Image# 14952715642		PAGE 1 / 22
	PORT OF RECEIPTS D DISBURSEMENTS Other Than An Authorized Committee	Office Use 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)		
Check if different		
than previously reported. (ACC)		TN 37067
2. FEC IDENTIFICATION NUMB	ER V CITY	STATE ZIP CODE
C C00421420	3. IS THIS REPORT X (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	b) Monthly Report Due On: Mar 20 (M3) May 20 (M5) Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:	Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1)	(c) 12-Day Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (Q2)	PRE-Election Report for the: Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3) January 31	M = M / D = D /	Y Y Y Y Y Y in the
Year-End Report (YE) July 31 Mid-Year	(d) 30-Day	State of
Report (Non-election Year Only) (MY)	POST-Election X General (30G) Report for the:	Runoff (30R) Special (30S)
Termination Report (TER)	Election on 11 04	in the 2014 State of
5. Covering Period	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	/ D D / Y Y Y Y 24 2014
I certify that I have examined this R	eport and to the best of my knowledge and belief it is tr	ue, correct and complete.
Type or Print Name of Treasurer	ames R. Wiseman	
Signature of Treasurer	Viseman [Electronically Filed] [	Date 12 02 2014
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		FEC FORM 3X Rev. 12/2004

12/03/2014 11 : 58

#### 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:	10 16 Y Y Y Y Y 10 16 To	b: 11 / D D / Y Y Y Y 24 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		6529.77
	(b) Cash on Hand at Beginning of Reporting Period	5715.10	
	(c) Total Receipts (from Line 19)	3643.31	34981.14
	<ul><li>(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)</li></ul>	9358.41	41510.91
7.	Total Disbursements (from Line 31)	4000.00	36152.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5358.41	5358.41
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

X

FEC <b>Form 3X</b> (Rev. 06/2004)	DETAILED SUMMARY PAGE of Receipts	Page <b>3</b>
Write or Type Committee Name		i age u
CAPELLA HEALTHCARE, INC. G	OVERNMENT AFFAIRS COMMIT	TEE
	10 / 16 / Y Y Y Y Y 2014 To:	M M / D D / Y Y Y Y 11 24 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:	<u> </u>	
(a) Individuals/Persons Other		
Than Political Committees	3474.97	30673.57
(i) Itemized (use Schedule A)	7 7 7	
(ii) Unitemized	168.34	4307.57
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	3643.31	34981.14
(b) Delitical Darty Committees	0.00	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	7 7 7	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7 7	
11(a)(iii), (b), and (c)) (Carry		24024.44
Totals to Line 33, page 5)	3643.31	34981.14
12. Transfers From Affiliated/Other	0.00	0.00
Party Committees	7 7 7 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.)	0.00	
(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	7 7 7	
(Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds	5	
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)		0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Levin Funds (non Schedule FIS)	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))►	3643.31	34981.14
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	3643.31	34981.14
	19 19 19 19 19	

#### DETAILED SUMMARY PAGE

of Disbursements

	COLUMN A	COLUMN B
II. Disbursements	Total This Period	Colomin B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	152.50
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))	0.00	152.50
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	3000.00	32000.00
Independent Expenditures	0.00	0.00
(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
Leone Mede	0.00	0.00
Loans Made 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	0.00	0.00
(add Lines 28(a), (b), and (c)) ▶		0.00
Other Disbursements	1000.00	4000.00
Federal Election Activity (2 U.S.C. §431(20	)))	
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid Entirely</li></ul>	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4000.00	36152.50
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	4000.00	36152.50

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I

#### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	3643.31	34981.14
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	3643.31	34981.14
add Line 21(a)(i) and Line 21(b))►	0.00	152.50
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
<ul> <li>Net Operating Expenditures</li> <li>(subtract Line 37 from Line 36)</li> </ul>	0.00	152.50

#### Image# 14952715647

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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22

