PAGE 1 / 15

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

I OKIWI 3X	For Other Than An Aut	horized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typ over the lines.	ne 12FE4M5
CAPELLA HEALTH	CARE, INC. GOVERNI	MENT AFFAIRS COI	MMITTEE
ADDRESS (number and street) ▼	SUITE 200		
Check if different than previously reported. (ACC)	BRENTWOOD		TN 37027 -
2. FEC IDENTIFICATION	NUMBER ▼ CI	ГУ▲	STATE ▲ ZIP CODE ▲
C C00421420		S THIS NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15	t (Q1) (c) 12-Day PRE-Election Report to the:	20 (M2) May 20 20 (M3) Jun 20 20 (M4) Jul 20 Primary (12P) Convention (12C)	(Mon-Election Year Only) (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Quarterly Report January 31 Year-End Report July 31 Mid-Year	t (YE) Election	on on	in the State of
Report (Non-ele Year Only) (MY Termination Rep (TER)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S) in the State of
5. Covering Period	11 29 2016		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined Type or Print Name of Treas	d this Report and to the best of Minar, Chris, , , urer	f my knowledge and belief i	t is true, correct and complete.
Signature of Treasurer	Minar, Chris, , ,	[Electronically Filed]	Date 01 / 26 / 2017
NOTE: Submission of false, er	roneous, or incomplete informatio	n may subject the person sig	ning this Report to the 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)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2016		22847.85
(b) Cash on Hand at Beginning of Reporting Period	31962.50	
(c) Total Receipts (from Line 19)	2587.64	22802.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34550.14	45650.14
Total Disbursements (from Line 31)	0.00	11100.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34550.14	34550.14
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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)	2577.64	16129.02
(ii) Unitemized(iii) TOTAL (add	10.00	6673.27
Lines 11(a)(i) and (ii)	2587.64	22802.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	2587.64	22802.29
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
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts(Dividends, Interest, etc.)18. Transfers from Non-Federal and Levin Fun	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
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	2587.64	22802.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	2587.64	22802.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B
	Operating Expenditures:	TOTAL THIS PERIOD	Calendar Year-to-Date
((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	0.00	0.00
	Expenditures	0.00	0.00
((c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
	Transfers to Affiliated/Other Party	0.00	0.00
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees	4 4	4 4
i	and Other Political Committees	0.00	8500.00
	Independent Expenditures		
((use Schedule E) Coordinated Party Expenditures	0.00	0.00
((52 U.S.C. § 30116(d))	0.00	
((use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loan Hopayments Wade	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other	4 4	
	Than Political Committees	0.00	0.00
		4 4	4 4
((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
(Other Disbursements (Including		
ı	Non-Federal Donations)	0.00	2600.00
		4 4	4 4
	Federal Election Activity (52 U.S.C. § 30101(2	20))	
	(a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(i) i odorar oriaro	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
((b) Federal Election Activity Paid	45 45 45	45 45 45
	Entirely With Federal Funds	0.00	0.00
((c) Total Federal Election Activity (add	4 4	4 4 4
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	11100.00
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	0.00	
		0.00	11100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	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)	2587.64	22802.29				
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2587.64	22802.29				
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				

Capella Healthcare

Primary

General

Receipt For:

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:						PAGE		6	OF	15
(check only one)										
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		13		14		15		16	,	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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bailey, Scott, , , Date of Receipt Mailing Address 501 Corporate Centre Drive 2016 15 City State Zip Code Transaction ID: SA11AI.7677 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing 100.00 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 1100.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bell, Brian, , , Date of Receipt Mailing Address 501 Corporate Centre Drive 15 2016 City State Zip Code Transaction ID: SA11AI.7681 Franklin TN 37067 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

Other (specify) ▼	4		330.00	
Full Name of Individual (Last, First, Middle Ini Bhatia, Vishal, , , Mailing Address 501 Corporate Centre Drive Ste 200 City Franklin	tial) or Full Orga	Zip Code		Date of Receipt 12 15 2016 Transaction ID : SA11AI.7662 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Capella Healthcare	C Occupi CMO	ation (for Individu	al)	100.00 Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye		1100.00	
SUBTOTAL of Receipts This Page (optional)				230.00

