Image# 12950196168						PAGE 1 / 34
FEC FORM 3X	AND	RT OF R DISBURS Than An Autho	EMENT	S	Offic	e Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR I	PRINT V	Example: If typ over the lines.	oing, type	12FE4M5	
	HCARE, INC			S COMMIT		 ]
		PORATE CENTRE DI	RIVE STE 200			· · · · · · · · · · ·
ADDRESS (number and stre	eet) L					
Check if different than previously reported. (ACC)	FRANKL	IN			TN 37	7067
2. FEC IDENTIFICATIO	ON NUMBER 🔻	CITY		S		ZIP CODE
C C00421420		3. IS T REP		NEW (N) <b>OR</b>	AMEND (A)	ED
<ul> <li><b>4. TYPE OF REPOR</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Rep</li> </ul>	Cont (Q1)	On: Mar 20 Apr 20	(M3) (M4)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M Sep 20 (M Oct 20 (M	(Non-Election Year Only)       19)     Dec 20 (M12) (Non-Election Year Only)       110)     Jan 31 (YE)
July 15 Quarterly Rep October 15 Quarterly Rep	port (Q2)	12-Day <b>PRE</b> -Election Report for the:	Primary (12P) Convention (12C)		General (12G) Special (12S)	
X January 31 Year-End Rep July 31 Mid-Y Report (Non-	rear (d)	Election of 30-Day				in the State of
Year Only) (N Termination F (TER)	,	POST-Election Report for the:	General (3	0G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period	07 / D	2011	through	M M 12	/ D D / Y 31	2011
I certify that I have examir Type or Print Name of Tre		nd to the best of my . Wiseman	v knowledge and	I belief it is tru	e, correct and com	nplete.
Signature of Treasurer	James R. Wiseman		[Electronica	lly Filed]	ate 01 /	23 / Y Y Y Y 2012
NOTE: Submission of false,	erroneous, or inc	omplete information m	ay subject the po	erson signing th	is Report to the per	nalties of 2 U.S.C. §437g.
Office Use Only					F	EC FORM 3X Rev. 12/2004

#### 01/25/2012 11 : 51

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

# CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

R	eport Covering the Period: From:	07 / 01 / Y Y Y Y Y 2011 Tc	b: 12 / 0 = 0 / Y = Y = Y = Y 2011
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		22307.28
	(b) Cash on Hand at Beginning of Reporting Period	18806.72	
	(c) Total Receipts (from Line 19)	18626.94	39658.88
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	37433.66	61966.16
7.	Total Disbursements (from Line 31)	19360.00	43892.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18073.66	18073.66
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

X

Γ	- FEC Form 3X (Rev. 06/2004)	ETAILED SUMMARY PAGE of Receipts	Page 3
W	rite or Type Committee Name		
	APELLA HEALTHCARE, INC. GO	VERNMENT AFFAIRS COMMITT	ΈE
R	eport Covering the Period: From: 07	M / D D / Y Y Y Y 01 2011 To:	12 / D D / Y Y Y Y 12 31 2011
	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)	18626.94	38723.88
	()		
	(ii) Unitemized	0.00	935.00
	(iii) TOTAL (add		00050.00
	Lines 11(a)(i) and (ii)	18626.94	39658.88
	(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	18626.94	39658.88
10	Totals to Line 33, page 5)	18020.94	33030.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
			7 7
13.	All Loans Received	0.00	0.00
	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)	0.00	0.00
16	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	7 7 7	7 7 7
10.	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
			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))►	18626.94	39658.88
20	Tatal Eddard Pagainta		
∠0.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	18626.94	39658.88
		7 7 7	7 7 7

### 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			
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	360.00	1392.50			
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	360.00	1392.50			
Transfers to Affiliated/Other Party	0.00	0.00			
Committees Contributions to Federal Candidates/Committees					
and Other Political Committees	18000.00	35000.00			
(use Schedule E) Coordinated Party Expenditures	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00			
	0.00	0.00			
(c) Other Political Committees					
(such as PACs)	0.00	0.00			
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	0.00			
		750000			
Other Disbursements	1000.00	7500.00			
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity					
(from Schedule H6)	0.00	0.00			
(i) Federal Share	0.00				
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid Entirely</li></ul>	0.00	0.00			
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			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	19360.00	43892.50			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	19360.00	43892.50			

L

#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures			
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	18626.94	39658.88	
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00	
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	18626.94	39658.88	
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	360.00	1392.50	
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	360.00	1392.50	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		Detailed Summary Page						11c 12						
_					13		14	15	16		17				
	ny information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVER	NMENT AFFAIRS CO	MMI	TTE	E									
<u>к</u>	Full Name (Last, First, Middle Initial) Brian Bell				Date o	f Re	eceipt								
	Mailing Address 501 Corporate Centre Drive				09 30 2011										
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI.	5762						
	Franklin	TN	37067	_	Amoun	t of	Each	Receipt th	nis Perio	d					
	FEC ID number of contributing federal political committee.	С			90.00										
	Name of Employer	Occupation	l												
	Capella Healthcare	Hospital CC	00												
	Receipt For:	Aggregate Teat-to-Date V													
	Other (specify)		270.00	1											
В.	Full Name (Last, First, Middle Initial) Brian Bell		Date o	f Re	eceipt										
	Mailing Address 501 Corporate Centre Drive		12 31 2011												
	City	State	Zip Code	Transaction ID : SA11AI.5763											
	Franklin	TN	37067		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			90.00										
	Name of Employer Capella Healthcare	Occupation Hospital CC													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	]											
<u>с</u> .	Full Name (Last, First, Middle Initial) John Bradford				Date o	f Re	eceipt								
	Mailing Address 501 Corporate Centre Drive				12 31 2011										
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.5701						
	Franklin	TN	37067	_	Amoun	t of	Each	Receipt th	nis Perio	d					
	FEC ID number of contributing federal political committee.	С					7	9	24	40.0	0				
	Name of Employer	Occupation	l	$\neg$											
	Capella Healthcare	Legal Ops	Director												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		480.00	1											
	Other (specify)		400.00	4											
s	UBTOTAL of Receipts This Page (optional)						7		42	0.00	0				
т	OTAL This Period (last page this line number	only)			L										

