Image# 12952132604 PAGE 1 / 17

# **FEC**

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURIVI 3A   F	For Other Than An Auth	norized Committe	e		Office Use Only
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	g, type	12FE4M5	
COMMITTEE (in full)		over the lines.	L	IZIDINS	
CAPELLA HEALTHCA	RE, INC. GOVERNM	IENT AFFAIRS	COMMIT	TEE	
ADDRESS (number and street)	501 CORPORATE CENTRE	DRIVE STE 200			
Check if different than previously reported. (ACC)	FRANKLIN			TN	37067
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	YA	S	TATE 🛦	ZIP CODE ▲
C C00421420			IEW N) <b>OR</b>	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:			un 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (0	01)		ul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (C	PRE-Election	Primary (12P		General (	
October 15 Quarterly Report (C	Report for the:	Convention (	12C)	Special (	12S)
January 31 Year-End Report (Y	(E) Election	n on	D D /	Y    Y    Y    Y	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G	i)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Election	n on	D   D /	Y = Y = Y	in the State of
5. Covering Period 05	M / D D / Y Y Y Y S	through	05	/ 31 /	2012
I certify that I have examined th	is Report and to the best of	my knowledge and b	elief it is true	e, correct and	I complete.
Type or Print Name of Treasure	•				
Signature of Treasurer	s R. Wiseman	[Electronically	Filed] Da	ate 06	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Subminging of false		a mou oubicat that constant	on olarias Hi	o Donast to 11	a parallina of 0 11 0 0 0407
NOTE: Submission of false, erron	eous, or incomplete information	may subject the pers	on signing thi	s Report to tr	
Use Only					FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

05 2012 Report Covering the Period: 2012 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 18073.66 January 1, 2012 (b) Cash on Hand at 16467.53 Beginning of Reporting Period..... 25580.36 3713.99 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 20181.52 43654.02 6(a) and 6(c) for Column B)..... 2500.00 25972.50 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 17681.52 17681.52 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

(a) Individuals/F Than Politics (i) Itemized  (ii) Unitemiz (iii) TOTAL (	ner than loans) From: Persons Other al Committees (use Schedule A)	Total This Pe		Calendar Yea	
Than Politica (i) Itemized (ii) Unitemiz (iii) TOTAL (	al Committees (use Schedule A)		0404.40		
(i) Itemized (ii) Unitemiz (iii) TOTAL (	(use Schedule A)		0404.40		
(ii) Unitemiz (iii) TOTAL (		7 7			10077.00
(iii) TOTAL (	ed		3161.49		18077.30
	add	7	552.50		7503.06
LINES II	(a)(i) and (ii)		3713.99		25580.36
(b) Political Par	ty Committees		0.00		0.00
` '	al Committees Cs)		0.00		0.00
(d) Total Contrib	outions (add Lines				
	, and (c)) (Carry				<del></del>
	e 33, page 5)		3713.99		25580.36
2. Transfers From A					
Party Committee	s		0.00		0.00
All Loons Doosis			0.00		0.00
. All Loans Receiv	red	7			0.00
. Loan Repaymen	s Received		0.00		0.00
6. Offsets To Opera	ting Expenditures				,
(Refunds, Rebate	es, etc.)				<del></del>
(Carry Totals to	_ine 37, page 5)		0.00		0.00
6. Refunds of Control		,		,	,
to Federal Candi					
	ees		0.00		0.00
'. Other Federal Re	· ·				
	est, etc.)		0.00		0.00
	on-Federal and Levin Funds				
(a) Non-Federal			0.00		0.00
(IIOIII Sched	ule H3)	7 7	0.00		0.00
(h) Levin Funds	(from Schedule H5)		0.00		0.00
(D) LOVIII I UNUS	(				
(c) Total Transfer	rs (add 18(a) and 18(b))		0.00		0.00
o. Total Receipts (a 12, 13, 14, 15, 1	dd Lines 11(d), 6, 17, and 18(c))▶		3713.99		25580.36
). Total Federal Re	ceipts (c) from Line 19)▶		3713.99		25580.36

