

# 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

**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

ADDRESS (number and street) 4000 Meridian Blvd

Check if different than previously reported. (ACC) Franklin TN 37067

2. **FEC IDENTIFICATION NUMBER ▼** C C00485896 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  **NEW (N)** OR  **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013 through 12 / 31 / 2013

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

Type or Print Name of Treasurer Rachel A. Seifert

Signature of Treasurer Rachel A. Seifert *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2013"/>  |                         | 71395.00                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 34795.00                |                                   |
| (c) Total Receipts (from Line 19) .....  | 45600.00                | 45600.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 80395.00                | 116995.00                         |
| 7. Total Disbursements (from Line 31).....   | 34500.00                | 71100.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 45895.00                | 45895.00                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 35000.00                      | 35000.00                          |
| (ii) Unitemized .....   | 10600.00                      | 10600.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 45600.00                      | 45600.00                          |
| (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) .....  | 45600.00                      | 45600.00                          |
| 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))..... ▶                        | 45600.00                      | 45600.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 45600.00                      | 45600.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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                          | 100.00                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 100.00                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 34500.00                      | 70000.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....  | 0.00                          | 1000.00                           |
| 30. Federal Election Activity (2 U.S.C. §431(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)) ..      | 34500.00                      | 71100.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 34500.00                      | 71100.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 45600.00                      | 45600.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 45600.00                      | 45600.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ▶ | 0.00                          | 100.00                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶               | 0.00                          | 100.00                            |

**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 19  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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)  
**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ron Shafer</b>   |  | Date of Receipt<br>08 / 29 / 2013<br><b>Transaction ID : 7642576</b> |
| Mailing Address 4000 Meridian Blvd  |  | Amount of Each Receipt this Period<br>500.00                         |
| City<br>Franklin  | State<br>TN                                  | Zip Code<br>37067  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>500.00                         |
| Name of Employer<br>CHS   | Occupation<br>VP Physician Practice Services |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Larry M Carlton</b>  |  | Date of Receipt<br>08 / 29 / 2013<br><b>Transaction ID : 7642579</b> |
| Mailing Address 4000 Meridian Boulevard   |  | Amount of Each Receipt this Period<br>1000.00                        |
| City<br>Franklin  | State<br>TN                            | Zip Code<br>37067  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>1000.00                        |
| Name of Employer<br>Community Health Systems  | Occupation<br>Sr VP Revenue Management |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00    |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Michael M Misericchi</b>   |                                    | Date of Receipt<br>08 / 29 / 2013<br><b>Transaction ID : 7642584</b> |
| Mailing Address 4000 Meridian   |                                    | Amount of Each Receipt this Period<br>250.00                         |
| City<br>Franklin  | State<br>TN                        | Zip Code<br>37067  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>250.00                         |
| Name of Employer<br>Community Health Systems  | Occupation<br>Vice President       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <b>TOTAL</b> 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: PAGE 7 OF 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

**A. Kenneth D. Hawkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Meridian Blvd  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Health Systems Occupation SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2013  
**Transaction ID : 7642586**  
 Amount of Each Receipt this Period 1000.00

**B. Michael M. Lynd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Meridian Blvd  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Health Systems Occupation VP Financial Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2013  
**Transaction ID : 7642587**  
 Amount of Each Receipt this Period 500.00

**C. Rachel A. Seifert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Meridian Blvd  
 City Franklin State TN Zip Code 37067-6325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHSPSC Occupation EVP & General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 29 / 2013  
**Transaction ID : 7642589**  
 Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00  
**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 8 OF 19  |
| <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)  
**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

**A. Lynn T Simon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4000 Meridian Blvd  
City Franklin State TN Zip Code 37067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CHSPSC Occupation SVP & Chief Quantity Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2013  
**Transaction ID : 7643408**  
Amount of Each Receipt this Period 1000.00

**B. David L. Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4000 Meridian Blvd  
City Franklin State TN Zip Code 37067-6325  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Community Health Systems Occupation Division President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 29 / 2013  
**Transaction ID : 7643410**  
Amount of Each Receipt this Period 2000.00