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.		
Full Name (Last, First, Middle Initial)         A.         Steven R. Brumfield         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Health, Inc.         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         TN       37067         C       Occupation         Vice President/Assistant PAC Treasurer         Aggregate Year-to-Date ▼         819.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B.         Steven R. Brumfield         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Health, Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TN       37067         C       Occupation         Vice President/Assistant PAC Treasurer         Aggregate Year-to-Date ▼         1092.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Robin Byler         Mailing Address 501 Corporate Center Dr Ste 20         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare Company         Receipt For:         Primary       General         Other (specify) ▼	00 State Zip Code TN 37067 C Occupation Hospital CNO Aggregate Year-to-Date ▼ 360.00	Date of Receipt 09 / 30 / 2011 Transaction ID : SA11AI.5766 Amount of Each Receipt this Period 120.00
SUBTOTAL of Receipts This Page (optional)		666.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	C. GOVER	NMENT AFFAIRS CO	MMITTEE
Full Name (Last, First, Middle Initial)         A.       Robin Byler         Mailing Address 501 Corporate Center Dr S         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare Company	te 200 State TN C Occupation Hospital CN		Date of Receipt
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00	]
Full Name (Last, First, Middle Initial)         B. Michelle Carpenter         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)	State TN C Occupation Director Par	Zip Code 37067 tient Accounting Year-to-Date ▼ 247.50	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Michelle Carpenter         Mailing Address       501 Corporate Centre Driv         Suite 200         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)	State TN C Occupation Director Pa	Zip Code 37067 tient Accounting Year-to-Date ▼ 330.00	Date of Receipt          12       31       2011         Transaction ID : SA11AI.5705         Amount of Each Receipt this Period         82.50
SUBTOTAL of Receipts This Page (optional)			285.00

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

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12 16	17		
	ny information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	MMI	TTE	E						
Α.	Full Name (Last, First, Middle Initial) S. Ray Coffey Mailing Address 501 Corporate Centre Drive Suite 200				Date o				үчү 2011	Y		
	City Franklin	State TN	Zip Code 37067		Transaction ID : SA11AI.5706           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		/	Amoun	it of E	Each I	Receipt tl		d 1.84		
	Name of Employer	Occupation										
	Capella Healthcare	VP & Gove	rnment Programs									
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 695.52	1								
В.	Full Name (Last, First, Middle Initial) S. Ray Coffey		Date of Receipt									
	Mailing Address 501 Corporate Centre Drive Suite 200			M 12	/	D 31	D / Y	2011	Y			
	City	State	Zip Code	Transaction ID : SA11AI.5707								
	Franklin	TN	37067	/	Amoun	nt of E	Each I	Receipt th	nis Perio	d		
	FEC ID number of contributing federal political committee.	С				23	1.84					
	Name of Employer	Occupation										
	Capella Healthcare	VP & Gover	mment Programs									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		927.36									
с.	Full Name (Last, First, Middle Initial) Beverly Craig			[	Date o	of Rec	ceipt					
	Mailing Address 501 Corporate Centre Drive Suite 200				м м 09	/	D 30		у у 2011	Y		
	City	State	Zip Code		Tran	sactio	on ID	: SA11AI	.5708			
	Franklin	TN	37067	/	Amoun	nt of E	Each I	Receipt tl	nis Perio	d		
	FEC ID number of contributing federal political committee.	С		225.00								
	Name of Employer	Occupation										
	Capella Healthcare	VP & Quali	ty Management									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		675.00									
s	UBTOTAL of Receipts This Page (optional)			•	_	-	,	7	688	3.68		

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

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FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
$\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS COI	MMITTEE
Α.	Full Name (Last, First, Middle Initial)         Beverly Craig         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 37067 ty Management Year-to-Date ▼ 875.00	Date of Receipt          12       31       2011         Transaction ID : SA11AI.5709         Amount of Each Receipt this Period         200.00
В.	Full Name (Last, First, Middle Initial)         Danny Crowe         Mailing Address 501 Corporate Centre Drive         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)	State TN C Occupation Hospital CF Aggregate		Date of Receipt 09 30 2011 Transaction ID : SA11AI.5760 Amount of Each Receipt this Period 135.00
C.	Full Name (Last, First, Middle Initial)         Danny Crowe         Mailing Address 501 Corporate Centre Drive         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occupation Hospital CF Aggregate		Date of Receipt          12       31       2011         Transaction ID : SA11AI.5761         Amount of Each Receipt this Period         135.00
s	UBTOTAL of Receipts This Page (optional)		•	470.00
т	OTAL This Period (last page this line number of	only)	••••••	

