

**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="16467.53"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3713.99"/>	<input type="text" value="25580.36"/>
(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="20181.52"/>	<input type="text" value="43654.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="25972.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17681.52"/>	<input type="text" value="17681.52"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3161.49	18077.30
(ii) Unitemized	552.50	7503.06
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3713.99	25580.36
(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)	3713.99	25580.36
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))..... ▶	3713.99	25580.36
20. Total Federal Receipts (subtract Line 18(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 Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	17500.00
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)) ..	2500.00	25972.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	25972.50

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)	3713.99	25580.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3713.99	25580.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	2472.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	2472.50

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
<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) A. John Bradford		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6028
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 240.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 240.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Legal Ops Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Steven R. Brumfield		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6029
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 91.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 546.00
FEC ID number of contributing federal political committee. C		
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) C. S. Ray Coffey		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6031
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 77.28
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 463.68
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP & Government Programs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	208.28
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 7 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Beverly Craig		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6032
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 50.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP & Quality Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Eugene A. (Tony) Fay		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6033
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 85.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 510.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kevin Fowler		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6055
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 125.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 750.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	260.00
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 17
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Donald Frederic		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6062
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 125.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer St. Mary's	Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Jim Geist		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6057
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 100.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Brian Hitchcock		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6034
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 85.48
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 512.88
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP & Materials Management	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 512.88		

SUBTOTAL of Receipts This Page (optional).....▶	310.48
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Neil Kunkel
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 SVP - Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 656.00

Date of Receipt
05 / 31 / 2012
Transaction ID : SA11AI.6072

Amount of Each Receipt this Period
164.00

B. Bill Little
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 CANN Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt
05 / 31 / 2012
Transaction ID : SA11AI.6076

Amount of Each Receipt this Period
108.00

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

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
05 / 31 / 2012
Transaction ID : SA11AI.6056

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 322.00

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

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

Full Name (Last, First, Middle Initial) A. Jerry Mabry		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6051
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 100.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mike McCoy		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6047
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 130.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 780.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tim McGill		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6046
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 125.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 750.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	355.00
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 11 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mark Medley		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6035
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 150.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 900.00
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. Dirk Morgan		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6036
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 75.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 450.00
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) C. Dan Ordyna		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6052
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 50.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address 501 Corporate Center Dr Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2012
Transaction ID : SA11AI.6045

Amount of Each Receipt this Period 50.00

B. Matt Romero
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 MRMC Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012
Transaction ID : SA11AI.6071

Amount of Each Receipt this Period 55.00

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

Mailing Address 501 Corporate Centre Drive Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation VP Physician Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 31 / 2012
Transaction ID : SA11AI.6060

Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 188.33

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

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

A. Charles Self
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive Suite 2

City Brentwood State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation VP/Risk Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **562.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : SA11AI.6037

Amount of Each Receipt this Period
93.75

B. Dan Slipkovich
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 Company Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : SA11AI.6038

Amount of Each Receipt this Period
195.00

C. D. Andrew Slusser
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 Senior VP & Development Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **895.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : SA11AI.6039

Amount of Each Receipt this Period
140.00

SUBTOTAL of Receipts This Page (optional).....▶	428.75
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Alan Smith		Date of Receipt 05 / 31 / 2012 Transaction ID : SA11AI.6059
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 100.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00
Name of Employer Capella Healthcare	Occupation VIP, CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Warren Smith		Date of Receipt 05 / 31 / 2012 Transaction ID : SA11AI.6040
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 35.25
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 211.50
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Wendell Van Es		Date of Receipt 05 / 31 / 2012 Transaction ID : SA11AI.6048
Mailing Address 501 Corporate Centre Drive Suite 201		Amount of Each Receipt this Period 58.40
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 350.40
Name of Employer Capella Healthcare	Occupation Hospital CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	193.65
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 15 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 501 Corporate Centre Drive, Ste 20

City	State	Zip Code
Franklin	TN	37067

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

Name of Employer	Occupation
Capella Healthcare Company	VP & Operations CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : SA11AI.6041

Amount of Each Receipt this Period

135.00

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

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	COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1166.25**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : SA11AI.6053

Amount of Each Receipt this Period

185.00

Full Name (Last, First, Middle Initial)
C. James R. Wiseman

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	VP of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

Transaction ID : SA11AI.6042

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Lori Wooten		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6043
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 100.00
City Brentwood	State Zip Code TN 37027	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
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. Beth Wright		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6058
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 50.00
City Franklin	State Zip Code TN 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Capella Healthcare	Occupation VP Corp Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lee Yuill		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 Transaction ID : SA11AI.6044
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 70.00
City Franklin	State Zip Code TN 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 420.00
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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	3161.49

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

A. RELY ON YOUR BELIEFS FUND

Mailing Address 209 PENNSYLVANIA AVENUE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC to PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2012

Transaction ID : SB23.6078

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00

2500.00