### **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	0.00	2472.50		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	2472.50		
22.	Transfers to Affiliated/Other Party	0.00	2412.00		
	Committees	0.00	0.00		
	Contributions to Federal Candidates/Committees and Other Political Committees	2500.00	17500.00		
24.	Independent Expenditures	0.00	0.00		
25.	(use Schedule E)	3.00	0.00		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
26.	Loan Repayments Made	0.00	0.00		
7	Loans Made	0.00	0.00		
28.	Refunds of Contributions To: (a) Individuals/Persons Other	7 7 7			
	Than Political Committees	0.00	0.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees		200		
	(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		
20	Federal Election Activity (2 U.S.C. §431(20))				
JU.	(a) Allocated Federal Election Activity				
	(from Schedule H6)		2.00		
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
	(b) Federal Election Activity Paid Entirely		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		
81.	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2500.00	25972.50		
32.	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	2500.00	25972.50		
	from Line 31)	2300.00	23972.30		

#### **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3713.99	25580.36
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3713.99	25580.36
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	2472.50
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	2472.50

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

FOR LINE	: PAGE	E 6 OF	17			
(check on	(check only one)					
<b>X</b> 11a	11b	11c	12			
13	14	15	16	17		

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial)  John Bradford		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TN 37067	Transaction ID : SA11AI.6028
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Capella Healthcare	Legal Ops Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial)  Steven R. Brumfield		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Suite 200 City	State Zip Code	05 31 2012
Franklin	TN 37067	Transaction ID : SA11AI.6029  Amount of Each Receipt this Period
FEC ID number of contributing	5.55	Amount of Lacif Neceipt this Period
federal political committee.	C	91.00
Name of Employer	Occupation	
Capella Health, Inc.	Vice President/Assistant PAC Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	546.00	
Full Name (Last, First, Middle Initial)  S. Ray Coffey		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		05 31 2012
City	State Zip Code	Transaction ID : SA11AI.6031
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77.28
Name of Employer	Occupation	
Capella Healthcare	VP & Government Programs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	463.68	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	208.28
TOTAL This Period (last page this line number	r only)	

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

ı	FOR LINE NUMBER:			PAGE		7	OF	17		
ı	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	,	17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVERNMENT AFFAIRS COMM	MITTEE
Full Name (Last, First, Middle Initial)  A. Beverly Craig  Mailing Address 501 Corporate Centre Drive		Date of Receipt
Suite 200	State Zip Code	05 31 2012 Transaction ID - SA44AL 6033
Franklin	TN 37067	Transaction ID : SA11AI.6032
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00
Name of Employer	Occupation	
Capella Healthcare	VP & Quality Management	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  3. Eugene A. (Tony) Fay		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		05 31 _2012 _
City	State Zip Code	05 31 2012 Transaction ID : SA11AI.6033
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer	Occupation	
Capella Healthcare, Inc.	Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial)  C. Kevin Fowler		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin	State Zip Code TN 37067	05 31 2012 Transaction ID : SA11AI.6055
FEC ID number of contributing federal political committee.	C 37007	Amount of Each Receipt this Period
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	260.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE	: PAGE	8 OF	17		
(check only one)					
<b>X</b> 11a	11b	11c	12		
13	14	15	16	17	

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE			
Full Name (Last, First, Middle Initial)  A. Donald Frederic		Date of Receipt			
Mailing Address 501 Corporate Centre Drive Suite 200		05 31 2012			
City	State Zip Code	Transaction ID : SA11AI.6062			
Franklin	TN 37067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer	Occupation				
St. Mary's	CEO				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial)  3. Jim Geist		Date of Receipt			
Mailing Address 501 Corporate Centre Drive Suite 200		05 31 2012			
City	State Zip Code	Transaction ID: SA11AI.6057			
Franklin	TN 37067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation				
Capella Healthcare	Hospital CEO				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00				
Full Name (Last, First, Middle Initial)  C. Brian Hitchcock		Date of Receipt			
Mailing Address 501 Corporate Centre Drive Suite 200		05 31 2012			
City	State Zip Code	Transaction ID : SA11AI.6034			
Franklin	TN 37067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	85.48			
Name of Employer	Occupation				
Capella Healthcare	VP & Materials Management				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	512.88				
SUBTOTAL of Receipts This Page (optional)		310.48			
TOTAL This Period (last page this line numbe	r only)				

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

FOR LINE NUMBER:			PAGE		9	OF	17		
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	13		14		15		16	6	17