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

Use separate schedule(s) for each category of the

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IIEMIZE	D RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	17	
	ation copied from such Reports and nercial purposes, other than using										
	OF COMMITTEE (In Full) ELLA HEALTHCARE, IN	C. GOVER	NMENT AFFAIRS CO	MMI	TTE	E					
A. Patrici	ne (Last, First, Middle Initial) a Crumpton Address 501 Corporate Centre Drive Suite 200	State TN	Zip Code 37067		Date of Receipt 09 30 2011 Transaction ID : SA11AI.5750 Amount of Each Receipt this Period						
FEC ID	number of contributing political committee.	С			Amoun		Each I	Receipt ti		75.00	
Capella I Receipt	Employer Healthcare For: imary General her (specify) v	Occupation Hospital CN Aggregate		]							
B. Patrici	ne (Last, First, Middle Initial) ia Crumpton Address 501 Corporate Centre Drive Suite 200	State TN	Zip Code 37067			sactio	31	SA11AI. Receipt tl			
federal p	number of contributing political committee. Employer Healthcare For:	Occupation Hospital CN					7	1.7	7	75.00	
Ot	mary General her (specify) ▼ ne (Last, First, Middle Initial)		300.00	]							
c. Euge	ne A. (Tony) Fay Address 501 Corporate Centre Drive Suite 200	State	Zip Code		Date o 09 Trans	/	30	)	2011 . <b>5710</b>	Y	
	number of contributing political committee.	/	Transaction ID : SA11AI.5710         Amount of Each Receipt this Period         255.00								
Capella Receipt	mary General	Occupation Vice Presic Aggregate	lent Year-to-Date ▼								
SUBTOTA	her (specify) <b>▼</b> L of Receipts This Page (optional). is Period (last page this line numb					-	7		40	5.00	

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

Use separate schedule(s) for each category of the 

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	y information copied from such Reports and Sta for commercial purposes, other than using the r										butic					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.															
Α.	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay Mailing Address 501 Corporate Centre Drive Suite 200 City	State	Date of Receipt													
	Franklin	TN	Zip Code 37067			Transaction ID : SA11AI.5711 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С														
	Name of Employer         Capella Healthcare, Inc.         Receipt For:         Primary         General         Other (specify) ▼	Occupation Vice Preside Aggregate		1020.00												
В.	Full Name (Last, First, Middle Initial) Kevin Fowler		Date of	f Re	ceipt											
	Mailing Address 501 Corporate Centre Drive							09 30 / Y Y Y Y Y 09 30 2011								
	City Franklin	State TN	Zip Code 37067			Transaction ID : SA11AI.5764           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			375.00											
	Name of Employer Capella Healthcare	Occupation Hospital CE														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1125.00												
с.	Full Name (Last, First, Middle Initial)					Date of	f Re	ceipt					_			
	Mailing Address 501 Corporate Centre Drive					12 31 _2011 _										
	City Franklin	State TN	Zip Code 37067						: <b>SA11AI.</b> Receipt th		od					
	FEC ID number of contributing federal political committee.	С				375.00										
	Name of Employer	Occupation														
	Capella Healthcare	Hospital CE	0		_											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1500.00												
s	UBTOTAL of Receipts This Page (optional)							7		10	05.0	0	Ī			
т	OTAL This Period (last page this line number o	nly)		••••••				,					ĺ			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		( 11a 13		11b	F	11c		12 16		17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose		soliciting		ntribut	ions	
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	MMI	TTE	E							
Α.	Full Name (Last, First, Middle Initial) Jim Geist Mailing Address 501 Corporate Centre Drive				Date c	_	D	D	/ Y		Y	Y	
	City Franklin	State TN	Zip Code 37067				ion II		SA11AI.	.5770			
	FEC ID number of contributing federal political committee.	С			Amour		J		eceipt th		300	.00	
	Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	Occupation Hospital CE Aggregate											
в.	Full Name (Last, First, Middle Initial) Jim Geist Mailing Address 501 Corporate Centre Drive				Date c	of Re	· ·	D	/ 7	Y	Y	Y	
	City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	_			ion ID		<b>SA11AI.</b> eceipt th		1	00	-
	Name of Employer Capella Healthcare Receipt For:	Occupation Hospital CE					1						
	Primary General Other (specify) ▼		1200.00										
с.	Full Name (Last, First, Middle Initial) Kirk Hanson				Date c	of Re	eceipt						
	Mailing Address 501 Corporate Centre Drive Suite 200 City	State	Zip Code		09 <b>Tren</b>			30		20	)11	Y	
	Franklin	TN	37067						SA11AI. eceipt th				
	FEC ID number of contributing federal political committee.	C					J			_		.00	
	Name of Employer	Occupation											
	Capella Healthcare	Director and	d CIO										
	Receipt For: Primary General Other (specify) ▼	Aggregate	]										
F	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		· · · · · · · · · · · · · · · · · · ·	• -		-	7			-	675.	00	7

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	-		11b	11c	12	
Any information copied from such Reports and St or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.								
Full Name (Last, First, Middle Initial)         Kirk Hanson         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occupation Director and Aggregate			sact	31 ion ID		nis Perioo	d 5.00
Full Name (Last, First, Middle Initial)         Brian Hitchcock         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)		Zip Code 37067 ials Management Year-to-Date ▼ 769.32		sacti	30 ion ID :		nis Perioo	d 6.44
Full Name (Last, First, Middle Initial)         Brian Hitchcock         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)		Zip Code 37067 ials Management Year-to-Date ▼ 1025.76		sact	31 tion ID		nis Perioo	_
SUBTOTAL of Receipts This Page (optional)				-	7		587	7.88

