



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="45895.00"/>	<input type="text" value="45895.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11529.17"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="64500.00"/>	<input type="text" value="69734.17"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="76029.17"/>	<input type="text" value="115629.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19000.00"/>	<input type="text" value="58600.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="57029.17"/>	<input type="text" value="57029.17"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

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 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).....	53900.00	53900.00
(ii) Unitemized .....	10600.00	10600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	64500.00	64500.00
(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) .....	64500.00	64500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	5234.17
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))..... ▶	64500.00	69734.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	64500.00	69734.17

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	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.....	19000.00	58500.00
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	0.00
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)) ..	19000.00	58600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19000.00	58600.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	64500.00	64500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	64500.00	64500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	100.00
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	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 17
	<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	

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)**

**A. Andi Bosshart**  
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 Corp Compliance & Privacy Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1500.00**

Date of Receipt **07 / 02 / 2014**  
**Transaction ID : 8559372**  
Amount of Each Receipt this Period **1500.00**

**B. Thomas M Buford**  
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 Internal Audit  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1500.00**

Date of Receipt **07 / 02 / 2014**  
**Transaction ID : 8559373**  
Amount of Each Receipt this Period **1500.00**

**C. Ben Fordham**  
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 Chief Lit Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1500.00**

Date of Receipt **07 / 02 / 2014**  
**Transaction ID : 8559379**  
Amount of Each Receipt this Period **1500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **4500.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
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	<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. 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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2014

**Transaction ID : 8559382**

Amount of Each Receipt this Period  
 500.00

**B. William S. Hussey**  
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 President Division IV

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2014

**Transaction ID : 8559383**

Amount of Each Receipt this Period  
 2500.00

**C. 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 M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2014

**Transaction ID : 8559384**

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 8 OF 17
	<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. Tim Marlette**  
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 Chief Purchasing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
07 / 02 / 2014  
**Transaction ID : 8559387**

Amount of Each Receipt this Period  
1500.00

**B. David L. Miller**  
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 President/COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
07 / 02 / 2014  
**Transaction ID : 8559389**

Amount of Each Receipt this Period  
4000.00

**C. Jerri Lynne Mitchell**  
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 Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
07 / 02 / 2014  
**Transaction ID : 8559390**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00

**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 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. 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 President Division II Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2014

**Transaction ID : 8559393**

Amount of Each Receipt this Period  
 2500.00

**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 Exec. VP Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2014

**Transaction ID : 8559395**

Amount of Each Receipt this Period  
 2500.00

**C. 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 President Clinical Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2014

**Transaction ID : 8559396**

Amount of Each Receipt this Period  
 1500.00

<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 17
<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. Martin J Bonick**  
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 President Div 1 Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 02 / 2014  
**Transaction ID : 8559412**  
Amount of Each Receipt this Period 2500.00

**B. Larry M Carlton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4000 Meridian Boulevard  
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 Revenue Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 02 / 2014  
**Transaction ID : 8559413**  
Amount of Each Receipt this Period 1500.00

**C. 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 07 / 02 / 2014  
**Transaction ID : 8559420**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00  
**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: PAGE 11 OF 17  
(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. Michael M Miserocchi**  
 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 Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2014  
**Transaction ID : 8559421**  
 Amount of Each Receipt this Period 250.00

**B. Rachel A. Seifert**  
 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 EVP & General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 02 / 2014  
**Transaction ID : 8559424**  
 Amount of Each Receipt this Period 2500.00

**C. Ron Shafer**  
 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 SVP HR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 02 / 2014  
**Transaction ID : 8559425**  
 Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4250.00  
**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: PAGE 12 OF 17  
(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. Manish Shah**  
 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 Deputy CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 02 / 2014  
**Transaction ID : 8559426**  
 Amount of Each Receipt this Period 400.00

**B. 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 ▼ 1500.00

Date of Receipt 07 / 14 / 2014  
**Transaction ID : 8559429**  
 Amount of Each Receipt this Period 1500.00

**C. Larry Cash**  
 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 Pres Financial Services & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 07 / 15 / 2014  
**Transaction ID : 8559452**  
 Amount of Each Receipt this Period 4000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5900.00  
**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 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**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, Corp Comm. & Mktg  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 15 / 2014  
**Transaction ID : 8559456**  
Amount of Each Receipt this Period 1500.00

**B. Pam Rudisill**  
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 Communtiy Health Services Occupation Senior VP/CNO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 15 / 2014  
**Transaction ID : 8559466**  
Amount of Each Receipt this Period 1000.00

**C. Martin 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 Division President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 15 / 2014  
**Transaction ID : 8559467**  
Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 17
	<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. Thomas D. Miller**  
 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 President, Div V  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2014  
**Transaction ID : 8572602**  
 Amount of Each Receipt this Period  
 2500.00

**B. Barbara R. Paul**  
 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 & Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2014  
**Transaction ID : 8572604**  
 Amount of Each Receipt this Period  
 1000.00

**c. 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 - CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2014  
**Transaction ID : 8572606**  
 Amount of Each Receipt this Period  
 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00  
**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 15 OF 17
	<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. James W. Doucette**  
 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 Sr. VP & Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 16 / 2014  
**Transaction ID : 8572608**  
 Amount of Each Receipt this Period 1500.00

**B. Tim Hingtgen**  
 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 Services Occupation President Division IV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 23 / 2014  
**Transaction ID : 8576975**  
 Amount of Each Receipt this Period 2500.00

**C. 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 & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 23 / 2014  
**Transaction ID : 8576976**  
 Amount of Each Receipt this Period 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	53900.00

**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. Republican Party of Florida - Federal Account**

Mailing Address 420 E. Jefferson Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2014

**Transaction ID : 8528205**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Jim Tracy For Congress**

Mailing Address PO Box 332490

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Jim Tracy**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: TN District: 04

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2014

**Transaction ID : 8536721**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Pat Roberts For Us Senate Inc**

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Sen. Pat Roberts**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

**Transaction ID : 8571804**

Amount of Each Disbursement this Period

5000.00

Direct Contribution

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

11000.00

**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. Prosperity Action Inc.**

Mailing Address c/o Jeff Livingston - The Townsend  
1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Prosperity Action Inc.**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

**Transaction ID : 8571805**

Amount of Each Disbursement this Period

3000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Ryan-NRCC Victory Committee**

Mailing Address 2470 Daniells Bridge Rd  
Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement  
Joint Fundraiser

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

**Transaction ID : 8571809**

Amount of Each Disbursement this Period

2500.00

Joint Fundraiser

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement  
Dirct Contribution

011

Category/  
Type

Candidate Name

**Rep. Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

**Transaction ID : 8579638**

Amount of Each Disbursement this Period

2500.00

Dirct Contribution

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

8000.00

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

19000.00