Image# 13964457487		PAGE 1 / 22
	EPORT OF RECEIPTS ND DISBURSEMENTS Other Than An Authorized Committee	Office Lice Only
1. NAME OF TYP	E OR PRINT ▼ Example: If typing, type	
COMMITTEE (in full)	over the lines.	12FE4M5
	, INC. GOVERNMENT AFFAIRS COMMI	TTEE
ADDRESS (number and street)	01 CORPORATE CENTRE DRIVE STE 200	
Check if different than previously reported. (ACC)	Image: Image in the image i	TN 37067
2. FEC IDENTIFICATION NUMB		STATE ZIP CODE
C C00421420	3. IS THIS REPORT × (N) OR	AMENDED (A)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Monthly Report Due On: Feb 20 (M2) May 20 (M5) Mar 20 (M3) Jun 20 (M6) Apr 20 (M4) Jul 20 (M7)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(C) 12-Day PRE-Election Report for the: Convention (12C)	General (12G) Runoff (12R) Special (12S)
January 31 Year-End Report (YE)	Election on	in the State of
X July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election General (30G) Report for the:	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2013 through 06	/ D D / Y
I certify that I have examined this R	eport and to the best of my knowledge and belief it is tru	ue, correct and complete.
Type or Print Name of Treasurer	ames R. Wiseman	
Signature of Treasurer	Viseman [Electronically Filed]	Date 07 / 26 / 2013
NOTE: Submission of false, erroneous	, or incomplete information may subject the person signing t	his Report to the penalties of 2 U.S.C. §437g.
Office Use Only		FEC FORM 3X Rev. 12/2004

07/29/2013 18 : 16

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:	11 01 / Y Y Y Y 2013 T	o: 06 / 0 / Y Y Y Y Y 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		14421.13
	(b) Cash on Hand at Beginning of Reporting Period	14421.13	
	(c) Total Receipts (from Line 19)	23145.54	23145.54
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	37566.67	37566.67
7.	Total Disbursements (from Line 31)	28652.50	28652.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8914.17	8914.17
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)	FAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name CAPELLA HEALTHCARE, INC. GOV	ERNMENT AFFAIRS COMMITT	
Report Covering the Period: From: 01	/ D D / Y Y Y Y 01 2013 To:	06 / D D / Y Y Y Y 06 30 2013
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)	21162.19	21162.19
(ii) Unitemized	1983.35	1983.35
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	23145.54	23145.54
	0.00	0.00
(b) Political Party Committees (c) Other Political Committees	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)	23145.54	23145.54
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
10 All Loope Deschool	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	7 7 7	7 7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
17. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 		
(from Schedule H3)	0.00	0.00
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b) Levin Funds (from Schedule H5)	0.00	0.00
	7 7 7	7 7
(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))	23145.54	23145.54
	7	
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	23145.54	23145.54

DETAILED SUMMARY PAGE

	COLUMN A	COLUMN B
II. Disbursements	Total This Period	Calendar Year-to-Date
Operating Expenditures: — (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ►	0.00	0.0
Committees	0.00	0.0
Federal Candidates/Committees and Other Political Committees	28500.00	28500.00
Independent Expenditures	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (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
(b) Political Party Committees (c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))►	0.00	0.00
Other Disbursements	152.50	152.50
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
		0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	
With Federal Funds	0.00	0.0
(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)).	28652.50	28652.5
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	20052 50	20650 50
from Line 31)	28652.50	28652.50

I

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	23145.54	23145.54
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23145.54	23145.54
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

22

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 S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVERNMENT AFFAIRS CO	OMMITTEE
Full Name (Last, First, Middle Initial) John Bradford 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 Legal Ops Director Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 240.00	Date of Receipt Date of Receipt Do / YYYYY D6 30 2013 Transaction ID : SA11AI.6492 Amount of Each Receipt this Period 240.00 payroll deduction 40 per month
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	State Zip Code TN 37067 C Occupation Occupation Vice President/Assistant PAC Treasurer Aggregate Year-to-Date ▼	Date of Receipt
C. Full Name (Last, First, Middle Initial) Holly Clark Mailing Address 501 Corporate Center 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 healthcare administration Aggregate Year-to-Date ▼ 402.75	Date of Receipt 06 30 2013 Transaction ID : SA11AI.6495 Amount of Each Receipt this Period 402.75 payroll deduction 80.55 per month
SUBTOTAL of Receipts This Page (optional)		▶ 1188.75