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12	,						
					13		14	15	16		17					
	y information copied from such Reports and S for commercial purposes, other than using the															
$\left[ \right]$	NAME OF COMMITTEE (In Full)					_										
$\backslash$	CAPELLA HEALTHCARE, INC	. GOVER	NMENT AFFAIRS CO	MMI	TTE	E										
Α.	ull Name (Last, First, Middle Initial) Scott Bailey						Date of Receipt									
	Mailing Address 501 Corporate Centre Drive				M N	_	D	D / Y	Y Y	Y	7					
							31		2014	_						
	City Franklin	State TN	Zip Code 37067	-				: SA11AI.								
		_	01001	_	Amour	it of	Each	Receipt th	iis Peric	d	_					
	FEC ID number of contributing federal political committee.	С					7	7	1(	0.0	0					
	Name of Employer	Occupation														
	Capella Healthcare	Hospital CC	00													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		836.68													
В.	Full Name (Last, First, Middle Initial) Brian Bell				Date c	of Re	eceipt									
	Mailing Address 501 Corporate Centre Drive					10 31 _2014 _										
	City	State	Zip Code			sact		: SA11AI.								
	Franklin	TN	37067					Receipt th		bd						
	FEC ID number of contributing federal political committee.	С					,		3	30.0	0					
	Name of Employer Capella Healthcare	Occupation Hospital CC														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		300.00													
<u> </u>	Full Name (Last, First, Middle Initial) Michelle Carpenter				Date c	of Re	eceipt									
	Mailing Address 501 Corporate Centre Drive Suite 200				м 10	/	D 31		y y 2014	Y						
	City	State TN	Zip Code		Tran	sact	tion ID	: SA11AI	.6851							
	Franklin		37067	_	Amour	it of	Each	Receipt th	nis Perio	d						
	FEC ID number of contributing federal political committee.	С					7		6	60.0	00					
	Name of Employer	Occupation														
	Capella Healthcare	Director Pa	tient Accounting													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		502.50													
				11												
s	UBTOTAL of Receipts This Page (optional)			•			7		19	0.00	0					
т	OTAL This Period (last page this line number	only)		•												

Use separate schedule(s) for each category of the

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22

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
	ny information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	MMITTEE							
Α.	· · · · · · · · · · · · · · · · · · ·	Date of Receipt							
	Mailing Address 501 Corporate Center Drive Suite 200 City	State	Zip Code	10 31 2014 Transaction ID : SA11AI.6852					
	Franklin	TN	37067	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		80.55					
	Name of Employer	Occupation		-					
	Capella Healthcare	healthcare	administration	_					
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 805.50						
— B.	Full Name (Last, First, Middle Initial) Jeff Cobb			Date of Receipt					
	Mailing Address 501 Corporate Centre Drive	10 31 2014							
	City Brentwood	State TN	Zip Code 37027	Transaction ID : SA11AI.6872 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		60.00					
	Name of Employer Capella Healthcare	Occupation healthcare							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00						
<u>с</u> .	Full Name (Last, First, Middle Initial) S. Ray Coffey			Date of Receipt					
	Mailing Address 501 Corporate Centre Drive Suite 200			10 31 2014					
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.6853 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		77.28					
	Name of Employer	Occupation		-					
	Capella Healthcare	VP & Gove	rnment Programs						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)	L	772.80						
s	UBTOTAL of Receipts This Page (optional)		••••••	217.83					
т	OTAL This Period (last page this line number	only)							

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS COM	MMITTEE
Α.	Full Name (Last, First, Middle Initial)         Sue Conley         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		Zip Code 37067 administration Year-to-Date ▼	Date of Receipt
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Centre Drive Suite 200		1000.00	Date of Receipt
	City       Franklin       FEC ID number of contributing federal political committee.       Name of Employer	State TN C	Zip Code 37067	10     31     2014       Transaction ID : SA11AI.6854       Amount of Each Receipt this Period     50.00
	Capella Healthcare Receipt For: Primary Other (specify) ▼	VP & Qualit	y Management Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial)         Patricia Crumpton         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occupation Hospital CN Aggregate		Date of Receipt
s	UBTOTAL of Receipts This Page (optional)			175.00
	OTAL This Period (last page this line number of		· ·	

