SA11Al.7541 Amount of Each Receipt this Period 200.00
	Name of Employer (for Individual) Capella Healthcare Receipt For: Primary General	Occupat CMO Aggregate Yea	r-to-Date ▼	Memo Item
	Other (specify)	or Full Organ	700.00	
) .	Full Name of Individual (Last, First, Middle Initial Bhatia, Vishal, , , Mailing Address 501 Corporate Centre Drive Ste 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State TN	Zip Code 37067	Date of Receipt M M M / 31 2016 Transaction ID : SA11AI.7542 Amount of Each Receipt this Period 100.00 Memo Item
	Capella Healthcare	CMO Aggregate Yea	, ,	
S	UBTOTAL of Receipts This Page (optional)		>	330.00
T	OTAL This Period (last page this line number onl	y)	·····	7 7

FO	R LINE	NUMBER	PAGE		8	OF	21	
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NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNI	MENT AFFAIRS COI	MMITTEE				
A. Browne, Tim, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Browne, Tim, , , Mailing Address 501 Corporate Centre Drive						
	T -	I	07 31 2016				
City Franklin	State	Zip Code 37067	Transaction ID : SA11AI.7539				
FIANKIII	114	37007	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) Capella Healthcare	Occupa healtho	ation (for Individual) care	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 875.00					
Full Name of Individual (Last, First, Middle I Browne, Tim, , ,		anization Name	Date of Receipt				
Mailing Address 501 Corporate Centre Drive			08 31 2016				
City	State	Zip Code	Transaction ID : SA11AI.7540				
Franklin	TN	37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		125.00				
Name of Employer (for Individual) Capella Healthcare	Occupa healthd	ation (for Individual) care	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1000.00					
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	anization Name	Date of Receipt				
Mailing Address 501 Corporate Centre Dr, S	te 200		07 31 2016				
City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7577				
FEC ID number of contributing federal political committee.	C	37007	Amount of Each Receipt this Period 116.12				
			Memo Item				
Name of Employer (for Individual) Capella Healthcare	Occupa Hospita	ation (for Individual) al COO	Wellio Relli				
Receipt For:	Aggregate Ye						
Primary General Other (specify)	1 33. 33.10	289.38					
SUBTOTAL of Receipts This Page (optional)		·····	491.12				
TOTAL This Period (last page this line number	er only)						

FEC ID number of contributing

Name of Employer (for Individual)

federal political committee.

Capella Healthcare

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

(check only one)							PAGE	9	OF	21
(check only one)										
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Capuano, Anthony, , , Date of Receipt Mailing Address 501 Corporate Centre Dr, Ste 200 2016 31 City Zip Code State Transaction ID: SA11AI.7578 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing 58.06 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Hospital COO Capella Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 347.44 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Clark, Holly, , , Date of Receipt Mailing Address 501 Corporate Center Drive Suite 200 07 2016 City State Zip Code Transaction ID: SA11AI.7543 Franklin TN 37067 Amount of Each Receipt this Period

Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	483.30	
Full Name of Individual (Last, First, Middle In Craig, Beverly, , , Mailing Address 501 Corporate Centre Drive Suite 200 City	State Zip Code	Date of Receipt 07 31 2016 Transaction ID : SA11AL7544
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period
Name of Employer (for Individual) Capella Healthcare Receipt For: Primary General Other (specify)	Occupation (for Individual) VP & Quality Management Aggregate Year-to-Date ▼ 350.00	Memo Item

