

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 CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

ADDRESS (number and street) 4000 Meridian Blvd Franklin TN 37067

2. FEC IDENTIFICATION NUMBER C C00485896 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2) to Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 01 / 14 / 2016

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CHS/Community Health Systems, Inc. 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="2015"/>	<input type="text" value="39829.17"/>	<input type="text" value="39829.17"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11829.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="66800.00"/>	<input type="text" value="66800.00"/>
(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="78629.17"/>	<input type="text" value="106629.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="33028.03"/>	<input type="text" value="61028.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45601.14"/>	<input type="text" value="45601.14"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CHS/Community Health Systems, Inc. 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).....	54800.00	54800.00
(ii) Unitemized	12000.00	12000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	66800.00	66800.00
(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)	66800.00	66800.00
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))..... ▶	66800.00	66800.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	66800.00	66800.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	61000.00
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	28.03	28.03
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)) ..	33028.03	61028.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33028.03	61028.03

DETAILED SUMMARY PAGE
of Disbursements

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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)	66800.00	66800.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66800.00	66800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : 9443177

Amount of Each Receipt this Period
 1500.00

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
 09 / 16 / 2015

Transaction ID : 9443178

Amount of Each Receipt this Period
 2500.00

C. Kenneth 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : 9443180

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
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 20
	<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)
CHS/Community Health Systems, Inc. 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 President Clinical Services
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 09 / 16 / 2015
Transaction ID : 9443182
Amount of Each Receipt this Period 1500.00

B. 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 09 / 16 / 2015
Transaction ID : 9443184
Amount of Each Receipt this Period 1500.00

C. 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 09 / 16 / 2015
Transaction ID : 9443185
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 8 OF 20
	<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)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : 9443187
 Amount of Each Receipt this Period
 2500.00

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
 09 / 16 / 2015
Transaction ID : 9443189
 Amount of Each Receipt this Period
 2500.00

C. 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : 9443192
 Amount of Each Receipt this Period
 4000.00

SUBTOTAL of Receipts This Page (optional).....▶	9000.00
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 20
	<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)
CHS/Community Health Systems, Inc. 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 Fin. & Treasurer

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
 09 / 16 / 2015

Transaction ID : 9443195

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : 9443196

Amount of Each Receipt this Period
 1500.00

C. Martin 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 Div President

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
 09 / 25 / 2015

Transaction ID : 9462320

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
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 10 OF 20
	<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)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Michael 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : 9462321

Amount of Each Receipt this Period
 500.00

B. 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : 9484177

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
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : 9484180

Amount of Each Receipt this Period
 4000.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 11 OF 20
	<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)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. 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: Community Health Services Occupation: Senior VP/CNO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt: 10 / 01 / 2015
Transaction ID : 9484181
Amount of Each Receipt this Period: **1500.00**

B. 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: 10 / 01 / 2015
Transaction ID : 9484183
Amount of Each Receipt this Period: **1500.00**

C. David W Baker
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 Medical Staff Development
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt: 10 / 01 / 2015
Transaction ID : 9484186
Amount of Each Receipt this Period: **250.00**

SUBTOTAL of Receipts This Page (optional)..... **3250.00**
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 20
	<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)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : 9484196
 Amount of Each Receipt this Period
 300.00

B. 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, Division
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : 9484197
 Amount of Each Receipt this Period
 2500.00

C. 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
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : 9484198
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	5300.00
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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Rachel 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 CHS Occupation EVP & General Counsel
 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
 10 / 01 / 2015
Transaction ID : 9484200
 Amount of Each Receipt this Period
 2500.00

B. 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
 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
 10 / 01 / 2015
Transaction ID : 9484201
 Amount of Each Receipt this Period
 500.00

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 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
 10 / 01 / 2015
Transaction ID : 9484202
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
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 20
	<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)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

A. Nicole Slaughter
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 of Finance -D4
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2015
Transaction ID : 9484205
Amount of Each Receipt this Period 250.00

B. Brent White
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 of Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2015
Transaction ID : 9507134
Amount of Each Receipt this Period 250.00