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. G	OVERNMENT AFFAIRS COM	IMITTEE
Capella Healthcare	State       Zip Code         TN       37067         C       C         Decupation       C         Aggregate Year-to-Date ▼       612.50	Date of Receipt
Capella Healthcare	State Zip Code TN 37067 C Decupation P, Physician Services Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Capella Healthcare	State Zip Code TN 37067 C Decupation Hospital CNO Aggregate Year-to-Date ▼ 332.12	Date of Receipt 10 31 2014 Transaction ID : SA11AI.6875 Amount of Each Receipt this Period 33.48
SUBTOTAL of Receipts This Page (optional)		119.73

Use separate schedule(s) for each category of the

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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				for the		pose c	of soliciting	g contrib	utions					
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	MMI	TTEI	E									
Α.	Full Name (Last, First, Middle Initial) Jim Geist						_ Date of Receipt								
	Mailing Address 501 Corporate Centre Drive Suite 200	Chatta	Zin Onda		10	/	3		у у 2014	Y					
	City Franklin	State TN	Zip Code 37067					: SA11AI Receipt th		d					
	FEC ID number of contributing federal political committee.	С					7		10	0.00					
	Name of Employer Capella Healthcare	Occupation Hospital CE													
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00												
В.	Full Name (Last, First, Middle Initial) Brian Hitchcock				Date o	f Re	eceipt								
	Mailing Address 501 Corporate Centre Drive Suite 200					10 31 2014									
	City Franklin	State TN	Zip Code 37067		Transaction ID : SA11AI.6855 Amount of Each Receipt this Period					d					
	FEC ID number of contributing federal political committee.	С					<b>7</b>		7	0.00					
	Name of Employer Capella Healthcare	Occupation VP & Mater	ials Management												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 761.92												
<u>с</u> .	Full Name (Last, First, Middle Initial) Gay Huff				Date o	f Re	eceipt								
Mailing Address 501 Corporate Centre Suite 200						/	D 3	D / Y 1	y y 2014	Y					
	City Franklin	State TN	Zip Code 37067					: SA11AI Receipt tl		d					
	FEC ID number of contributing federal political committee.	С					7		4	0.00					
	Name of Employer	Occupation	1												
	Capella Healthcare	Director Op	perations Finance												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00												
┢	UBTOTAL of Receipts This Page (optional)			• -			<u>.</u>		21	0.00					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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22

Franklin FEC ID number of contributing federal political committee.	e and address of any political committee to DVERNMENT AFFAIRS COM tate Zip Code N 37067	o solicit contributions from such committee.
CAPELLA HEALTHCARE, INC. GO Full Name (Last, First, Middle Initial) A. Neil Kunkel Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee.	tate Zip Code N 37067 Cupation P - Chief Counsel gregate Year-to-Date ▼	Date of Receipt 10 / 31 2014 Transaction ID : SA11AI.6871 Amount of Each Receipt this Period
A. Neil Kunkel Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee.	N 37067 Cupation P - Chief Counsel gregate Year-to-Date ▼	M M       /       D D       /       Y Y Y Y Y         10       31       2014         Transaction ID : SA11AI.6871         Amount of Each Receipt this Period
Capella Healthcare SV		
Franklin FEC ID number of contributing federal political committee. Name of Employer CANN CE Receipt For:	cupation	Date of Receipt
Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Ho	tate Zip Code TN 37067 Cupation spital CFO gregate Year-to-Date ▼ 500.00	Date of Receipt 10 31 2014 Transaction ID : SA11AI.6849 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)		294.00