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

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

Occupation (for Individual)

healthcare administration

238.61

80.55

Memo Item

						PAGE	 10	OF	21	
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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any pedress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	C. GOVERN	MENT AFFAIRS COI	MMITTEE
Full Name of Individual (Last, First, Middle Craig, Beverly, , , Mailing Address 501 Corporate Centre Drive		anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 200 City	State	Zip Code	Transaction ID : SA11AI.7545
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Capella Healthcare		ation (for Individual) Quality Management	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle Davidson, Jim, , , Mailing Address 501 Corporate Centre Drive		anization Name	Date of Receipt
Suite 200		T O	07 31 2016
City Franklin	State	Zip Code 37067	Transaction ID : SA11AI.7579
FEC ID number of contributing federal political committee.	С	37007	Amount of Each Receipt this Period 122.50
Name of Employer (for Individual) Capella Healthcare		ation (for Individual) tal COO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 428.75	
Full Name of Individual (Last, First, Middle Davidson, Jim, , ,	Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 501 Corporate Centre Drive		7. 0.4	08 31 2016
City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7580
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 61.25
Name of Employer (for Individual) Capella Healthcare		ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 490.00	
SUBTOTAL of Receipts This Page (optional)	· 	>	233.75
TOTAL This Period (last page this line numb	er only)		

						PAGE	 11	OF	21	
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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may no the name and addre	of be sold or used by any poss of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	IC. GOVERNM	IENT AFFAIRS CO	MMITTEE			
Full Name of Individual (Last, First, Middle Geist, Jim, , , Mailing Address 501 Corporate Centre Driv		ization Name	Date of Receipt			
Suite 200			07 31 2016			
City	I	Zip Code	Transaction ID : SA11AI.7533			
Franklin	TN	37067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		200.00			
Name of Employer (for Individual) Capella Healthcare	Capella Healthcare Hospital CEO					
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 700.00				
Full Name of Individual (Last, First, Middle Geist, Jim, , ,		ization Name	Date of Receipt			
Mailing Address 501 Corporate Centre Driv Suite 200 City	e State	Zip Code	08 31 2016			
Franklin	TN	37067	Transaction ID : SA11AI.7534 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) Capella Healthcare	Occupati Hospital	ion (for Individual) CEO	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 800.00				
Full Name of Individual (Last, First, Middle	Initial) or Full Organ	ization Name	Date of Receipt			
Mailing Address 501 Corporate Centre Driv Suite 200			07 31 2016			
City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7550			
FEC ID number of contributing federal political committee.	С	37007	Amount of Each Receipt this Period			
Name of Employer (for Individual) Capella Healthcare	'	on (for Individual) terials Management	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year	r-to-Date ▼ 490.00				
SUBTOTAL of Receipts This Page (optional))		440.00			
TOTAL This Period (last page this line numb	per only)					

						PAGE	 12	OF	21	
(check only one)										
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or for commercial purposes, other than using			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	IC. GOVERN	NMENT AFFAIRS CC	MMITTEE
Full Name of Individual (Last, First, Middle Hitchcock, Brian, , ,		ganization Name	Date of Receipt
Mailing Address 501 Corporate Centre Driv Suite 200	/e		08 31 2016
City	State	Zip Code	Transaction ID : SA11AI.7551
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		70.00
Name of Employer (for Individual)	'	pation (for Individual)	Memo Item
Capella Healthcare Receipt For:		Materials Management	
Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 560.00	
Full Name of Individual (Last, First, Middle B. Hofstetter, Peter, , ,		ganization Name	Date of Receipt
Mailing Address 501 Corporate Centre Driv			07 31 2016
City	State	Zip Code	Transaction ID : SA11AI.7592
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) Capella Healthcare		pation (for Individual) hcare	Memo Item
Receipt For:	Aggregate \	/ear-to-Date ▼	
Primary General Other (specify) ▼		700.00	
Full Name of Individual (Last, First, Middle C. Hofstetter, Peter, , ,	e Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 501 Corporate Centre Driv	/e		08 31 2016
City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7593 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)	1 '	pation (for Individual)	Memo Item
Capella Healthcare Receipt For:	health		
Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional			370.00

						PAGE	 13	OF	21		
(check only one)											
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			13		14		15	16		17	

Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERN	IMENT AFFAIRS COI	MMITTEE
Full Name of Individual (Last, First, Middle Ir Lague, Teri, , , Mailing Address 501 Corporate Centre Drive	nitial) or Full Org	ganization Name	Date of Receipt
Ste 200	Ctctc	Zin Codo	07 31 2016
City Franklin	State	Zip Code 37067	Transaction ID : SA11AI.7552
		37007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) Capella Healthcare	Memo Item		
Receipt For:	T	tor - Clinical Applications fear-to-Date ▼	
Primary General Other (specify) ▼	33.034.0	210.00	
Full Name of Individual (Last, First, Middle Ir Lague, Teri, , ,	nitial) or Full Org	ganization Name	Date of Receipt
Mailing Address 501 Corporate Centre Drive Ste 200	Oteta	7in Code	08 31 2016
City	State	Zip Code 37067	Transaction ID : SA11AI.7553
Franklin	TIN	3/00/	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Capella Healthcare	l .	oation (for Individual) tor - Clinical Applications	Memo Item
Receipt For:	Aggregate Y	ear-to-Date ▼	
Primary General Other (specify) ▼	4	240.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Org	ganization Name	Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200			07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : SA11AI.7587
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer (for Individual) Capella Healthcare		pation (for Individual) tal CEO	Memo Item
Receipt For:	T .	ear-to-Date ▼	
Primary General	7.99.094.0		
Other (specify)		700.00	
SUBTOTAL of Receipts This Page (optional)		·····	290.00
TOTAL This Period (last page this line number	only)		

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		X	11a		11b		11c	12			
			13		14		15	16		17	

	orts and Statements may not be sold or used by any per using the name and address of any political committee	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCAR	E, INC. GOVERNMENT AFFAIRS COI	MMITTEE
A. Mabry, Jerry, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 501 Corporate Cent Suite 200	re Drive	08 31 2016
City	State Zip Code	Transaction ID : SA11AI.7588
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Capella Healthcare	Hospital CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
B. McCoy, Mike, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 501 Corporate Cent Suite 200	re Drive	07 31 2016
City	State Zip Code	Transaction ID : SA11AI.7589
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.50
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) Hospital CEO	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	315.00	
Full Name of Individual (Last, First, C. McDaniel, Donald, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 501 Corporate Cen Suite 200		07 31 2016
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7537 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Mineral Receipt For:	CFO TO THE TOTAL T	_
Primary General Other (specify)	Aggregate Year-to-Date ▼ 315.00	
SUBTOTAL of Receipts This Page (or	otional)	242.50

	F	OR	LINE	NU	MBER	PAGE	•	15	OF	21	
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Any information copied from such Reports and S or for commercial purposes, other than using the	, , , , , , , , , , , , , , , , , , , ,	1 1
NAME OF COMMITTEE (IN Full) CAPELLA HEALTHCARE, INC.	GOVERNMENT AFFAIRS COMI	MITTEE
Full Name of Individual (Last, First, Middle Ini McDaniel, Donald, , , Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing	State Zip Code TN 37067	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer (for Individual) Mineral Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) CFO Aggregate Year-to-Date ▼ 360.00	Memo Item
Full Name of Individual (Last, First, Middle Ini Motes, Jane, , , Mailing Address 501 Corporate Centre Drive City Franklin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Capella Healthcare Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TN 37067 C Occupation (for Individual) healthcare Aggregate Year-to-Date 350.00	Date of Receipt M 07 31 2016 Transaction ID: SA11AI.7556 Amount of Each Receipt this Period 100.00 Memo Item
Full Name of Individual (Last, First, Middle Ini Motes, Jane, , , Mailing Address 501 Corporate Centre Drive City Franklin FEC ID number of contributing federal political committee. Name of Employer (for Individual) Capella Healthcare Receipt For: Primary General Other (specify)	State Zip Code TN 37067 C Occupation (for Individual) healthcare Aggregate Year-to-Date 400.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		195.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (IN Full) CAPELLA HEALTHCARE, INC	. GOVERNMENT AFFAIRS COM	MITTEE				
Full Name of Individual (Last, First, Middle In Mulder, Angie, , , Mailing Address 501 Corporate Centre Dr, Ste	<i>,</i>	Date of Receipt 07 31 2016				
City	State Zip Code	Transaction ID : SA11AI.7558				
Franklin	TN 37067	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	135.44				
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.15					
Full Name of Individual (Last, First, Middle In Mulder, Angie, , , Mailing Address 501 Corporate Centre Dr, Ste	, ,	Date of Receipt 08 31 2016				
City	State Zip Code	Transaction ID : SA11AI.7559				
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 67.72				
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 537.87					
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt				
Mailing Address 501 Corporate Center Dr Ste		07 31 2016				
City Franklin	State Zip Code 37067	Transaction ID : SA11AI.7562 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) Capella Healthcare Company	Occupation (for Individual) Hospital CFO	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00					
SUBTOTAL of Receipts This Page (optional)		303.16				
TOTAL This Period (last page this line number	only)					

