

# 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="11343.06"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7630.48"/>	<input type="text" value="17052.38"/>
(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="18973.54"/>	<input type="text" value="35126.04"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2820.00"/>	<input type="text" value="18972.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="16153.54"/>	<input type="text" value="16153.54"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From: 03 / 01 / 2012 To: 03 / 31 / 2012

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).....	5308.32	10484.57
(ii) Unitemized .....	2322.16	6567.81
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7630.48	17052.38
(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) .....	7630.48	17052.38
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))..... ▶	7630.48	17052.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7630.48	17052.38

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	320.00	472.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	320.00	472.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	12500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	6000.00
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)) ..	2820.00	18972.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2820.00	18972.50

**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) .....	7630.48	17052.38
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7630.48	17052.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	320.00	472.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	320.00	472.50

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Steven R. Brumfield</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 <b>Transaction ID : SA11AI.5896</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 182.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 364.00
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) ▼		

Full Name (Last, First, Middle Initial) <b>B. S. Ray Coffey</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 <b>Transaction ID : SA11AI.5898</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 154.56
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 309.12
Name of Employer Capella Healthcare	Occupation VP & Government Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Eugene A. (Tony) Fay</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 <b>Transaction ID : SA11AI.5900</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 170.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 340.00
Name of Employer Capella Healthcare, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	506.56
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Kevin Fowler**  
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 ▼  
500.00

Date of Receipt  
03 / 31 / 2012  
**Transaction ID : SA11AI.5926**

Amount of Each Receipt this Period  
250.00

**B. Donald Frederic**  
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 St. Mary's Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 31 / 2012  
**Transaction ID : SA11AI.5937**

Amount of Each Receipt this Period  
250.00

**C. Jim Geist**  
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 ▼  
400.00

Date of Receipt  
03 / 31 / 2012  
**Transaction ID : SA11AI.5929**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Brian Hitchcock</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : SA11AI.5902</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 170.96
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 341.92
Name of Employer Capella Healthcare	Occupation VP & Materials Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Neil Kunkel</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : SA11AI.5957</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 328.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 328.00
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) <b>C. Bill Little</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : SA11AI.5965</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 216.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 216.00
Name of Employer CANN	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	714.96
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. 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 ▼  
400.00

Date of Receipt  
03 / 31 / 2012  
**Transaction ID : SA11AI.5921**

Amount of Each Receipt this Period  
200.00

**B. Mike McCoy**  
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 ▼  
520.00

Date of Receipt  
03 / 31 / 2012  
**Transaction ID : SA11AI.5918**

Amount of Each Receipt this Period  
260.00

**C. Tim McGill**  
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 ▼  
500.00

Date of Receipt  
03 / 31 / 2012  
**Transaction ID : SA11AI.5917**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 710.00

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Mark Medley</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : SA11AI.5903</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 300.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Division CFO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Dirk Morgan</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : SA11AI.5904</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 150.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Division CFO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Lynn Peoples</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : SA11AI.5914</b>
Mailing Address 501 Corporate Center Dr Ste 200		Amount of Each Receipt this Period 112.50
City Brentwood	State TN	
Zip Code 37027		Aggregate Year-to-Date ▼ 225.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital CNO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	562.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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. Charles Self**

Mailing Address 501 Corporate Centre Drive Suite 2

City State Zip Code  
Brentwood TN 37067

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

Name of Employer Occupation  
Capella Healthcare VP/Risk Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
03 / 31 / 2012  
**Transaction ID : SA11AI.5905**

Amount of Each Receipt this Period  
187.50

Full Name (Last, First, Middle Initial)  
**B. Dan Slipkovich**

Mailing Address 501 Corporate Centre Drive Suite 200

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Company Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
835.00

Date of Receipt  
03 / 31 / 2012  
**Transaction ID : SA11AI.5906**

Amount of Each Receipt this Period  
390.00

Full Name (Last, First, Middle Initial)  
**C. D. Andrew Slusser**

Mailing Address 501 Corporate Centre Drive Suite 200

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Senior VP & Development Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
615.83

Date of Receipt  
03 / 31 / 2012  
**Transaction ID : SA11AI.5907**

Amount of Each Receipt this Period  
280.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 857.50

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

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Wendell Van Es</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 <b>Transaction ID : SA11AI.5919</b>
Mailing Address 501 Corporate Centre Drive Suite 201		Amount of Each Receipt this Period 116.80
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 233.60
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Robert Wampler</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 <b>Transaction ID : SA11AI.5910</b>
Mailing Address 501 Corporate Centre Drive, Ste 20		Amount of Each Receipt this Period 270.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 540.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare Company	Occupation VP & Operations CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Wiechart</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 <b>Transaction ID : SA11AI.5923</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 370.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 796.25
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	756.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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) <b>A. James R. Wiseman</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : SA11AI.5911</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 160.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 320.00
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) <b>B. Lori Wooten</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : SA11AI.5912</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 200.00
City Brentwood	State TN	
Zip Code 37027		Aggregate Year-to-Date ▼ 400.00
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lee Yuill</b>		Date of Receipt 03 / 31 / 2012 <b>Transaction ID : SA11AI.5913</b>
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 ▼ 280.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP of Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5308.32

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

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. KraftCPAs PLLC**

Mailing Address 555 Great Circle Road  
Suite 200

City Nashville State TN Zip Code 37228

Purpose of Disbursement  
accounting services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2012

**Transaction ID : SB21B.5967**

Amount of Each Disbursement this Period

320.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

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)..... ▶

320.00

320.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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. 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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

**Transaction ID : SB23.5968**

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D 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
---------