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
	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	MMITTEE		
Α.	Full Name (Last, First, Middle Initial) Jerry Mabry Mailing Address 501 Corporate Centre Drive Suite 200 City	State	Zip Code	Date of Receipt		
	Franklin	TN	37067	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		100.00		
	Name of Employer Capella Healthcare	Occupation Hospital CE				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00			
в.	Full Name (Last, First, Middle Initial) Joseph Mazzo	Date of Receipt				
	Mailing Address 501 Corporate Centre Drive					
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.6885 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		48.43		
	Name of Employer Capella Healthcare	Occupation Hospital CC				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 479.38			
<u>с</u> .	Full Name (Last, First, Middle Initial) Mike McCoy			Date of Receipt		
	Mailing Address 501 Corporate Centre Drive Suite 200	10 31 Y Y Y Y Y 2014				
	City Franklin	State TN	Zip Code 37067	Transaction ID : SA11AI.6886 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		52.50		
	Name of Employer	Occupation	1	—		
	Capella Healthcare	Hospital CE	EO			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00			
$\vdash$	UBTOTAL of Receipts This Page (optional)			200.93		

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	Г	17		
Any information copied from such Reports an or for commercial purposes, other than using				for the		pose o	f soliciting	g contrib		ns		
NAME OF COMMITTEE (In Full)	IC. GOVER	NMENT AFFAIRS CO	MMI	TTEI	E							
Full Name (Last, First, Middle Initial)         A.       Donald McDaniel         Mailing Address 501 Corporate Centre Driv         Suite 200         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer	Donald McDaniel         Mailing Address 501 Corporate Centre Drive         Suite 200         Dity       State         Franklin       TN         FEC ID number of contributing         ederal political committee.         Vame of Employer         Occupation											
Mineral Receipt For: Primary General Other (specify) ▼	CFO	Year-to-Date ▼ 430.00	]									
B. Full Name (Last, First, Middle Initial) Mailing Address 501 Corporate Centre Driv Suite 200 City Franklin	e State TN	Zip Code 37067		Date of Receipt								
FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	C Occupation Hospital CE Aggregate	O Year-to-Date ▼ 1320.00	]			л I.			5.00	)		
Full Name (Last, First, Middle Initial)         C.       Mark Medley         Mailing Address 501 Corporate Centre Driv         Suite 200         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occupation Division CF	Zip Code 37067 O Year-to-Date ▼ 1500.00			/ sact	31 ion ID		his Perio	_	2		
SUBTOTAL of Receipts This Page (optional)	·		► -			7 7		33	0.00			

Use separate schedule(s) for each category of the

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22

TIEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$										
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	NC. GOVERNMENT AFFAIRS C	OMMITTEE										
Full Name (Last, First, Middle Initial) A. Lynn Mergen Mailing Address 501 Corporate Centre Dri Suite 200 City Franklin FEC ID number of contributing	A Mergen g Address 501 Corporate Centre Drive Suite 200 Lin TN 37067 D number of contributing											
federal political committee.          Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	Occupation Hospital CEO Aggregate Year-to-Date ▼ 1000.00											
Full Name (Last, First, Middle Initial)         B.       Steven Owens         Mailing Address 501 Corporate Centre Driv         Suite 200         City	ve State Zip Code	Date of Receipt										
Franklin         FEC ID number of contributing federal political committee.         Name of Employer         SWMC         Receipt For:         Primary       General         Other (specify) ▼	TN     37067       C     Occupation       CNO     Aggregate Year-to-Date ▼       400.00	Amount of Each Receipt this Period 40.00										
Full Name (Last, First, Middle Initial)         C.       Christina Patterson         Mailing Address 501 Corporate Center Dr         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare Company         Receipt For:         Primary       General         Other (specify) ▼	Ste 200          State       Zip Code         TN       37067         C       Occupation         Hospital CFO       Aggregate Year-to-Date ▼         500.00       500.00	Date of Receipt 10 31 2014 Transaction ID : SA11AI.6863 Amount of Each Receipt this Period 50.00										
SUBTOTAL of Receipts This Page (optiona	' I)	► 190.00										