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, IN	IC. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)  A. Neil Kunkel		Date of Receipt
Mailing Address 501 Corporate Centre Driv		05 31 Y 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6072  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	164.00
Name of Employer	Occupation	
Capella Healthcare	SVP - Chief Counsel	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 656.00	
Full Name (Last, First, Middle Initial)  3. Bill Little		Date of Receipt
Mailing Address 501 Corporate Centre Driv Suite 200		05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6076
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer CANN	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	
Full Name (Last, First, Middle Initial)  C. Derek Lythgoe		Date of Receipt
Mailing Address 501 Corporate Centre Driv Suite 200		05 31 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6056
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00
Name of Employer	Occupation	
Capella Healthcare	Hospital CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	····	322.00
TOTAL This Period (last page this line number	per only)	

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

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial)  Jerry Mabry		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6051
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  100.00
Name of Employer  Capella Healthcare  Receipt For:	Occupation Hospital CEO	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  3. Mike McCoy	Date of Receipt	
Mailing Address 501 Corporate Centre Drive Suite 200 City	05 31 2012	
Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6047  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	130.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  780.00	
Full Name (Last, First, Middle Initial)  . Tim McGill		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		05 31 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6046  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)		355.00
TOTAL This Period (last page this line number	· only)	

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

FOR LINE NUMBER:					PAGE	. ′	11 OF	=	17
(check only one)									
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	13		14		15		16		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 th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		05 31 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6035  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Capella Healthcare  Receipt For:  Primary General  Other (specify) ▼	Division CFO  Aggregate Year-to-Date ▼  900.00	
Full Name (Last, First, Middle Initial)  Dirk Morgan  Mailing Address 501 Corporate Centre Drive	Date of Receipt	
Suite 200 City	State Zip Code	05 31 2012 Transaction ID : SA11AI.6036
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Capella Healthcare	Occupation Division CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  C. Dan Ordyna		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		05 31 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6052  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Capella Healthcare Receipt For:	Hospital COO	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
SUBTOTAL of Receipts This Page (optional)		275.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE		12	OF	17	
l	(check only one)									
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l		13		14		15		16		17

NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	INC. GOVERNIVIENT AFFAIRS CO	
Christina Patterson  Mailing Address 501 Corporate Center D	Or Ste 200	Date of Receipt  05 31 2012
City	State Zip Code	Transaction ID : SA11AI.6045
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Capella Healthcare Company	Hospital CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Matt Romero	Date of Receipt	
Mailing Address 501 Corporate Centre D	Prive	M = M / D = D / Y = Y = Y
Suite 200 City	State Zip Code	05 31 2012
Franklin	TN 37067	Transaction ID : SA11AI.6071  Amount of Each Receipt this Period
· ·	5755	Amount of Lacif neceipt this Feriod
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer	Occupation	
MRMC	CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 501 Corporate Centre I Suite 200	Drive	05 31 2012
City	State Zip Code	Transaction ID : SA11AI.6060
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
Capella Healthcare	VP Physician Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.32	
SUBTOTAL of Receipts This Page (option	nal)	188.33
	<u> </u>	
TOTAL This Period (last page this line nu	imber only)	

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

FOR LINE NUMBER:					PAGE	. ′	13 C	)F	17
(check only one)									
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	statements may not be sold or used by any person s name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	. GOVERNMENT AFFAIRS COMM	ИІТТЕЕ
Full Name (Last, First, Middle Initial)  Charles Self		Date of Receipt
Mailing Address 501 Corporate Centre Drive S		05 31 2012
City	State Zip Code	Transaction ID : SA11AI.6037
Brentwood	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	93.75
Name of Employer	Occupation	
Capella Healthcare	VP/Risk Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	562.50	
Full Name (Last, First, Middle Initial)  3. Dan Slipkovich		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Suite 200	Chate 77: 0 1	05 31 2012
City	State Zip Code	Transaction ID : SA11AI.6038
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	195.00
Name of Employer	Occupation	
Capella Healthcare Company	Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1225.00	
Full Name (Last, First, Middle Initial)  D. Andrew Slusser		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		05 31 2012
City	State Zip Code	Transaction ID : SA11AI.6039
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	140.00
Name of Employer	Occupation	
Capella Healthcare	Senior VP & Development Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	895.83	
SUBTOTAL of Receipts This Page (optional)		428.75
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE	. ′	14	OF	17
(check only one)									
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	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)  A. Alan Smith		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		05 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6059
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	VIP, CIO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Warren Smith  Mailing Address 501 Corporate Centre Drive Suite 200	Date of Receipt  05 31 2012	
City	State Zip Code	Transaction ID : SA11AI.6040
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.25
Name of Employer	Occupation	
Capella Healthcare	Hospital Finance Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  211.50	
Full Name (Last, First, Middle Initial)  C. Wendell Van Es		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 201		05 31 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6048  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	58.40
Name of Employer	Occupation	
Capella Healthcare	Hospital CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.40	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	193.65
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:					PAGE	. ′	15	OF	17
(check only one)									
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	13		14		15		16		17