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

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	EMIZED RECEIPTS	for each categ Detailed Sumn			11a 13		11b 14	11c		12		,	
	y information copied from such Reports and St for commercial purposes, other than using the					or the		pose of		g cont			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.												
Α.	Full Name (Last, First, Middle Initial)         Derek Lythgoe         Mailing Address 501 Corporate Centre Drive					Date of	_	ceipt		Y 20'	Y 11	Y	
	City Franklin	State TN	Zip Code 37067		Transaction ID : SA11AI.5768 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С						,	7	_	150.0	00	
	Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	Occupation Hospital CF Aggregate		450.00									
В.	Full Name (Last, First, Middle Initial) Derek Lythgoe Mailing Address 501 Corporate Centre Drive					Date of	f Re	D I I		Y	Y	Y	
	City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067		/				SA11AL			00	
	Name of Employer Capella Healthcare Receipt For: Primary General	Occupation Hospital CF Aggregate											-
	Other (specify) ▼         Full Name (Last, First, Middle Initial)         Jorn Mabry	L	<u>, , , , , , , , , , , , , , , , , , , </u>	600.00			( Do	eciet					
С.	Jerry Mabry Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For:	State TN C Occupation Hospital CE	0				/ sacti	30		201 . <b>5752</b>		00	
	Primary General Other (specify)	Aggregate	Year-to-Date ▼	900.00									
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# SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$ge \qquad X \qquad 11a \qquad 11b \qquad 11c \qquad 12$
		13     14     15     16     17       any person for the purpose of soliciting contributions       mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.		
Full Name (Last, First, Middle Initial)         Jerry Mabry         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TN       37067         C       Occupation         Hospital CEO       Aggregate Year-to-Date ▼         1200       1200	Date of Receipt  Date of Receipt  12 31 2011 Transaction ID : SA11AI.5753 Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial)         Mike McCoy         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TN       37067         C       Occupation         Hospital CEO       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       1170.	Date of Receipt Date of Receipt <u>09</u> <u>30</u> <u>2011</u> <u>Transaction ID : SA11AI.5746</u> Amount of Each Receipt this Period <u>390.00</u> 00
Full Name (Last, First, Middle Initial)         Mike McCoy         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TN       37067         C       Occupation         Hospital CEO       Aggregate Year-to-Date ▼         1560	Date of Receipt       12       12       31       2011       Transaction ID : SA11AI.5747       Amount of Each Receipt this Period       390.00
SUBTOTAL of Receipts This Page (optional)		1080.00