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

Use separate schedule(s) for each category of the

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PAGE 7 OF

22

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a 13		11b 14	11c	12	17					
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose o	f soliciting	g contribu	utions					
	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					Date of Receipt									
	Mailing Address 501 Corporate Centre Drive Suite 200	Otata	Zin Onde		06	/	30		ү ү 2013	Y					
	City Franklin	State TN	Zip Code 37067		Transaction ID : SA11AI.6496 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					1			3.68					
	Name of Employer	Occupation		— F	ayroll	dedu	ction 7	7.28 per ı	nonth						
	Capella Healthcare Receipt For:		rnment Programs												
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 463.68												
В.	Full Name (Last, First, Middle Initial) . Sue Conley						Date of Receipt								
υ.	Mailing Address 501 Corporate Centre Drive Suite 200						06 30 2013								
	City Franklin	State TN	Zip Code 37067		Transaction ID : SA11AI.6528 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		500.00											
	Name of Employer Capella Healthcare	Occupation Healthcare	administration	— p	ayroll o	ledu	ction 1	00 per mo	nth						
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 500.00													
— c.	Full Name (Last, First, Middle Initial) Beverly Craig				Date c	of Re	ceipt								
	Mailing Address 501 Corporate Centre Drive Suite 200				06 30 2013										
	City Franklin	State TN	Zip Code 37067	-				: SA11AI		1					
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
	Name of Employer	Occupation	1		payroll deduction 50 per month										
	Capella Healthcare	VP & Quali	ty Management												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00												
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number					-	7		1263	5.68					

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

Use separate schedule(s) for each category of the

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PAGE 8 OF

22

	EMIZED RECEIPTS		for each cate Detailed Sur			11a		11b 14	11c	12	r	17	-
	y information copied from such Reports and St for commercial purposes, other than using the					for the		oose of	soliciting	g contri	ibutic	ons	
\rangle	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AI	FAIRS CO	MMI	TTEI	E						
Α.	Full Name (Last, First, Middle Initial) Jim Davidson Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin	State TN	Zip Code 37067				sacti	30 on ID :	SA11AI. Receipt th		3		
	FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For:	C Occupation Hospital CC Aggregate		367.50	p	ayroll o	dedu	ction 61	.25/mon	1	367.5	0	
в.	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare, Inc. Receipt For:	State TN C Occupation Vice Preside				Amoun	/ sacti t of	30 on ID : Each R	/ Y SA11AI. Receipt the	nis Peri 5		0	
C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Kevin Fowler Mailing Address 501 Corporate Centre Drive			510.00		Date o	f Re	ceipt) / Y	Y	Y		
	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 Occupation Hospital CE Aggregate		500.00		Amoun	t of	Each R	SA11AI. Receipt th	nis Peri 5		00	
	UBTOTAL of Receipts This Page (optional)				- -			7	- 17	13	77.5	0	
Т	OTAL This Period (last page this line number of	only)		•••••• •	•			7		-			

Use separate schedule(s) for each category of the

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PAGE 9 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11								
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	OMMITTEE										
Α.		Date of Receipt										
	Mailing Address 501 Corporate Centre Drive Suite 200 City	State	Zip Code	06 30 2013 Transaction ID : SA11AI.6546								
	Franklin	TN	37067	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		750.00								
	Name of Employer	Occupation	I	payroll deduction 125/month								
	St. Mary's Receipt For:	CEO	Ne su la Data 🗖	_								
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 750.00									
B	Full Name (Last, First, Middle Initial) Jim Geist	Date of Receipt										
	Mailing Address 501 Corporate Centre Drive Suite 200	06 30 2013										
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.6489 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		600.00								
	Name of Employer Capella Healthcare	Occupation Hospital CE		payroll deduction 100 per month								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00									
<u> </u>	Full Name (Last, First, Middle Initial) Brian Hitchcock			Date of Receipt								
	Mailing Address 501 Corporate Centre Drive Suite 200			06 30 2013								
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.6499 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		512.88								
	Name of Employer	Occupation		payroll deduction 85.48 per month								
	Capella Healthcare	VP & Mater	rials Management									
	Receipt For:	Aggregate	Year-to-Date ▼ 512.88	1								
	Other (specify)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
s	UBTOTAL of Receipts This Page (optional)			1862.88								
ר	OTAL 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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PAGE 10 OF

