

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.
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ 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 / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 James R. Wiseman

Signature of Treasurer James R. Wiseman [Electronically Filed] Date / /

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)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

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="2012"/>	<input type="text" value="18073.66"/>	<input type="text" value="18073.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16557.48"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3789.42"/>	<input type="text" value="45145.74"/>
(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="20346.90"/>	<input type="text" value="63219.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7500.00"/>	<input type="text" value="50372.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12846.90"/>	<input type="text" value="12846.90"/>
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

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

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).....	3578.99	36854.75
(ii) Unitemized	210.43	8290.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3789.42	45145.74
(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)	3789.42	45145.74
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))..... ▶	3789.42	45145.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3789.42	45145.74

DETAILED SUMMARY PAGE

of Disbursements

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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	2472.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	2472.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	29500.00
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	5000.00	18400.00
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)) ..	7500.00	50372.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	50372.50

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)	3789.42	45145.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3789.42	45145.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	2472.50
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	2472.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Brian Bell		Date of Receipt
Mailing Address 501 Corporate Centre Drive		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City State Zip Code Franklin TN 37067		Transaction ID : SA11AI.6353
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	

Full Name (Last, First, Middle Initial) B. John Bradford		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City State Zip Code Franklin TN 37067		Transaction ID : SA11AI.6328
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer Capella Healthcare	Occupation Legal Ops Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="440.00"/>	

Full Name (Last, First, Middle Initial) C. Steven R. Brumfield		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City State Zip Code Franklin TN 37067		Transaction ID : SA11AI.6329
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="91.00"/>
Name of Employer Capella Health, Inc.	Occupation Vice President/Assistant PAC Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1001.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="161.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 22
	<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Michelle Carpenter		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.6330
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 27.50
Name of Employer Capella Healthcare	Occupation Director Patient Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.50	

Full Name (Last, First, Middle Initial) B. Sarah Clark		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.6371
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer CANN	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) c. S. Ray Coffey		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.6331
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 77.28
Name of Employer Capella Healthcare	Occupation VP & Government Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.08	

SUBTOTAL of Receipts This Page (optional).....▶	154.78
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 8 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Beverly Craig		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.6332
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation VP & Quality Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Patricia Crumpton		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.6349
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Jim Edmondson		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.6364
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer JAX	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 22
	<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Elizabeth Estep		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6363
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 25.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 325.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP, Physician Services	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) B. Eugene A. (Tony) Fay		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6333
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 85.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 935.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare, Inc.	Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 935.00		

Full Name (Last, First, Middle Initial) C. Kevin Fowler		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6354
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 125.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 1375.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 1375.00		

SUBTOTAL of Receipts This Page (optional).....▶	235.00
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 22
	<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Donald Frederic		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6360
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 125.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1125.00
Name of Employer St. Mary's	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jim Geist		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6356
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 100.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1100.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brian Hitchcock		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6334
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 85.48
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 940.28
Name of Employer Capella Healthcare	Occupation VP & Materials Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	310.48
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 22
	<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Gay Huff		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6365
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 40.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 360.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Director Operations Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Neil Kunkel		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6370
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 164.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 1476.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation SVP - Chief Counsel	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Bill Little		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6374
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 108.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 972.00
FEC ID number of contributing federal political committee. C		
Name of Employer CANN	Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	312.00
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 22
(check only one)

<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Maria Lopez
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer MPMC Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 31 / 2012
Transaction ID : SA11AI.6368

Amount of Each Receipt this Period 25.00

B. Derek Lythgoe
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2012
Transaction ID : SA11AI.6355

Amount of Each Receipt this Period 50.00

C. Jerry Mabry
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2012
Transaction ID : SA11AI.6350

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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 13 OF 22
(check only one)

<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Mike McCoy

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1430.00

Date of Receipt
10 / 31 / 2012
Transaction ID : SA11AI.6347

Amount of Each Receipt this Period
130.00

Full Name (Last, First, Middle Initial)
B. Donald McDaniel

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Mineral Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
10 / 31 / 2012
Transaction ID : SA11AI.6361

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
C. Tim McGill

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt
10 / 31 / 2012
Transaction ID : SA11AI.6346

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 295.00

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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Mark Medley
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Division CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt
10 / 31 / 2012
Transaction ID : SA11AI.6335

Amount of Each Receipt this Period
150.00

B. Dirk Morgan
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Division CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt
10 / 31 / 2012
Transaction ID : SA11AI.6336

Amount of Each Receipt this Period
75.00

C. Dan Ordyna
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
10 / 31 / 2012
Transaction ID : SA11AI.6351

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00

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 15 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Steven Owens

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer SWMC Occupation CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 10 / 31 / 2012
Transaction ID : SA11AI.6372

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
B. Christina Patterson

Mailing Address 501 Corporate Center Dr Ste 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Company Occupation Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 10 / 31 / 2012
Transaction ID : SA11AI.6345

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Matt Romero

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer MRMC Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 495.00

Date of Receipt
 10 / 31 / 2012
Transaction ID : SA11AI.6369

Amount of Each Receipt this Period
 55.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00

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 22
	<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Benjamin Ross		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6359
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 83.33
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 749.97
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP Physician Services	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Charles Self		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6337
Mailing Address 501 Corporate Centre Drive Suite 2		Amount of Each Receipt this Period 93.75
City Brentwood	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 1031.25
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP/Risk Mgmt	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dan Slipkovich		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6338
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 195.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 2200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	372.08
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 17 OF 22
	<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. D. Andrew Slusser		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6339
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 140.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 1595.83
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Senior VP & Development Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 1595.83		

Full Name (Last, First, Middle Initial) B. Alan Smith		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6358
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 100.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 900.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VIP, CIO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. Warren Smith		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6340
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 35.25
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 387.75
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 387.75		

SUBTOTAL of Receipts This Page (optional).....▶	275.25
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 18 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Wendell Van Es

Mailing Address 501 Corporate Centre Drive
 Suite 201

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **642.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.6348

Amount of Each Receipt this Period
58.40

Full Name (Last, First, Middle Initial)
B. Robert Wampler

Mailing Address 501 Corporate Centre Drive, Ste 20

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Company Occupation VP & Operations CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.6341

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Michael Wiechart

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2091.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11AI.6352

Amount of Each Receipt this Period
185.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **343.40**

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 19 OF 22
	<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Teresa Williams		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6373
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 50.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 450.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Director - Clinical	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James R. Wiseman		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6342
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 80.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 880.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lori Wooten		Date of Receipt 10 / 31 / 2012 Transaction ID : SA11AI.6343
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 100.00
City Brentwood	State TN	
Zip Code 37027		Aggregate Year-to-Date ▼ 1100.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP/Financial Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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 20 OF 22
(check only one)

<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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Beth Wright
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation VP Corp Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.6357

Amount of Each Receipt this Period
50.00

B. Lee Yuill
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation VP of Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **770.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.6344

Amount of Each Receipt this Period
70.00

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	3578.99

**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)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

A. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City State Zip Code
GALLATIN TN 37066

Purpose of Disbursement
fundraiser

Candidate Name
DIANE L MRS. BLACK

Office Sought: House Senate President
State: TN District: 06
Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			25			2012					

Transaction ID : SB23.6380

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

2500.00

2500.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Tennessee Democratic Party

Mailing Address 1900 Church Street
Suite 203

City Nashville State TN Zip Code 37203

Purpose of Disbursement
fundraiser

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			25			2012					

Transaction ID : SB29.6381

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

5000.00

5000.00