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

1.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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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 Sta for commercial purposes, other than using the							soliciting						
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS (	COMM	ITTEE	Ξ								
<b>A</b> .	Full Name (Last, First, Middle Initial) Andretta Reed 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:		administration			/ acti	31 on ID :	/ Y SA11AI.	is Perio	d 5.00				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
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.	State TN	Zip Code 37067		Date of Receipt									
	Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation VP Physicia Aggregate		]			,							
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 e Aggregate	Zip Code 37067 executive Year-to-Date ▼ 500.00			/ sacti	31 on ID :	/ Y SA11AI.	is Perio	d 0.00				
s	UBTOTAL of Receipts This Page (optional)			▶			,	7	158	3.33				
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	nformation copied from such Reports and Star commercial purposes, other than using the				son for the purpose of soliciting contributions
\ \	AME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFA	IRS COM	IMITTEE
A. <u>E</u> Ma Ci Fi Fi fec Na Ca	III Name (Last, First, Middle Initial) Dan Slipkovich ailing Address 501 Corporate Centre Drive Suite 200 ty ranklin EC ID number of contributing deral political committee. ame of Employer apella Healthcare Company ecceipt For: Primary General Other (specify) ▼	State TN C Occupation Chief Execu Aggregate	utive Officer Year-to-Date ▼	670.00	Date of Receipt
B. C Ma Ci Fr Fr fee Ra Ca	III Name (Last, First, Middle Initial)         D. Andrew Slusser         ailing Address 501 Corporate Centre Drive         Suite 200         ty         ranklin         EC ID number of contributing         deral political committee.         ame of Employer         apella Healthcare         eceipt For:         Primary       General         Other (specify) ▼		a Development Officer Year-to-Date ▼	468.00	Date of Receipt
C. <u>/</u> Ma Ci Ci F FE fee Na Ca	II Name (Last, First, Middle Initial)         Alan Smith         ailing Address 501 Corporate Centre Drive         Suite 200         ty         ranklin         EC ID number of contributing         deral political committee.         ame of Employer         apella Healthcare         eccipt For:         Primary       General         Other (specify) ▼	State TN C Occupation VIP, CIO Aggregate	Year-to-Date ▼	350.00	Date of Receipt
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a 13		11b 14	11c	12	17						
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	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	. GOVER	NMENT AFFAIRS CO	MMITTEE												
Α.	Full Name (Last, First, Middle Initial) Warren Smith Mailing Address 501 Corporate Centre Drive				Date c	f Re	eceipt	D / Y	YYY	Y						
	Suite 200	State	Zip Code	_	10 31 2014 Transaction ID : SA11AI.6859											
	Franklin	TN	37067					Receipt th		1						
	FEC ID number of contributing federal political committee.	С					7		4(	0.00						
	Name of Employer	Occupation	1	-												
	Capella Healthcare	Hospital Fir	nance Officer													
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 385.75													
— B.	Full Name (Last, First, Middle Initial) Bill Southwick		Date c	of Re	eceipt											
	Mailing Address 501 Corporate Centre Drive Ste 200				10	/	31	D / Y	2014	Y						
	City Franklin	State TN	Zip Code 37067					<b>: SA11AI.</b> Receipt th		1						
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	Name of Employer CMC	Occupation Hospital CC														
	Receipt For: Primary General Other (specify) ▼															
<u>с</u> .	Full Name (Last, First, Middle Initial) Davis Turner				Date c	of Re	eceipt									
	Mailing Address 501 Corporate Centre Dr, Ste				м 10	1	3	D / Y	ү ү 2014	Y						
	City Franklin	State TN	Zip Code 37067	_				: SA11AI		1						
	FEC ID number of contributing federal political committee.	С			Amour		,	Receipt th		5.65						
	Name of Employer	Occupation	1	-												
	Capella Healthcare	healthcare														
	Receipt For:	Aggregate	Year-to-Date ▼													
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NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVER	NMENT AFFAIRS CO	MMITTEE