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 10 / 21 / 2015
Transaction ID : 9507136
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00
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 20
	<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)
CHS/Community Health Systems, Inc. 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 VP Clinical Support & Services Lines

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2015
Transaction ID : 9507137

Amount of Each Receipt this Period 250.00

B. 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 10 / 21 / 2015
Transaction ID : 9507140

Amount of Each Receipt this Period 1500.00

C. 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 10 / 21 / 2015
Transaction ID : 9507144

Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20
	<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)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

Full Name (Last, First, Middle Initial) A. Kevin Hammons		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2015
Mailing Address 4000 Meridian Blvd		Transaction ID : 9553662
City Franklin	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Community Health Systems	Occupation Chief Accounting Officer	Aggregate Year-to-Date ▼ 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	54800.00

**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)	PAGE 17 OF 20	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29
				<input type="checkbox"/> 26
				<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

Full Name (Last, First, Middle Initial) A. Portman For Senate Committee		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 9856 Archer Lane		Transaction ID : 9299685
City Dublin	State OH	Zip Code 43017
Purpose of Disbursement Direct Contribution	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 3000.00
Candidate Name Sen. Rob Portman	Category/ Type	Direct Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District:		

Full Name (Last, First, Middle Initial) B. Prosperity Action Inc.		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address c/o Jeff Livingston - The Townsend 1006 Pendleton Street		Transaction ID : 9337865
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Direct Contribution	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Prosperity Action Inc.	Category/ Type	Direct Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Marsha Blackburn For Congress, Inc.		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address PO Box 3750		Transaction ID : 9388809
City Brentwood	State TN	Zip Code 37024
Purpose of Disbursement Direct Contribution	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 2500.00
Candidate Name Rep. Marsha Blackburn	Category/ Type	Direct Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 07		

SUBTOTAL of Disbursements This Page (optional).....▶	6500.00
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)

CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

Full Name (Last, First, Middle Initial)

A. Chuck Fleischmann For Congress Committee, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	5

Mailing Address P.O. Box 11091

Transaction ID : 9408815

City State Zip Code
Chattanooga TN 37401

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
Direct Contribution

0	1	1
---	---	---

Category/
Type

Direct Contribution

Candidate Name

Rep. Chuck J. Fleischmann

Office Sought: House
 Senate
 President
State: TN District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Friends Of Schumer

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Mailing Address 192 Lexington Avenue Suite 1001

Transaction ID : 9445967

City State Zip Code
New York NY 10016

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
Direct Contribution

0	1	1
---	---	---

Category/
Type

Direct Contribution

Candidate Name

Sen. Charles E. Schumer

Office Sought: House
 Senate
 President
State: NY District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Friends Of Schumer

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Mailing Address 192 Lexington Avenue Suite 1001

Transaction ID : 9445968

City State Zip Code
New York NY 10016

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
Direct Contribution

0	1	1
---	---	---

Category/
Type

Direct Contribution

Candidate Name

Sen. Charles E. Schumer

Office Sought: House
 Senate
 President
State: NY District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

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

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

1	3	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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**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)

CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

Full Name (Last, First, Middle Initial)

A. Becerra For Congress

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : 9487431

Amount of Each Disbursement this Period

1500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr Md For Senate Inc

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Charles Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 02

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : 9487432

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. NRCC

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

011

Candidate Name

NRCC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2015

Transaction ID : 9487445

Amount of Each Disbursement this Period

1000.00

Direct Contribution

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

4500.00

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)

CHS/Community Health Systems, Inc. Political Action Cmte (CHS PAC)

Full Name (Last, First, Middle Initial)

A. Comstock For Congress

Mailing Address PO Box 831

City State Zip Code
Mc Lean VA 22101

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Barbara J. Comstock

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

Transaction ID : 9537850

Amount of Each Disbursement this Period

1500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. TENN PAC

Mailing Address 228 S Washington Street Suite 115

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Direct Contribution

011

Candidate Name

TENN PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : 9549501

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Forward Together PAC

Mailing Address 1751 Potomac Greens Drive

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Forward Together PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

Transaction ID : 9578524

Amount of Each Disbursement this Period

2500.00

Direct Contribution

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

9000.00

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

33000.00