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

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

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ITEMIZED RECEIPTS		for each category of the	iled Summary Page											
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Any information copied from such Reports or for commercial purposes, other than us	s and Statements ma sing the name and a	ay not be sold or used by any p ddress of any political committee	erson for the tot solicit	ne pi contr	urpose o ibutions	f soliciting from sucl	j cor h co	ntribut mmitt	ions ee.					
NAME OF COMMITTEE (In Full)														
	, INC. GOVER	NMENT AFFAIRS CO	MMITT	EE										
Full Name (Last, First, Middle Initial) A. Tim McGill			Date	of F	Receipt									
Mailing Address 501 Corporate Centre	Drive		М	М	/ D	D / Y	Y	Y	Y					
Suite 200			0	09 30 2011 Transaction ID : SA11AI.5742										
City	State TN	Zip Code 37067												
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FEC ID number of contributing federal political committee.	С			_	7	7	_	375.	.00					
Name of Employer	Occupation		_											
Capella Healthcare	Hospital CE	0												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		1125.00	]											
Full Name (Last, First, Middle Initial) B. Tim McGill			Date	of F	Receipt									
Mailing Address 501 Corporate Centre Suite 200	Drive		M 1		/ 31	D / Y	20	)11	Y					
City	State	Zip Code	Tra	nsac	tion ID	SA11AL	5743	3						
Franklin	TN	37067	Amo	unt c	of Each I	Receipt th	nis P	eriod						
FEC ID number of contributing federal political committee.	C				7	7	_	375.	.00					
Name of Employer Capella Healthcare	Occupation Hospital CE													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	]											
Full Name (Last, First, Middle Initial) C. Mark Medley			Date	of F	Receipt									
Mailing Address 501 Corporate Centre Suite 200	Drive		0		/ D 30			ү )11	Y					
City	State	Zip Code	Tra	insa	ction ID	: SA11AI.	5710	6						
Franklin	TN	37067	Amo	unt c	of Each I	Receipt th	nis P	eriod						
FEC ID number of contributing federal political committee.	C						_	450	.00					
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Capella Healthcare	Division CF	0												
Receipt For:	Aggregate	Year-to-Date ▼												
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# SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS	for each cate Detailed Sum			11a		11b 14	11c			17	,				
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.															
<b>A</b> .	Full Name (Last, First, Middle Initial)         Mark Medley         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occupation Division CF Aggregate	Zip Code 37067 O Year-to-Date ▼	1800.00	Date of Receipt											
в.	Full Name (Last, First, Middle Initial)         Dirk Morgan         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occupation Division CFC Aggregate	Zip Code 37067 O Year-to-Date ▼	675.00			sacti	30 on ID :	SA11AI. Receipt th	nis Per	1	0				
C.	Full Name (Last, First, Middle Initial)         Dirk Morgan         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)	State TN C Occupation Division CF Aggregate	Zip Code 37067 O Year-to-Date ▼	900.00			sact	31 ion ID :	SA11AI. Receipt th	2011 . <b>5719</b> nis Per		00				
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# SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	MMI	TTEI	Ξ						
<u> </u>	Full Name (Last, First, Middle Initial) Dan Ordyna				Date o	f Re	eceipt					
	Mailing Address 501 Corporate Centre Drive Suite 200	Ctoto	Zin Code		09	/	30		2	011	Y	
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.5754 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			Amoun				115 F	150	.00	]
	Name of Employer Capella Healthcare	Occupation Hospital CC										
	Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 450.00									
В.	Full Name (Last, First, Middle Initial) Dan Ordyna		, ,	_	Date o	f Re	eceipt					
	Mailing Address 501 Corporate Centre Drive Suite 200				M M	/	31	D / Y		у 011	Y	
	City	State	Zip Code					SA11AI.				
	Franklin	TN	37067	_	Amoun	t of	Each F	Receipt th	nis F	'eriod		_
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00									
<u> </u>	Full Name (Last, First, Middle Initial) Christina Patterson				Date o	f Re	eceipt					
	Mailing Address 501 Corporate Center Dr Ste	200			м м 09	/	D 30			у 011	Y	
	City Franklin	State TN	Zip Code 37067					<b>: SA11AI</b> Receipt th			_	
	FEC ID number of contributing federal political committee.	С					л. I		_	150	.00	]
	Name of Employer	Occupation										
	Capella Healthcare Company	Hospital CF	0									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
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# SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE,	INC. GOVER	NMENT AFFAIRS CO	MMITTEE
Full Name (Last, First, Middle Initial)         A.       Christina Patterson         Mailing Address 501 Corporate Center D         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare Company	or Ste 200 State TN C Occupation Hospital CF		Date of Receipt          12       31       2011         Transaction ID : SA11AI.5741         Amount of Each Receipt this Period         150.00
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	]
Full Name (Last, First, Middle Initial)         B.       Lynn Peoples         Mailing Address 501 Corporate Center D	r Ste 200		Date of Receipt
City Brentwood FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: ☐ Primary ☐ General Other (specify) ▼	State TN C Occupation Hospital CN Aggregate		09 30 2011 Transaction ID : SA11AI.5738 Amount of Each Receipt this Period 168.75
Full Name (Last, First, Middle Initial)         C.       Lynn Peoples         Mailing Address 501 Corporate Center D         City         Brentwood         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)	State TN C Occupation Hospital CN		Date of Receipt          12       31       2011         Transaction ID : SA11AI.5739         Amount of Each Receipt this Period         168.75
SUBTOTAL of Receipts This Page (option	nal)		487.50

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

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

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a		11b	11c	12	
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$\setminus$	NAME OF COMMITTEE (In Full)					_				
	CAPELLA HEALTHCARE, INC	. GOVER	NMENT AFFAIRS CO	MMI	TTEI	Ξ				
Α.	Full Name (Last, First, Middle Initial) Mitzi Pouncy				Date o	f Re	eceipt			
	Mailing Address 501 Corporate Centre Drive				м м 09	/	30		2011	Y
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI.		
	Franklin	TN	37067		Amoun	t of	Each I	Receipt th	is Period	I
	FEC ID number of contributing federal political committee.	С					7		75	5.00
	Name of Employer	Occupation	I							
	Capella Healthcare	Hospital CN	10							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		225.00							
<u> </u>	Full Name (Last, First, Middle Initial) Mitzi Pouncy				Date o	f Re	eceipt			
	Mailing Address 501 Corporate Centre Drive			_	M M		D	D / Y	Y Y	Y
					12		31		2011	
	City	State	Zip Code		Trans	acti	ion ID :	SA11AL	5745	
	Franklin	TN	37067	'	Amoun	t of	Each I	Receipt th	is Period	i.
	FEC ID number of contributing federal political committee.	С					7		75	5.00
	Name of Employer Capella Healthcare	Occupation Hospital CN								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
— c.	Full Name (Last, First, Middle Initial) Charles Self				Date o	f Re	eceipt			
	Mailing Address 501 Corporate Centre Drive S	Suite 2			м м 09	/	30		2011	Y
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI.	.5720	
	Brentwood	TN	37067	'	Amoun	t of	Each I	Receipt th	is Period	I.
	FEC ID number of contributing federal political committee.	С					7		281	1.25
	Name of Employer	Occupation		_						
	Capella Healthcare	VP/Risk Mg	gmt							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		040.75	11						
	Other (specify)		843.75							
s	UBTOTAL of Receipts This Page (optional)		•	•			7		431	.25
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# SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the 