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

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	ly information copied from such Reports and St. for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVERN	IMENT AFFAIRS COM	MMITTEE
Α.	Full Name of Individual (Last, First, Middle Initi Patterson, Christina, , ,	al) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 501 Corporate Center Dr Ste 2		7.01	08 31 2016
	City Franklin	State	Zip Code 37067	Transaction ID : SA11AI.7563
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 50.00
	Name of Employer (for Individual) Capella Healthcare Company		pation (for Individual) ital CFO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 400.00	
В.	Full Name of Individual (Last, First, Middle Initi Shugart, Susan, , , Mailing Address 501 Corporate Centre Drive	al) or Full Orç	ganization Name	Date of Receipt
		lo	7: 0.1	07 31 2016
	City Franklin	State	Zip Code 37067	Transaction ID : SA11AI.7565 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		98.22
	Name of Employer (for Individual) Capella Healthcare		oation (for Individual) hcare	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 340.54	
С .	Full Name of Individual (Last, First, Middle Initi Shugart, Susan, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 501 Corporate Centre Drive			08 31 2016
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7566 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		49.11
	Name of Employer (for Individual) Capella Healthcare	Occup health	oation (for Individual) ocare	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Y	'ear-to-Date ▼ 389.65	
H	UBTOTAL of Receipts This Page (optional)			197.33
Ι'	OTAL This Period (last page this line number of	лпу)	·····	

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and add	not be sold or used by any pedress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERN	IMENT AFFAIRS COI	MMITTEE			
Full Name of Individual (Last, First, Middle Slipkovich, Dan, , , Mailing Address 501 Corporate Centre Drive		anization Name	Date of Receipt 07 31 2016			
Suite 200 City	State	Zip Code				
Franklin	TN	37067	Transaction ID : SA11AI.7567			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 334.00			
Name of Employer (for Individual) Capella Healthcare Company	apella Healthcare Company Chief Executive Officer					
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1169.00				
Full Name of Individual (Last, First, Middle Smith, Warren, , , Mailing Address 501 Corporate Centre Drive		anization Name	Date of Receipt			
Suite 200 City	State	Zip Code	07 31 2016 Transaction ID : SA11AL7568			
Franklin	TN	37067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		80.00			
Name of Employer (for Individual) Capella Healthcare		eation (for Individual) tal Finance Officer	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 280.00				
Full Name of Individual (Last, First, Middle Smith, Warren, , ,	Initial) or Full Org	anization Name	Date of Receipt			
Mailing Address 501 Corporate Centre Drive Suite 200		70.1.	08 31 2016			
City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7569			
FEC ID number of contributing federal political committee.	С	0.001	Amount of Each Receipt this Period 40.00			
Name of Employer (for Individual) Capella Healthcare		ation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 320.00				
SUBTOTAL of Receipts This Page (optional).			454.00			
TOTAL This Period (last page this line number	er only)					