ITEMIZED RECEIPTS		ategory of the ummary 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 th			
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVERNMENT A	AFFAIRS CO	MMITTEE
Full Name (Last, First, Middle Initial) Gay Huff 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 Director Operations Finan Aggregate Year-to-Date	ce	Date of Receipt
Full Name (Last, First, Middle Initial) Neil Kunkel 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 SVP - Chief Counsel Aggregate Year-to-Date		Date of Receipt 06 30 2013 Transaction ID : SA11AI.6519 Amount of Each Receipt this Period 816.00 payroll deduction \$136 per month
Full Name (Last, First, Middle Initial) Bill Little Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer CANN Receipt For: Primary General Other (specify) ▼	State Zip Code TN 37067 C Occupation CEO Aggregate Year-to-Date Y		Date of Receipt
SUBTOTAL of Receipts This Page (optional)	· ······		1704.00
TOTAL This Period (last page this line numbe	only)	•••••	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 11 OF

22

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	GOVERNMENT AFFAIRS	COMMITTEE
Full Name (Last, First, Middle Initial) A. Derek Lythgoe 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 CFO Aggregate Year-to-Date ▼ 300.0	Date of Receipt Date of Receip
Full Name (Last, First, Middle Initial) B. 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	State Zip Code TN 37067 C Occupation Hospital CEO Aggregate Year-to-Date ▼	Date of Receipt
C. 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 ▼ 392.5	Date of Receipt Intervention Transaction ID : SA11AI.6544 Amount of Each Receipt this Period 392.50 payroll deduction 52.50/month
SUBTOTAL of Receipts This Page (optional)		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

22

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12		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) Donald McDaniel Mailing Address 501 Corporate Centre Drive Suite 200 City	State	Zip Code	Date of Receipt										
	Franklin	TN	37067		Transaction ID : SA11AI.6532 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7			240.0	00			
	Name of Employer	Occupation	1	p;	ayroll	dedu	ction 4	0 per moi	nth					
	Mineral	CFO		_										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1										
В.	Full Name (Last, First, Middle Initial) Tim McGill					Date of Receipt 06 30 2013								
	Mailing Address 501 Corporate Centre Drive Suite 200													
	City Franklin	State TN	Zip Code 37067		Transaction ID : SA11AI.6542 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,		7	750.0	0			
	Name of Employer Capella Healthcare	Occupation Hospital CE		— pa	ayroll c	leduo	ction 12	25/month						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Mark Medley				Date of Receipt									
	Mailing Address 501 Corporate Centre Drive Suite 200				06 30 Y Y Y Y Y 2013									
	City Franklin	State TN	Zip Code 37067					: SA11AI		iad				
	FEC ID number of contributing federal political committee.	С					7	Receipt th	ç	900.0	00			
	Name of Employer	Occupation	I	p	payroll deduction 150 per month									
	Capella Healthcare	Division CF	0											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00											
\vdash	UBTOTAL of Receipts This Page (optional)					-	y		18	90.0	0			

Use separate schedule(s) for each category of the

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PAGE 13 OF

	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 S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CC	MMITTEE						
Α.	Mailing Address 501 Corporate Centre Drive			Date of Receipt						
	City Franklin	State TN	Zip Code 37067	06 30 2013 Transaction ID : SA11AI.6533 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		500.00						
	Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Hospital CE Aggregate		payroll deduction 100 per month						
в.	Full Name (Last, First, Middle Initial) Dirk Morgan			Date of Receipt						
	Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin	State TN	Zip Code 37067	06 / 30 / 2013 Transaction ID : SA11AI.6501 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		450.00						
	Name of Employer Capella Healthcare	Occupation Division CF		- payroll deduction 75 per month						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]						
<u>с</u> .	Full Name (Last, First, Middle Initial) Dan Ordyna			Date of Receipt						
	Mailing Address 501 Corporate Centre Drive Suite 200	Ctoto	Zin Code	06 30 2013						
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.6548 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		300.00						
	Name of Employer	Occupation	1	payroll deduction 50 per month						
	Capella Healthcare	Hospital CC	00							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1						
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number									