Full Name (Last, First, Middle Initial) Wendell Van Es Mailing Address 501 Corporate Centre Drive Suite 201 City Franklin FEC ID number of contributing	State TN	Zip Code 37067	Date of Receipt 10 31 2014 Transaction ID : SA11AI.6887 Amount of Each Receipt this Period 46.50
federal political committee.          Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	Occupation Hospital CF	O Year-to-Date ▼ 512.60	
Full Name (Last, First, Middle Initial) Robert Wampler Mailing Address 501 Corporate Centre Drive, City Franklin	Ste 20 State TN	Zip Code 37067	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Receipt For:	C Occupation VP & Opera Aggregate		100.00
Full Name (Last, First, Middle Initial)         Michael Wiechart         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 COO Aggregate	Zip Code 37067 Year-to-Date ▼ 2221.00	Date of Receipt
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	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAIRS CO	MMI	TTE	Ε								
Α.	Full Name (Last, First, Middle Initial) James R. Wiseman Mailing Address 501 Corporate Centre Drive Suite 200			Date of Receipt										
	City Franklin	State TN	Zip Code 37067					<b>SA11AI.</b> Receipt th		od				
	FEC ID number of contributing federal political committee.	С					,		Ę	80.00				
	Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation VP of Tax Aggregate	Year-to-Date ▼ 800.00											
В.	Full Name (Last, First, Middle Initial) Lori Wooten Mailing Address 501 Corporate Centre Drive Suite 200				Date o	f Rec	ceipt 31		y y 2014	Y				
	City Brentwood FEC ID number of contributing	State TN	Zip Code 37027	Transaction ID : SA11AI.6862         Amount of Each Receipt this Period         100.00										
	federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼				7			<u> </u>						
С.	Full Name (Last, First, Middle Initial) Beth Wright				Date of Receipt									
	Mailing Address 501 Corporate Centre Drive Suite 200 City	State	Zip Code	- 1	10 Trans		31 on ID :		2014 .6865	Y				
	Franklin FEC ID number of contributing federal political committee.	TN C	37067		Amoun	t of E	Each F	Receipt th		od 55.00				
	Name of Employer Capella Healthcare	Occupation VP Corp Co	ommunications											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 535.00											
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	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. (											
<b>A</b> .	Full Name (Last, First, Middle Initial)         Anthony Young         Mailing Address 501 Corporate Centre Dr         Ste 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 Hospital CE Aggregate				acti	31 ion ID		20 . <b>6878</b>		Ŷ 00	
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	City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State C Occupation Aggregate	Zip Code Year-to-Date ▼		Amoun	t of	Each I	Receipt th	iis Pe	eriod		
C.	Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code			/	D		_	Y	Y	
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$\square$	NAME OF COMMITTEE (In Full)																	
	CAPELLA HEALTHCARE, INC. G	OVERNI	MENT AFFA	IRS	CC	DMM	1ITTEI	E										
Δ	Full Name (Last, First, Middle Initial) EYE OF THE TIGER POLITICAL A			с. т	-110	-	Date of Disbursement											
Λ.				⊑, I			M M		D		Y	YY	Y					
	Mailing Address PO BOX 2485						11 13 2014											
	City S SPRINGFIELD	State VA	Zip Code 22152				Trans	sacti	on ID	: SB23	.6846	6						
	Purpose of Disbursement																	
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в	Full Name (Last, First, Middle Initial) HEALTHCARE FREEDOM FUND		Date o	f Dis	burse	ment												
				M M		D		Y	Y Y	Y								
	Mailing Address PO BOX 2485						10		1	16 2014								
	City SPRINGFIELD	State VA	Zip Code 22152				Trans	sacti	on ID	: SB2:	8.6843	3						
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NAME OF COMMITTEE (In Full)														
CAPELLA HEALTHCARE, INC.	GOVERNMENT AFFA	IRS COM	MITTEE											
Full Name (Last, First, Middle Initial) A. Kim David for OK State Senate			Date of Disbursement											
- Kim David for OK State Senate														
Mailing Address 2300 N Lincoln Blvd			10 16 2014											
City	State Zip Code		Transaction ID : SB29.6844											
Oklahoma City Purpose of Disbursement	OK 73105													
Fulpose of Disbursement			Amount of Each Disbursement this Period											
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