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	ZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12			
	rmation copied from such Reports and S ommercial purposes, other than using the											
	E OF COMMITTEE (In Full) PELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	MMI	TTEI	E						
A. Cha	Name (Last, First, Middle Initial) arles Self ng Address 501 Corporate Centre Drive S	uite 2			Date o	_	D		- Y - Y	Y		
City Bren	twood	State TN	Zip Code 37067				-	: SA11AI	-			
FEC	ID number of contributing al political committee.	С		Amount of Each Receipt this Period								
Cape	e of Employer ella Healthcare ipt For: Primary General Other (specify) ▼	Occupation VP/Risk Mg Aggregate										
B. Da	Name (Last, First, Middle Initial) n Slipkovich ng Address 501 Corporate Centre Drive				Date o	f Re	ceipt	D / Y	YYY	Y		
City Fran FEC	Suite 200	State TN	Zip Code 37067					: SA11AI	2011 <b>.5722</b> nis Period 750	.00		
Nam Cape	e of Employer Ila Healthcare Company ipt For: Primary General	Occupation Chief Execu Aggregate										
	Other (specify) ▼ Name (Last, First, Middle Initial) n Slipkovich		2250.00		Date o	f Re	ceipt					
Mailin	ng Address 501 Corporate Centre Drive Suite 200	State	Zip Code		12 Trans		3 <sup>r</sup>		2011 5723	Y		
Fran FEC	klin ID number of contributing al political committee.	TN C	37067	_					nis Period	0.00		
Cape	e of Employer ella Healthcare Company	Occupation Chief Exect	utive Officer					,				
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00									
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# SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	C. GOVER	NMENT AFFAIRS CO	MMITTEE
Full Name (Last, First, Middle Initial)         A.       D. Andrew Slusser         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Other (specify)	State TN C Occupation Senior VP 8	Zip Code 37067 & Development Officer Year-to-Date ▼ 1762.47	Date of Receipt 09 30 2011 Transaction ID : SA11AI.5724 Amount of Each Receipt this Period 587.49
B. Full Name (Last, First, Middle Initial) D. Andrew Slusser Mailing Address 501 Corporate Centre Drive Suite 200 City	State	Zip Code	Date of Receipt
Franklin FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)		A Development Officer Year-to-Date ▼ 2349.96	
Full Name (Last, First, Middle Initial)         Warren Smith         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)	State TN C Occupation Hospital Fir	Zip Code 37067 nance Officer Year-to-Date ▼ 317.25	Date of Receipt 09 / 30 / 2011 Transaction ID : SA11AI.5726 Amount of Each Receipt this Period 105.75
SUBTOTAL of Receipts This Page (optional).			1280.73
TOTAL This Period (last page this line number	er only)	••••••	

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b 14	11c	12	
Any information copied from such Reports and Si or for commercial purposes, other than using the			or the		pose of			
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.								
Full Name (Last, First, Middle Initial)         Warren Smith         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)	State TN C Occupation Hospital Fina Aggregate Y	Zip Code 37067 ance Officer /ear-to-Date ▼ 423.00		sact	31		is Perioo	5.75
Full Name (Last, First, Middle Initial)         Wendell Van Es         Mailing Address 501 Corporate Centre Drive         Suite 201         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)	State TN C Occupation Hospital CFC Aggregate Y	Zip Code 37067 //ear-to-Date ▼ 525.60		sacti	30		is Perioo	ý 5.20
Full Name (Last, First, Middle Initial)         Wendell Van Es         Mailing Address 501 Corporate Centre Drive         Suite 201         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occupation Hospital CFC Aggregate Y	Zip Code 37067 O /ear-to-Date ▼ 700.80		sact	31		is Period	
SUBTOTAL of Receipts This Page (optional)					7		456	6.15

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and St or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.		
Full Name (Last, First, Middle Initial)         Rodney VonDonkelaar         Mailing Address 501 Corporate Centre Drive         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TN       37067         C       Occupation         Hospital CFO       Aggregate Year-to-Date ▼         900.00       900.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Rodney VonDonkelaar         Mailing Address 501 Corporate Centre Drive         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TN       37067         C       Occupation         Hospital CFO       Aggregate Year-to-Date ▼         1200.00       1200.00	Date of Receipt 12 31 2011 Transaction ID : SA11AI.5759 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial)         Howard Wall         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TN       37067         C       Occupation         Senior VP & General Counsel         Aggregate Year-to-Date ▼         700.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 700.00

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

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

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ITEMIZED REC	EIF I J			11a 13		11b 14	11c	12		17					
			y not be sold or used by any poldress of any political committee		or the		oose of	f soliciting	g contri	ibutio	ons				
NAME OF COMMIT		IC. GOVER	NMENT AFFAIRS CO	MMI	TTEI	Ξ									
A. Full Name (Last, Fi Robert Wample Mailing Address 50		ve, Ste 20	Date of Receipt												
City Franklin		State TN	Zip Code 37067	Transaction ID : SA11AI.5729           Amount of Each Receipt this Period											
FEC ID number of federal political com	0	С			Amount of Each Receipt this Period										
Name of Employer Capella Healthcare Receipt For: Primary Other (specify	General	Occupation VP & Opera Aggregate	tions CFO Year-to-Date ▼ 1215.00	]											
B. Robert Wample Mailing Address 50		ve, Ste 20			Date o	f Re	ceipt	D / Y	Y	Y	Y				
City Franklin FEC ID number of federal political corr		State TN	12     31     2011       Transaction ID : SA11AI.5730       Amount of Each Receipt this Period       405.00												
Name of Employer Capella Healthcare		Occupation VP & Opera	tions CFO				7	7							
Primary Other (specify	General /) ▼	Aggregate	Year-to-Date ▼ 1620.00												
Full Name (Last, Fi C. Michael Wiec					Date o	f Re	ceipt								
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Capella Healthcare		COO		_											
Receipt For: Primary Other (specify	General /) ▼	Aggregate	Year-to-Date ▼ 2171.25	1											
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# SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		or each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using the				or the		pose o	of soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNM	IENT AFFAIRS CO	MMI	TTEI	E				
Full Name (Last, First, Middle Initial)         Michael Wiechart         Mailing Address 501 Corporate Centre Drive         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occupation COO Aggregate Yea	Zip Code 37067 r-to-Date ▼ 2895.00			sact	31 ion ID		his Perio	
Full Name (Last, First, Middle Initial)         B. James R. Wiseman         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occupation VP of Tax Aggregate Yea	Zip Code 37067 r-to-Date ▼ 720.00			sact	30 ion ID		his Perio	d 0.00
Full Name (Last, First, Middle Initial)         James R. Wiseman         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)	State TN C Occupation VP of Tax Aggregate Yea	Zip Code 37067 r-to-Date ▼ 960.00			sact	ion ID		his Perio	
SUBTOTAL of Receipts This Page (optional)						7		1203	3.75