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

11	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 S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	MMITTEE
Α.	Full Name (Last, First, Middle Initial) Steven Owens Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Date of Receipt 06 30 2013 Transaction ID : SA11AI.6547 Amount of Each Receipt this Period 240.00
	Name of Employer SWMC Receipt For: Primary General Other (specify)	Occupation CNO Aggregate	Year-to-Date ▼ 240.00	payroll deduction 40 per month
В.	Full Name (Last, First, Middle Initial) Christina Patterson Mailing Address 501 Corporate Center Dr Ste 2 City	Date of Receipt		
	Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Receipt For:	TN C Occupation Hospital CF	0	Amount of Each Receipt this Period 300.00 payroll deduction 50 per month
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 300.00	
C.	Judith Peek Mailing Address 501 Corporate Centre Drive	Date of Receipt		
	City Brentwood	State TN	Zip Code 37027	Transaction ID : SA11AI.6543 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		240.00
	Name of Employer	Occupation	I	payroll deduction 40 per month
	Capella Healthcare	healthcare		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
\vdash	UBTOTAL of Receipts This Page (optional)			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 15 OF

22

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and St for commercial purposes, other than using the			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS COM	MMITTEE
Α.	Full Name (Last, First, Middle Initial) Matt Romero Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer MRMC Receipt For: Primary General Other (specify) ▼	State TN C Occupation CFO Aggregate	Zip Code 37067 Year-to-Date ▼ 220.00	Date of Receipt
в.	Full Name (Last, First, Middle Initial) Benjamin Ross 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 Physicia Aggregate		Date of Receipt
C.	Full Name (Last, First, Middle Initial) David Sharp 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 healthcare of Aggregate		Date of Receipt
	UBTOTAL of Receipts This Page (optional)			1019.98
Т	OTAL This Period (last page this line number of	only)	>	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

	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
A .	Full Name (Last, First, Middle Initial) Dan Slipkovich Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) ▼		Zip Code 37067 utive Officer Year-to-Date ▼ 1002.00	Date of Receipt
В.	Full Name (Last, First, Middle Initial) 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: Primary General Other (specify) ▼		Zip Code 37067 A Development Officer Year-to-Date ▼ 672.00	Date of Receipt
C.	Full Name (Last, First, Middle Initial) Alan 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 VIP, CIO Aggregate	Zip Code 37067 Year-to-Date ▼ 600.00	Date of Receipt
s	UBTOTAL of Receipts This Page (optional)			2274.00
Т	OTAL This Period (last page this line number o	nly)	••••••	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 17 OF

22

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c		12	
	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC										
A .	Full Name (Last, First, Middle Initial) Warren Smith						eceipt				
	Mailing Address 501 Corporate Centre Drive Suite 200 City	State	Zip Code	_	06 Tran		ion ID		20	013 4	Y
	Franklin	TN	37067	_	Amour	t of	Each	Receipt	this P	'eriod	
	FEC ID number of contributing federal political committee.	С					7	7		211.	50
	Name of Employer	Occupation		F	ayroll	dedu	iction (35.25 pei	r mont	ιh	
	Capella Healthcare Receipt For:		ance Officer	_							
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 211.50								
в.	Full Name (Last, First, Middle Initial) Erik Swensson				Date of Receipt						
	Mailing Address 501 Corporate Center Drive Suite 200										
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.6549 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					,			1467.	00
	Name of Employer Capella Healthcare										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1467.00								
<u> </u>	Full Name (Last, First, Middle Initial) Wendell Van Es				Date c	of Re	eceipt				
	Mailing Address 501 Corporate Centre Drive Suite 201					/	3	D / 0)13	Y
	City Franklin	State TN	Zip Code 37067					: SA11A Receipt			
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period					40	
	Name of Employer	Occupation		F	bayroll	dedu	uction	58.40/mc	onth		
	Capella Healthcare	Hospital CF	0								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		350.40								
s	UBTOTAL of Receipts This Page (optional)			•			,			2028.9	90
т	OTAL This Period (last page this line number	only)		•			,	. ,			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 18 OF