	tatements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVERNMENT AFFAIRS COMM	
Full Name (Last, First, Middle Initial) Robert Wampler Mailing Address 501 Corporate Centre Drive, S  City	Ste 20 State Zip Code	Date of Receipt  M M J J J J J J J J J J J J J J J J J
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	C	Amount of Each Receipt this Period
Capella Healthcare Company	VP & Operations CFO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 810.00	
Full Name (Last, First, Middle Initial)  Michael Wiechart		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200	Stota 7' C	05 31 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6053
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	185.00
Name of Employer Capella Healthcare	Occupation COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.25	
Full Name (Last, First, Middle Initial)  James R. Wiseman		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		05 31 2012
City	State Zip Code	Transaction ID : SA11AI.6042
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	
Capella Healthcare	VP of Tax	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	480.00	
SUBTOTAL of Receipts This Page (optional)		400.00
TOTAL This Period (last page this line number	<u>·</u> _	

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

FOR LINE NUMBER:				PAGE	. 1	16	OF	17	
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVERNMENT AFFAIRS COMM	MITTEE			
Full Name (Last, First, Middle Initial)  1. Lori Wooten	Date of Receipt				
Mailing Address 501 Corporate Centre Drive Suite 200	05 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code TN 37027	Transaction ID : SA11AI.6043			
Brentwood	TN 37027	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation				
Capella Healthcare	VP/Financial Ops				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	600.00				
Full Name (Last, First, Middle Initial)  3. Beth Wright	Date of Receipt				
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y			
Suite 200 City	State Zip Code	05 31 2012			
Franklin	TN 37067	Transaction ID : SA11AI.6058  Amount of Each Receipt this Period			
FEC ID number of contributing	0.00	Amount of Lacti necelpt tills Period			
federal political committee.	C	50.00			
Name of Employer	Occupation				
Capella Healthcare	VP Corp Communications				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	300.00				
Full Name (Last, First, Middle Initial)  Lee Yuill	Date of Receipt				
Mailing Address 501 Corporate Centre Drive Suite 200					
City	State Zip Code	Transaction ID : SA11AI.6044			
Franklin	TN 37067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	70.00			
Name of Employer					
Capella Healthcare	VP of Internal Audit				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	420.00				
SUBTOTAL of Receipts This Page (optional)		220.00			
TOTAL This Period (last page this line number	<u></u>	3161.49			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 17 OF 17					
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	TTO MEET I.				
ITEMIZED DISDONSEMENTS	for each category of the	21b	22 🗙 23 24 25 26				
	Detailed Summary Page	27	28a 28b 28c 29 30l				
Any information copied from such Reports and Staten							
or for commercial purposes, other than using the name	ne and address of any politi	cal committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
CAPELLA HEALTHCARE, INC. GO	OVERNMENT AFF	AIRS COM	MITTEE				
Full Name (Last, First, Middle Initial)		1					
RELY ON YOUR BELIEFS FUND	Date of Disbursement						
		M M / D D / Y Y Y Y					
Mailing Address 209 PENNSYLVANIA AVENUE, Si		05 25 2012					
City							
City S WASHINGTON	State Zip Code DC 20003		Transaction ID : SB23.6078				
Purpose of Disbursement	20003						
PAC to PAC			Amount of Each Disbursement this Period				
Candidate Name		Category/	2502.00				
		Type	2500.00				
Office Sought: House Disburser							
	Primary General						
State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
3.			Date of Disbursement				
			M = M / D = D / Y = Y = Y				
Mailing Address							
City	State Zip Code						
Purpose of Disbursement	T						
,			Amount of Each Disbursement this Period				
Candidate Name		Category/					
		Type					
Office Sought: House Disburser							
Senate	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address	Mailing Address						
- CU							
City	City State Zip Code						
Purpose of Disbursement							
			Amount of Each Disbursement this Period				
Candidate Name		Category/					
		Туре	7 7 7 7				
Office Sought: House Disburser							
Senate   President	Other (specify) —						
State: District:	Other (specify) ▼						
Time.							
SUBTOTAL of Disbursements This Page (optional)			2500.00				
TOTAL This Period (last page this line number only)			2500.00				