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

Use separate schedule(s) for each category of the

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34

TTEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$											
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, I	NC. GOVERNMENT AFFAIRS (	COMMITTEE											
Full Name (Last, First, Middle Initial)         A.         Lori Wooten         Mailing Address         Suite 200         City         Brentwood	rive State Zip Code TN 37027	Date of Receipt											
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period											
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	Occupation VP/Financial Ops Aggregate Year-to-Date ▼ 900.00												
B. Full Name (Last, First, Middle Initial) Mailing Address 501 Corporate Centre Di Suite 200 City	Date of Receipt          12       31       2011         Transaction ID : SA11AI.5734												
Brentwood FEC ID number of contributing federal political committee.	TN 37027	Amount of Each Receipt this Period											
Capella Healthcare          Receipt For:         Primary       General         Other (specify)	Receipt For:     Aggregate Year-to-Date ▼       Primary     General												
C. Beth Wright Mailing Address 501 Corporate Centre D	·	Date of Receipt											
City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State     Zip Code       TN     37067       C       Occupation       VP Corp Communications       Aggregate Year-to-Date ▼       450.00	M       M       M       J       2011         Transaction ID : SA11AI.5772       Amount of Each Receipt this Period         150.00       150.00											
	al)												

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

Use separate schedule(s) for each category of the

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PAGE 29 OF

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NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE,	-									
Full Name (Last, First, Middle Initial)         A.       Beth Wright         Mailing Address 501 Corporate Centre I         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	Prive State Zip 0 TN 3706 C Occupation VP Corp Communica Aggregate Year-to-D	tions			sact	31 ion ID :	SA11AI Receipt tl	201 I <b>.5773</b> his Per		00
Full Name (Last, First, Middle Initial)         Lee Yuill         Mailing Address 501 Corporate Centre I         Suite 200         City         Franklin         FEC ID number of contributing federal political committee.	rive State Zip ( TN 3706				/	30		his Per		00
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation VP of Internal Audit Aggregate Year-to-D	late ▼ 630.00	]							
Full Name (Last, First, Middle Initial)         Lee Yuill         Mailing Address 501 Corporate Centre I         Suite 200         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)	Orive       State     Zip 0       TN     3706       C     Occupation       VP of Internal Audit       Aggregate Year-to-D	57			sact	31 tion ID :		201 <i>²</i> I <b>.5737</b> his Per		
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	CHEDULE B (FEC Form 3X)		voto ophadula(-)				E NUMBER: PAGE 30 OF 34												
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(c		k only 21b	/ or	ne) ] 22		23	Г	24		25	26				
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$\square$	NAME OF COMMITTEE (In Full)				_	<u> </u>			_										
	CAPELLA HEALTHCARE, INC. G	OVERNI	MENT AFFA	AIRS	C C	ОМ	1MITTEE												
Δ	Full Name (Last, First, Middle Initial) KraftCPAs PLLC							Date c	of Di	shurs	٥m	ent							
										D			/ Y	Y	Y				
	Mailing Address 555 Great Circle Road Suite 200	Zip Code				07 14 2011													
	City Nashville	Transaction ID : SB21B.5775																	
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В.	KraftCPAs PLLC							Date c				_							
	Mailing Address 555 Great Circle Road Suite 200								08 09 2011										
	Nashville	State TN	Zip Code 37228				Transaction ID : SB21B.5779												
	Purpose of Disbursement accounting fees				-		Amount of Each Disbursement this Period												
	Candidate Name			Category/				120.00											
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_	Full Name (Last, First, Middle Initial)							Date c	.f D:	ohuro		ont							
С.	KraftCPAs PLLC									D		_	( Y	Y	Y				
	Mailing Address 555 Great Circle Road Suite 200							09			)8			011					
	City Nashville	State TN	Zip Code 37228					Tran	sact	ion IE	):	SB21B	.578	7					
	Purpose of Disbursement accounting fees				_	-													
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	Senate President	Primary Other (cpc)	General																
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan																
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. G	OVERN	MENT AFFA	AIRS	С	OMN	/ITTE	E									
Α.	Full Name (Last, First, Middle Initial) BETH ANNE RANKIN FOR CONG	RESS					Date o		sburse		/ Y	Y Y					
	Mailing Address P O BOX 2160			09 22 2011													
	City S MAGNOLIA Purpose of Disbursement	State AR	Zip Code 71754				Trans	sacti	on ID	: SB23.5	788						
	fundraiser Candidate Name		Amount of Each Disbursement this Period														