**C. Robert O Horrar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4000 Meridian Blvd  
City Franklin State TN Zip Code 37067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CHSPSC Occupation VP Operations - Div II  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2013  
**Transaction ID : 7643417**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00  
**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 9 OF 19                 |
|   | <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)  
**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Larry Cash</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>08 / 29 / 2013<br><b>Transaction ID : 7643418</b> |
| Mailing Address 4000 Meridian Blvd  |  | Amount of Each Receipt this Period<br>4000.00  |
| City<br>Franklin  | State<br>TN                                  | Zip Code<br>37067  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Community Health Systems | Occupation<br>EVP & CFO  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4000.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Martin Smith</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>08 / 29 / 2013<br><b>Transaction ID : 7643419</b> |
| Mailing Address 4000 Meridian Blvd  |  | Amount of Each Receipt this Period<br>2000.00  |
| City<br>Franklin  | State<br>TN                                  | Zip Code<br>37067  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Community Health Systems | Occupation<br>Division President   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ben Fordham</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>08 / 29 / 2013<br><b>Transaction ID : 7643422</b> |
| Mailing Address 4000 Meridian Blvd  |  | Amount of Each Receipt this Period<br>500.00   |
| City<br>Franklin  | State<br>TN                                  | Zip Code<br>37067  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Community Health Systems | Occupation<br>VP Chief Lit Counsel   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 6500.00 |
| <b>TOTAL</b> 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 19                |
|   | <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)  
**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Thomas Mark Buford</b>   |                                     | Date of Receipt<br>MM / DD / YYYY<br>08 / 29 / 2013<br><b>Transaction ID : 7643424</b> |
| Mailing Address 4000 Meridian Blvd  |                                     | Amount of Each Receipt this Period<br>1200.00  |
| City<br>Franklin  | State<br>TN                         | Zip Code<br>37067  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>CHSPSC          | Occupation<br>SVP Internal Audit   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1200.00 |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Neil A. Heatherly</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>08 / 29 / 2013<br><b>Transaction ID : 7643425</b> |
| Mailing Address 4000 Meridian Blvd  |  | Amount of Each Receipt this Period<br>300.00   |
| City<br>Franklin  | State<br>TN                                | Zip Code<br>37067  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>CHS Home Care Division | Occupation<br>President  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00         |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Andi Bosshart</b>  |                                     | Date of Receipt<br>MM / DD / YYYY<br>08 / 29 / 2013<br><b>Transaction ID : 7643426</b> |
| Mailing Address 4000 Meridian Blvd  |                                     | Amount of Each Receipt this Period<br>1000.00  |
| City<br>Franklin  | State<br>TN                         | Zip Code<br>37067  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>CHSPSC          | Occupation<br>VP Corp Compliance and Privacy   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2500.00 |
| <b>TOTAL</b> 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: PAGE 11 OF 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

**A. Joseph G. Seay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Meridian Blvd  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Health Systems Occupation SRVP - Chief Info Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2013  
**Transaction ID : 7643431**  
 Amount of Each Receipt this Period  
 1000.00

**B. Debra Landers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Meridian Blvd  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Health Systems Occupation VP, CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2013  
**Transaction ID : 7643432**  
 Amount of Each Receipt this Period  
 500.00

**C. Robert A Horrar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Meridian Blvd  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHS Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2013  
**Transaction ID : 7643441**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**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 19                |
|   | <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)  
**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

**A. Tomi Galin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4000 Meridian Blvd  
City Franklin State TN Zip Code 37067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Community Health Systems Occupation VP, Corporate Comm.  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 29 / 2013**  
**Transaction ID : 7643445**  
Amount of Each Receipt this Period **500.00**

**B. Martin G. Schweinhart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4000 Meridian Blvd  
City Franklin State TN Zip Code 37067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Community Health Systems Occupation SR VP Operations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 29 / 2013**  
**Transaction ID : 7643447**  
Amount of Each Receipt this Period **1000.00**