22

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		×	11a 13		11b 14	11c		2	17	7
	y information copied from such Reports and St. for commercial purposes, other than using the					or the		ose of	f soliciting	g conti	ributio	ons	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS	COM	IMI	TTEI	E						
Α.	Full Name (Last, First, Middle Initial) Robert Wampler Mailing Address 501 Corporate Centre Drive, St	e 20		Date of Receipt									
	City Franklin	State TN	Zip Code 37067						SA11AI. Receipt th				
	FEC ID number of contributing federal political committee.	С				Amoun		,			600.0	00	
	Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) ▼	Occupation VP & Opera Aggregate		0	– p. –	ayroll c	dedu	ction 10	00 per mo	onth			
в.	Full Name (Last, First, Middle Initial) Michael Wiechart Mailing Address 501 Corporate Centre Drive				- 1	Date o	f Re	ceipt			X	-	
	City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067			06 Trans		30 on ID :		his Per		00	_
	Name of Employer Capella Healthcare	Occupation COO			– pa	ayroll d	leduo	ction 15	57 per mo	onth			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 970.00	00									
C.	Full Name (Last, First, Middle Initial) James R. Wiseman				1	Date o	f Re	ceipt					
	Mailing Address 501 Corporate Centre Drive Suite 200					м м 06	/	30		2013	3	Y	
	City Franklin	State TN	Zip Code 37067						SA11AI . Receipt th		riod		_
	FEC ID number of contributing federal political committee.	С					de du	,	0.000	1	480.0	00	
	Name of Employer Capella Healthcare Receipt For:	Occupation VP of Tax Aggregate	Year-to-Date ▼		- P -	ayroll (aeau		0 per moi	π			
	Primary General Other (specify) ▼		480.0	00									
s	UBTOTAL of Receipts This Page (optional)			····· Þ				3	7	20	050.0	0	
т	OTAL This Period (last page this line number o	nly)		►				,	7				

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

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FOR LINE NUMBER:

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PAGE 19 OF

ITEMIZED RECEIPTS		for each category of t Detailed Summary Pa		X 11a		11b 14	11c	12	17
Any information copied from such Reports and s or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVER	NMENT AFFAIR	S COMN	ЛІТТЕ	E				
Full Name (Last, First, Middle Initial) Lori Wooten Mailing Address 501 Corporate Centre Drive Suite 200 City Brentwood FEC ID number of contributing federal political committee.	State TN	Zip Code 37027		06 Tra	M / nsact		SA11AI. Receipt th	is Perioo	y 1 0.00
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	Occupation VP/Financi Aggregate	al Ops Year-to-Date ▼	0.00	payrol	l dedu	uction 1	00 per mc	nth	
Full Name (Last, First, Middle Initial) Beth Wright 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)	· · · ·	ommunications Year-to-Date ▼	0.00	00 Trai	nsact	Each I	SA11AL Receipt th	is Perioo 300	y 1 0.00
Full Name (Last, First, Middle Initial) Lee Yuill 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 Intern Aggregate	nal Audit Year-to-Date ▼	0.00	04 Tra Amou	nsact	Each I	SA11AI. Receipt th	is Perioo 28	y 1 0.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number					-	3	7	1180 21162	

SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 20 OF 22
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISDONSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the nan			
	OVERNMENT AFFA	IRS COM	MITTEE
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. ALEXANDER FOR SENATE 2014	INC		
Mailing Address 228 S WASHINGTON STREET SU	ITE 115		04 30 2013
City	State Zip Code		Transaction ID : SB23.6568
ALEXANDRIA	VA 22314		Transaction ID . 3023.0300
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name			Amount of Each Disbursement this Pendu
LAMAR ALEXANDER		Category/ Type	2000.00
	nent For: 2014	1900	7 7
X Senate	Primary General		
President	Other (specify)		
State: TN District: 00			
Full Name (Last, First, Middle Initial)			
B. DAVE CAMP FOR CONGRESS 20)10		Date of Disbursement
Mailing Address 5915 Eastman Avenue			05 29 2013
Suite 100			03 29 2013
City S Midland	State Zip Code MI 48640		Transaction ID : SB23.6570
Purpose of Disbursement contribution			
			Amount of Each Disbursement this Period
Candidate Name DAVID LEE CAMP		Category/	2500.00
	nent For: 2014	Туре	
	Primary General		
	Other (specify)		
State: MI District: 04			
Full Name (Last, First, Middle Initial)			
C. FEDERATION OF AMERICAN HO	SPITALS PAC		Date of Disbursement
Mailing Address 801 PENNSYLVANIA AVENUE			02 04 2013
SUITE 245			
City	State Zip Code		Transaction ID : SB23.6554
WASHINGTON	DC 20004		
Purpose of Disbursement			
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	5000.00
Office Sought: House Disburser	nent For:	- 77~	
Senate	Primary General		
President	Other (specify)		
State: District:			
			9500.00
SUBTOTAL of Disbursements This Page (optional)		••••••	, , , , , , , , , , , , , , , , , , , ,