330,00

Hospital COO

Aggregate Year-to-Date ▼

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

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and ad	not be sold or used by any pedress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (IN Full) CAPELLA HEALTHCARE, INC	C. GOVERN	IMENT AFFAIRS COM	MMITTEE			
Full Name of Individual (Last, First, Middle I Browne, Tim, , , Mailing Address 501 Corporate Centre Drive	nitial) or Full Org	ganization Name	Date of Receipt 12 15 2016			
City	State	Zip Code	Transaction ID : SA11AI.7661			
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	Occup health	pation (for Individual) ncare	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 1375.00				
Full Name of Individual (Last, First, Middle I Capuano, Anthony, , , Mailing Address 501 Corporate Centre Dr, St		ganization Name	Date of Receipt 12 15 2016			
City	City State Zip Code					
Franklin	TN	37067	Transaction ID : SA11AI.7678 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		58.06			
Name of Employer (for Individual) Capella Healthcare		oation (for Individual) ital COO	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 521.62				
Full Name of Individual (Last, First, Middle I Craig, Beverly, , ,	nitial) or Full Org	ganization Name	Date of Receipt			
Mailing Address 501 Corporate Centre Drive Suite 200			12 15 2016			
City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7663			
	IIN	3/00/	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual) Capella Healthcare		oation (for Individual) Quality Management	Memo Item			
Receipt For: Primary General Other (specify)	T	ear-to-Date ▼ 550.00				
SUBTOTAL of Receipts This Page (optional)		>	233.06			
TOTAL This Period (last page this line numbe	r only)					

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

FOR LINE NUMBER:						PAGE		8	OF	15
(check only one)										
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, II	NC. GOVERNMENT AFFAIRS COM	MMITTEE
Full Name of Individual (Last, First, Middl Crumpton, Patricia, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 501 Corporate Centre Dri Suite 200	ive	12 15 2016
City	State Zip Code	Transaction ID : SA11AI.7682
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Capella Healthcare	Hospital CNO	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	275.00	
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	
B. Davidson, Jim, , ,	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
Mailing Address 501 Corporate Centre Dri	ive	M = M / D = D / Y = Y = Y
Suite 200	la	12 15 2016
City	State Zip Code	Transaction ID : SA11AI.7679
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	61.25
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) Hospital COO	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	673.75	
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 501 Corporate Centre Dr	ive	M M / D D / Y Y Y Y
Suite 200	<u> </u>	12 15 2016
City	State Zip Code	Transaction ID : SA11AI.7664
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Capella Healthcare	VP, Physician Services	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	275.00	
SUBTOTAL of Receipts This Page (optional))	111.25
GODICIAL OF Necelpts THIS Page (optional	A.J	
TOTAL This Period (last page this line num	nber only)	1

FOR LINE NUMBER:						PAGE		9	OF	15
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	the name and address of any political committee					
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	IC. GOVERNMENT AFFAIRS COM	MITTEE				
Full Name of Individual (Last, First, Middle Geist, Jim, , , Mailing Address 501 Corporate Centre Driv		Date of Receipt				
Suite 200		12 15 2016				
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7658				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) Hospital CEO	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00					
Full Name of Individual (Last, First, Middle Goehring, Cynthia, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 501 Corporate Centre Dr Ste 200 City	State Zip Code	12 15 2016 Transaction ID : SA11Al.7665				
Franklin						
FEC ID number of contributing federal political committee.	25.00					
Name of Employer (for Individual) Capella	Occupation (for Individual) Healthcare	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00					
Full Name of Individual (Last, First, Middle Hitchcock, Brian, , ,		Date of Receipt				
Mailing Address 501 Corporate Centre Driv Suite 200	State Zip Code	12 15 2016 Transaction ID : SA11Al.7666				
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) Capella Healthcare	Occupation (for Individual) VP & Materials Management	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 770.00					
SUBTOTAL of Receipts This Page (optional)	·)	195.00				
TOTAL This Period (last page this line numb	per only)					

Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:						PAGE		10	OF		15
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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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hofstetter, Peter, , , Date of Receipt Mailing Address 501 Corporate Centre Drive 2016 15 City Zip Code State Transaction ID: SA11AI.7685 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Capella Healthcare healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lague, Teri, , , Date of Receipt Mailing Address 501 Corporate Centre Drive 15 2016 Ste 200 City State Zip Code Transaction ID: SA11AI.7667 ΤN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Capella Healthcare **Director - Clinical Applications** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 330.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Mabry, Jerry, , , Date of Receipt Mailing Address 501 Corporate Centre Drive 15 2016 Suite 200 City State Zip Code Transaction ID: SA11AI.7683 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Capella Healthcare Hospital CEO

SUBTOTAL of Receipts This Page (optional)		,			,	23	0.00		
TOTAL This Period (last page this line number only)		7	Ξ		,		<u>-</u>	Ξ	