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Any information copied from such Reports and or for commercial purposes, other than using to	Statements may the name and add	not be sold or used by any purchase of any political committee	person for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	C. GOVERN	IMENT AFFAIRS CC	MMITTEE		
Full Name of Individual (Last, First, Middle Southwick, Bill, , ,		anization Name	Date of Receipt		
Mailing Address 501 Corporate Centre Drive Ste 200)		07 31 2016		
City	State	Zip Code	Transaction ID : SA11AI.7535		
Franklin	TN	37067	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		100.00			
Name of Employer (for Individual) CMC	CMC Hospital COO				
Full Name of Individual (Last, First, Middle Southwick, Bill, , ,		anization Name	Date of Receipt		
Mailing Address 501 Corporate Centre Drive Ste 200 City	State	Zip Code	08 31 2016		
Franklin	TN	37067	Transaction ID : SA11AI.7536 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer (for Individual) CMC	·	pation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00			
Full Name of Individual (Last, First, Middle C. Van Es, Wendell, , ,	Initial) or Full Org	anization Name	Date of Receipt		
Mailing Address 501 Corporate Centre Drive Suite 201			07 31 2016		
City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7590 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		93.00		
Name of Employer (for Individual) Capella Healthcare		nation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 325.50			
SUBTOTAL of Receipts This Page (optional).			243.00		
TOTAL This Period (last page this line number	er only)	1			

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

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$\overline{\ \ }$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. C	30VERNI	MENT AFFAIRS COMM	/ITTEE		
۹.	Full Name of Individual (Last, First, Middle Initial Van Es, Wendell, , , Mailing Address 501 Corporate Centre Drive) or Full Orga	anization Name	Date of Receipt		
	Suite 201 City Franklin	State TN	Zip Code 37067	7 Transaction ID : SA11AI.7591 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		46.50		
	Name of Employer (for Individual) Capella Healthcare	a Healthcare Hospital CFO				
_	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 372.00			
3.	Full Name of Individual (Last, First, Middle Initial Young, Anthony, , , Mailing Address 501 Corporate Centre Dr	anization Name	Date of Receipt			
	Ste 200 City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	7 31 2016 Transaction ID : SA11Al.7581 Amount of Each Receipt this Period 250.00		
	Name of Employer (for Individual) MRMC		ation (for Individual) al CEO ear-to-Date ▼ 875.00	Memo Item		
С.	Full Name of Individual (Last, First, Middle Initial Young, Anthony, , ,) or Full Orga	anization Name	Date of Receipt		
	Mailing Address 501 Corporate Centre Dr Ste 200 City Franklin	State TN	Zip Code 37067	08 31 2016 Transaction ID : SA11AI.7582 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		125.00		
	Name of Employer (for Individual) MRMC Receipt For: Primary General Other (specify)	Occupa Hospita Aggregate Ye		Memo Item		
s	UBTOTAL of Receipts This Page (optional)		>	421.50		
Т	OTAL This Period (last page this line number onl	ly)	>	7 7 7		

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or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, II	NC. GOVERNMENT AFFAIRS COI	MMITTEE
Full Name of Individual (Last, First, Middl Yuill, Lee, , ,		Date of Receipt
Mailing Address 501 Corporate Centre Dr Suite 200	ive	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7572
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Capella Healthcare	VP of Internal Audit	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	350.00	
Full Name of Individual (Last, First, Midd	le Initial) or Full Organization Name	
3. Yuill, Lee, , ,		Date of Receipt
Mailing Address 501 Corporate Centre Dri	ive	08 31 2016
Suite 200 City	State Zip Code	
Franklin	TN 37067	Transaction ID : SA11AI.7573 Amount of Each Receipt this Period
FEC ID number of contributing		- Indian of East Hoodpt this Foriou
federal political committee.	[C]	50.00
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) VP of Internal Audit	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
	4 4	
Full Name of Individual (Last, First, Middle).	le Initial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	4 4	
SUBTOTAL of Receipts This Page (optional	al)	150.00
		4050.07
TOTAL This Period (last page this line nun	nber only)	4959.97