SC	HEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 21 OF 22						
ITEMIZED DISBURSEMENTS		Use separate schedule(s for each category of the) (check only	y one)						
		Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b						
	y information copied from such Reports and Stater for commercial purposes, other than using the nan									
$\left \right $	NAME OF COMMITTEE (In Full)									
	CAPELLA HEALTHCARE, INC. GO	OVERNMENT AFF	AIRS COM	MITTEE						
-	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID		Date of Disbursement							
	Mailing Address P.O. BOX 19163			02 / D D / Y Y Y Y 04 2013						
	City Standard States St	State Zip Code NV 89132		Transaction ID : SB23.6557						
	Purpose of Disbursement contribution			Amount of Each Disbursement this Period						
	Candidate Name HARRY REID		Category/ Type	2500.00						
	Senate X President	nent For: 2014 Primary General Other (specify) ▼								
	State: NV District: 00 Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU II	NC		Date of Disbursement						
	Mailing Address 607 14TH STREET NW SUITE 80 SUITE 1434		04 04 2013							
	WASHINGTON	State Zip Code DC 20005		Transaction ID : SB23.6563						
	Purpose of Disbursement contribution Candidate Name			Amount of Each Disbursement this Period						
	MARY L LANDRIEU		Category/ Type	2500.00						
		nent For: 2014 Primary General Other (specify) v								
-	Full Name (Last, First, Middle Initial)			Date of Disbursement						
	Mailing Address PO BOX 586		02 / D D / Y Y Y Y 25 / 2013							
	HELENA	State Zip Code MT 59624		Transaction ID : SB23.6560						
	Purpose of Disbursement contribution Candidate Name		Amount of Each Disbursement this Period							
	MAX BAUCUS		Category/ Type	2500.00						
	Office Sought: House Disburser Senate President State: MT District: 00	nent For: 2014 Primary General Other (specify) ▼								
s	UBTOTAL of Disbursements This Page (optional)			7500.00						
\vdash	OTAL This Period (last page this line number only)									

S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 22 OF 22
	EMIZED DISBURSEMENTS	Use separate schedule for each category of th	e(s) (check only	
		Detailed Summary Pag	e 27	28a 28b 28c 29 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan			
\square	NAME OF COMMITTEE (In Full)			
	CAPELLA HEALTHCARE, INC. G	OVERNMENT AF	FAIRS COM	MITTEE
Δ	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITT			Date of Disbursement
Λ.	MCCONNELL SENATE COMMITT			
	Mailing Address PO BOX 1496			03 03 2013
	City S LOUISVILLE	State Zip Code KY 40201		Transaction ID : SB23.6562
	Purpose of Disbursement	40201		
				Amount of Each Disbursement this Period
	Candidate Name MITCH MCCONNELL		Category/ Type	2500.00
		ment For: 2014	Туре	
	X Senate	Primary Genera	d	
	State: KY District: 00	Other (specify)		
_	Full Name (Last, First, Middle Initial)			
В.	SEARCHLIGHT LEADERSHIP FU	IND		Date of Disbursement
	Mailing Address 700 13TH STREET NW SUITE 600			02 04 2013
	City SWASHINGTON	StateZip CodeDC20005		Transaction ID : SB23.6555
	Purpose of Disbursement		· · · · ·	Amount of Each Disbursement this Period
	Candidate Name		Category/	Amount of Lach Disbursement this renou
			Туре	5000.00
	Office Sought: House Disburser	ment For: Primary Genera	1	
	President	Other (specify)	1	
_	State: District:			
C	Full Name (Last, First, Middle Initial)			Date of Disbursement
0.	TN Hospital Association			
	Mailing Address 5201 Virginia Way		04 08 2013	
		State Zip Code		Transaction ID : SB23.6565
	Brentwood Purpose of Disbursement	TN 37027		
			Amount of Each Disbursement this Period	
	Candidate Name		Category/ Type	4000.00
		ment For:		
	President	Primary Genera Other (specify)	ll	
_	State: District:	(cpoony) v		
				11500.00
	UBTOTAL of Disbursements This Page (optional)		•••••	
т	OTAL This Period (last page this line number only))	••••••	28500.00