**C. Michael Portacci**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4000 Meridian Blvd  
City Franklin State TN Zip Code 37067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Community Health Systems Occupation Division II President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 29 / 2013**  
**Transaction ID : 7643448**  
Amount of Each Receipt this Period **2000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3500.00**  
**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 19   |
| <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)  
**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Jerri Lynne Mitchell</b>   |   | Date of Receipt   |
| Mailing Address 4000 Meridian Blvd  |   | <input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2013"/> |
| City State Zip Code<br>Franklin TN 37067  |   | <b>Transaction ID : 7643449</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |   | Amount of Each Receipt this Period<br><input type="text" value="250.00"/>                             |
| Name of Employer<br>CHS   | Occupation<br>VP Finance  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="250.00"/> |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Barbara R. Paul</b>  |  | Date of Receipt   |
| Mailing Address 4000 Meridian Blvd  |  | <input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2013"/> |
| City State Zip Code<br>Franklin TN 37067  |  | <b>Transaction ID : 7643450</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |  | Amount of Each Receipt this Period<br><input type="text" value="1000.00"/>                            |
| Name of Employer<br>Community Health Systems  | Occupation<br>SRVP & Chief Medical Officer                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="1000.00"/> |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. James W. Doucette</b>  |   | Date of Receipt   |
| Mailing Address 4000 Meridian Blvd  |   | <input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2013"/> |
| City State Zip Code<br>Franklin TN 37067  |   | <b>Transaction ID : 7643451</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |   | Amount of Each Receipt this Period<br><input type="text" value="500.00"/>                             |
| Name of Employer<br>CHSPSC  | Occupation<br>VP Finance & Treasurer                            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="500.00"/> |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="1750.00"/> |
| <b>TOTAL</b> 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 14 OF 19   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. William S. Hussey</b>  |                                     | Date of Receipt<br>08 / 29 / 2013<br><b>Transaction ID : 7643452</b> |
| Mailing Address 4000 Meridian Blvd  |                                     | Amount of Each Receipt this Period<br>2000.00                        |
| City<br>Franklin  | State<br>TN                         | Zip Code<br>37067  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>CHSPSC          | Occupation<br>President Division IV                                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Tim Marlette</b>   |  | Date of Receipt<br>08 / 29 / 2013<br><b>Transaction ID : 7643453</b> |
| Mailing Address 4000 Meridian Blvd  |  | Amount of Each Receipt this Period<br>500.00                         |
| City<br>Franklin  | State<br>TN                                  | Zip Code<br>37067  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Community Health Systems | Occupation<br>Chief Purchasing Officer                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Thomas D. Miller</b>   |  | Date of Receipt<br>09 / 20 / 2013<br><b>Transaction ID : 7679636</b> |
| Mailing Address 4000 Meridian Blvd  |  | Amount of Each Receipt this Period<br>2000.00                        |
| City<br>Franklin  | State<br>TN                                  | Zip Code<br>37067  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Community Health Systems | Occupation<br>Div Pres.  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00          |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 4500.00 |
| <b>TOTAL</b> 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 19   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

**A. James Rayome**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Meridian Blvd  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Health Systems Occupation VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 09 / 20 / 2013  
**Transaction ID : 7679637**  
 Amount of Each Receipt this Period  
**250.00**

**B. Wayne Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Meridian Blvd  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Health Systems Occupation Chairman, President & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt  
 09 / 20 / 2013  
**Transaction ID : 7679640**  
 Amount of Each Receipt this Period  
**5000.00**

**C. David Fikse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Meridian Blvd  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Health Systems Occupation VP Operations - Div III  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 09 / 20 / 2013  
**Transaction ID : 7685848**  
 Amount of Each Receipt this Period  
**250.00**

|   |                 |
|---|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>5500.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>35000.00</b> |

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

Full Name (Last, First, Middle Initial)

**A. Healthcare Freedom Fund**

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Healthcare Freedom Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2013

**Transaction ID : 7524915**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Mark Pryor For Us Senate**

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Mark L. Pryor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2013

**Transaction ID : 7524916**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Dick Durbin**

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Richard J. Durbin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2013

**Transaction ID : 7548666**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn For Congress, Inc.**

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Rep. Marsha Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2013

**Transaction ID : 7548668**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Common Values PAC**

Mailing Address 901 N Washington St  
Suite 700

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Direct Contribution

011

Candidate Name  
**Common Values PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2013

**Transaction ID : 7708085**

Amount of Each Disbursement this Period

1500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Holding Onto Oregon's Priorities**

Mailing Address P.O. Box 3314

City State Zip Code  
Portland OR 97208

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2013

**Transaction ID : 7791374**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

Full Name (Last, First, Middle Initial)

**A. Chuck Fleischmann For Congress Committee, Inc.**

Mailing Address P.O. Box 11091

City State Zip Code  
Chattanooga TN 37401

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Charles J. Fleischmann**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2013

**Transaction ID : 7791375**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Alaskans For Begich 2014**

Mailing Address 1231 W Northern Lts #605

City State Zip Code  
Anchorage AK 99503

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Sen. Mark P. Begich**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2013

**Transaction ID : 7833710**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement  
Direct Contribution

011

Candidate Name

**Rep. Peter Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY  
11 / 25 / 2013

**Transaction ID : 7840385**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Community Health Systems Professional Services Corporation Political Action Cmte (CHS PAC)**

Full Name (Last, First, Middle Initial)

### A. Making America Prosperous PAC

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Making America Prosperous PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 31 |   |   | 2013 |   |   |   |

Transaction ID : 7900513

Amount of Each Disbursement this Period

|         |
|---------|
| 3000.00 |
|---------|

Direct Contribution

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

|         |
|---------|
| 3000.00 |
|---------|

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

|          |
|----------|
| 34500.00 |
|----------|