1100.00

Aggregate Year-to-Date ▼

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and ad	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 CO	MMITTEE		
Full Name of Individual (Last, First, Middle I McDaniel, Donald, , , Mailing Address 501 Corporate Centre Drive		ganization Name	Date of Receipt		
Suite 200	01-1-	7:- 0-1-	12 15 2016		
City Franklin	State	Zip Code 37067	Transaction ID : SA11AI.7660		
i iaiiNiii	1111	31001	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		45.00		
Name of Employer (for Individual) Mineral	Occup CFO	oation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼					
Full Name of Individual (Last, First, Middle I Motes, Jane, , , Mailing Address 501 Corporate Centre Drive	nitial) or Full Org	ganization Name	Date of Receipt		
5 55. Corporate Contro Diffe	12 15 2016				
City	State	Zip Code	Transaction ID : SA11AI.7669		
Franklin	TN	37067	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.					
Name of Employer (for Individual) Capella Healthcare	Occup health	pation (for Individual) hcare	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 550.00			
Full Name of Individual (Last, First, Middle I Mulder, Angle, , ,	nitial) or Full Org	ganization Name	Date of Receipt		
Mailing Address 501 Corporate Centre Dr, S	te 200		12 15 2016		
City	State	Zip Code	Transaction ID : SA11AI.7670		
Franklin	TN	37067	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		67.72		
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item		
Capella Healthcare	health	ncare			
Receipt For: Primary General Other (specify)	Aggregate Y	'ear-to-Date ▼ 741.03			
SUBTOTAL of Receipts This Page (optional)			162.72		
TOTAL This Period (last page this line number	er only)				

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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	NMENT AFFAIRS COM	1MITTEE
Α.		al) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200			12 15 2016
	City	State	Zip Code	Transaction ID : SA11AI.7671
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) Capella Healthcare	'	pation (for Individual) tor - Infomatics	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 220.00	
В.	Full Name of Individual (Last, First, Middle Initi Patterson, Christina, , ,		ganization Name	Date of Receipt
	Mailing Address 501 Corporate Center Dr Ste 20		7in Codo	12 15 2016
	City Franklin	State	Zip Code 37067	Transaction ID : SA11AI.7672
	FEC ID number of contributing federal political committee.	C	07007	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:	Aggregate Y	'ear-to-Date ▼	
	Primary General Other (specify) ▼		550.00	
С .	Full Name of Individual (Last, First, Middle Initi Sawhney, Deepak, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 501 Corporate Centre Drive			12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.7686
		114	31001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		960.00
	Name of Employer (for Individual) Willamette Valley		pation (for Individual) ital CEO	Memo Item
	Receipt For:		/ear-to-Date ▼	-
	Primary General Other (specify)	riggiogato	960.00	
s	UBTOTAL of Receipts This Page (optional)		·····	1030.00
Т	OTAL This Period (last page this line number of	only)		1

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(check only one)											
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Any information copied from such Report or for commercial purposes, other than u	ts and Statements may not be sold or used by any per using the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE	, INC. GOVERNMENT AFFAIRS COM	MITTEE
Full Name of Individual (Last, First, M. Shugart, Susan, , , Mailing Address 501 Corporate Centre	liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 501 Corporate Certife	e Drive	12 15 2016
City	State Zip Code	Transaction ID : SA11AI.7673
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	49.11
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) healthcare	Memo Item
Receipt For: Primary General Other (specify) ▼		
Smith, Warren, , ,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 501 Corporate Centre Suite 200 City	State Zip Code	12 15 2016
Franklin	Transaction ID : SA11AI.7674 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer (for Individual) Capella Healthcare	Occupation (for Individual) Hospital Finance Officer	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name of Individual (Last, First, M. Southwick, Bill, , ,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 501 Corporate Centre Ste 200		12 15 2016
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.7659
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) CMC	Occupation (for Individual) Hospital COO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (opti	ional)	139.11
TOTAL This Period (last page this line	number only)	

Use separate schedule(s) for each category of the

F	TOTALINE HOMBET.						_ ′	14 OF	=	15
(check only one)										
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		13		14		15		16		17

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 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 Thomas, Jayne, , , Date of Receipt Mailing Address 501 Corporate Centre Drive 2016 15 City Zip Code State Transaction ID: SA11AI.7675 TN Franklin 37064 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) healthcare worker Capella Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Van Es, Wendell, , , Date of Receipt Mailing Address 501 Corporate Centre Drive 15 2016 Suite 201 City State Zip Code Transaction ID: SA11AI.7684 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing 46.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Capella Healthcare Hospital CFO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 511.50 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Young, Anthony, , , Date of Receipt Mailing Address 501 Corporate Centre Dr 15 2016 Ste 200 City State Zip Code Transaction ID: SA11AI.7680 TN Franklin 37067 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **MRMC** Hospital CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 1375.00 Other (specify) 196.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)	• •	
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Other (specify)	4	
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SUBTOTAL of Receipts This Page (option	nal)	50.00
TOTAL This Period (last page this line num	mber only)	2577.64