	BETH ANNE RANKIN	nent For:	2010		egory ype	y/	1000.00										
	Senate X President																
в.	State:       AR       District:       04         Full Name (Last, First, Middle Initial)         BILL NELSON FOR U S SENATE			Date of Disbursement													
	Mailing Address 972 W WHITMIRE DRIVE			07 22 2011													
	MELBOURNE	State FL	Zip Code 32935				Transaction ID : SB23.5776										
	Purpose of Disbursement contributipn Candidate Name																
	BILL NELSON	nent For:		Cate Ty	egory ype	y/			7			2500.0	0				
		Primary Other (spe	General														
C.	Full Name (Last, First, Middle Initial) CARPER FOR SENATE						Date o	_	sburse		/	<i>v v</i>					
	Mailing Address 19 EAST COMMONS BLVD SECO	ND FLOOF	र				M M	/	0		201						
	NEW CASTLE	State DE	Zip Code 19720				Trans	sacti	ion ID	: SB23.5	798						
	Purpose of Disbursement fundraiser Candidate Name THOMAS R CARPER				egory ype	y/	Amour	it of		his Pe 2500.0							
	Office Sought: House Disburser Senate President State: DE District: 00	2012 ☐ General cify) ▼		-				,									
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	y information copied from such Reports and Stater for commercial purposes, other than using the nam													
$\square$	NAME OF COMMITTEE (In Full)													
	CAPELLA HEALTHCARE, INC. G	OVERN	MENT AFF	AIRS COM	MITTEE									
Α.	Full Name (Last, First, Middle Initial) DIANE BLACK FOR CONGRESS				Date of Disbursement									
	Mailing Address PO BOX 1437				11 29 2011									
	- 7	State TN	Zip Code		Transaction ID : SB23.5795									
	GALLATIN Purpose of Disbursement		37066		-									
	fundraiser				Amount of Each Disbursement this Period									
				Category/	2500.00									
	DIANE L MRS. BLACK Office Sought: V House Disburser	ment For:	2012	Туре										
	Senate	Primary	General											
	President													
	State:     TN     District:     06       Full Name (Last, First, Middle Initial)													
В.	EVERY REPUBLICAN IS CRUCIA	AL (FRIC	CPAC)		Date of Disbursement									
					M M / D D / Y Y Y Y									
	Mailing Address 25 E MAIN STREET SUITE 200				09 25 2011									
	City RICHMOND	State VA	Zip Code 23219		Transaction ID : SB23.5791									
	Purpose of Disbursement fundraiser			· · · ]	Amount of Each Disbursement this Period									
	Candidate Name			Category/										
				Туре	2500.00									
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General											
	State: District:	Other (ope	ony) V											
6	Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN COM		-		Date of Disbursement									
0.	FRIENDS OF DICK DURBIN CON		=											
	Mailing Address PO BOX 1949				09 05 2011									
	City SPRINGFIELD	State IL	Zip Code 62705		Transaction ID : SB23.5784									
	Purpose of Disbursement fundraiser		02.00		-									
	Candidate Name				Amount of Each Disbursement this Period									
	RICHARD J DURBIN			Category/ Type	2500.00									
		ment For:	2014	.)										
	X Senate	Primary	General											
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 33 OF 34									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ly one)									
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NAME OF COMMITTEE (In Full)												
CAPELLA HEALTHCARE, INC. G	OVERNMENT AFFA	IRS COM	MITTEE									
Full Name (Last, First, Middle Initial)  A. MCCONNELL SENATE COMMIT	「EE '14		Date of Disbursement									
Mailing Address PO BOX 1496			10 13 2011									
LOUISVILLE	StateZip CodeKY40201		Transaction ID : SB23.5794									
Purpose of Disbursement fundraiser		Amount of Each Disbursement this Period										
Candidate Name MITCH MCCONNELL		Category/ Type	2500.00									
Office Sought:     House     Disburse       X     Senate     X       President     X												
State: KY District: 00 Full Name (Last, First, Middle Initial)												
B. Missouri HealthPAC			Date of Disbursement									
Mailing Address PO Box 60			09 01 2011									
City Jefferson City Purpose of Disbursement	State Zip Code MO 65102		Transaction ID : SB23.5780									
fundraiser			Amount of Each Disbursement this Period									
Candidate Name		Category/ Type	1000.00									
Office Sought: House Disburse Senate President State: District:	nent For: Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial) C. Washington Hospital PAC			Date of Disbursement									
Mailing Address 300 Elliott Avenue West Suite 300			07 07 2011									
City Seattle	State Zip Code WA 98119		Transaction ID : SB23.5774									
Purpose of Disbursement Candidate Name		Category/ Type	Amount of Each Disbursement this Period 1000.00									
Office Sought: House Disburse Senate President District:	ment For: Primary General Other (specify) ▼											
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CAPELLA HEA	LTHCARE, INC. G	OVERNM	ENT AFFA	IRS	C	OMN	<i>I</i> ITTE	E								
Full Name (Last, First	,						Date of	(								
A. Oregon State A	Association				YY	V										
Mailing Address 4000	Kruse Way Place						09		0		2011					
City Lake Oswego	:		ip Code 97035				Tran	sactio	on ID	: SB29.57	782					
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fundraiser							Amour	nt of I	Each	Disburser	nent this	Period				
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