Image# 12971705744			_	PAGE 1 / 19
	PORT OF F D DISBURS Other Than An Autho	SEMENTS		Office Use Only
1. NAME OF <b>TYP</b> COMMITTEE (in full)	e or print V	Example: If typing, over the lines.	type 12FE4	
	, INC. GOVERNME			
ADDRESS (number and street)		RIVE STE 200		
Check if different than previously reported. (ACC)	RANKLIN		TN	37067
2. FEC IDENTIFICATION NUMBI	ER V CITY	▲ · · · · · · · · · · ·		
C C00421420	3. IS 1 REF	THIS X NEW PORT X (N)	N OR	AMENDED (A)
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> </ul>	b) Monthly Report Due On: (c) 12-Day PRE-Election	) (M3) Jun (M4) X Jul Primary (12P)	20 (M6)	Aug 20 (M8)       Nov 20 (M11) (Non-Election Year Only)         Sep 20 (M9)       Dec 20 (M12) (Non-Election Year Only)         Dct 20 (M10)       Jan 31 (YE)         wral (12G)       Runoff (12R)
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year	Report for the: Election ( (d) 30-Day			ial (12S) in the State of
Report (Non-election Year Only) (MY) Termination Report	POST-Election Report for the:	General (30G)		ff (30R) Special (30S)
(TER)	Election		D / Y Y Y	Y in the State of
5. Covering Period 06	01 / Y Y Y Y 01 2012	through	06 / D D 30	/ Y Y Y Y 2012
I certify that I have examined this Re Type or Print Name of Treasurer Ja	eport and to the best of m ames R. Wiseman	y knowledge and beli	ef it is true, correct	and complete.
Signature of Treasurer	Viseman	[Electronically Fi	iled] Date	7 / D D / Y Y Y Y 16 / 2012
NOTE: Submission of false, erroneous,	or incomplete information r	nay subject the person	signing this Report	to the penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

#### 07/19/2012 23 : 45

#### 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:	06 01 2012 To	M = M         /         D = D         /         Y = Y = Y         Y           06         30         2012         12
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		18073.66
	(b) Cash on Hand at Beginning of Reporting Period	17681.52	
	(c) Total Receipts (from Line 19)	3713.99	29294.35
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	21395.51	47368.01
7.	Total Disbursements (from Line 31)	1000.00	26972.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20395.51	20395.51
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

	<b>FAILED SUMMARY PAGE</b> of Receipts	
FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name		
CAPELLA HEALTHCARE, INC. GOVE	ERNMENT AFFAIRS COM	AIIIEE
M		
Report Covering the Period: From: 06	01 2012	To: 06 30 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	3416.49	21493.79
(i) Itemized (use Schedule A)	7 7	
(ii) Unitemized	297.50	7800.56
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	, 3713.99	29294.35
	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 Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	3713.99	29294.35
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
T3. All Loans Received		17. 17. 18.
14 Lean Denoumente Dessived	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>		0.00
(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	0.00	0.00
(Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds	0.00	7 7 7
(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	29294.35
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19) ►	3713.99	29294.35
		, , , , , , , , , , , , , , , , , , , ,

#### DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A	COLUMN B
Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	2472.5
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))►	0.00	2472.5
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	17500.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.0
(b) Delitical Darty Committees	0.00	0.0
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c)) ►	0.00	0.0
Other Disbursements	1000.00	7000.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.0
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid Entirely</li></ul>	0.00	0.0
With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	26972.5
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1000.00	26972.50

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#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures			
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	3713.99	29294.35	
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3713.99	29294.35	
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	2472.50	
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
. 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

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

19

Arry information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting con         or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such cor         NAME OF COMMITTEE (In Full)         CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE         Full Name (Last, First, Middle Initial)         A. Brian Bell         Mailing Address 501 Corporate Centre Drive         City         Franklin         TN         The committee         Name of Employer         Capella Healthcare         Primary         General         Other (specify)         Mailing Address 501 Corporate Centre Drive         City         FEC ID number of contributing         Cocupation         Hospital COO         Receipt For:         Primary       General         Other (specify)         Suite 200         City       State         Zip Code         Franklin         Fanklin         Mailing Address 501 Corporate Centre Drive         Suite 200         City       State         FEC ID number of contributing         federal political co	12
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such correspondences of any political committee to solicit contributions from such correspondences of any political committee.  A. Brian Bell C. Commer of contributing federal political committee.  Name of Employer Capella Healthcare Hospital COO City Franklin TN 37067 FEC. ID number of contributing federal political committee.  Name of Employer Capella Healthcare C. Dorumber of contributing federal political committee.  Aggregate Year-to-Date C. Durumber of contributing federal political committee.  Aggregate Year-to-Date C. Durumber of contributing federal political committee.  C. State Zip Code Franklin TN 37067 FEC. ID number of contributing federal political committee.  C. State Zip Code Franklin TN 37067 FEC. ID number of contributing federal political committee. C. State Zip Code Franklin TN 37067 FEC. ID number of contributing federal political committee. C. State Zip Code Franklin TN 37067 FEC. ID number of contributing federal political committee. C. State Zip Code Franklin TN 37067 FEC. ID number of contributing federal political committee. C. State Zip Code Franklin TN 37067 FEC. ID number of contributing federal political committee. C. State Zip Code Franklin TN 37067 FEC. ID number of contributing federal political committee. C. State Zip Code Franklin Finany General C. State Zip Code Finanklin Finany General C. State Zip Code Finanklin Finany General C. State Zip Code Finanklin Finany General Finanklin Finany General Finanklin Finany General Finanklin Finany General Fi	16 17
CAPELLA HEALTHCÀRE, INC. GOVERNMENT AFFAIRS COMMITTEE         Full Name (Last, First, Middle Initial)         A. Brian Bell         Maling Address 501 Corporate Centre Drive         City       State         Franklin       TN         The optimized contributing federal political committee.         Name of Employer       Occupation         Capelal Healthcare       Hospital COO         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       State         Zip Code       Transaction ID : SA11AL6106         Amount of Each Receipt Initial)       Date of Receipt         Capelal Healthcare       Hospital COO         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       State         B. John Bradford       Date of Receipt         Mailing Address 501 Corporate Centre Drive Suite 200       State         City       State       Zip Code         Franklin       TN       37067         FEC. ID number of contributing federal political committee.       Aggregate Year-to-Date ▼         Name of Employer       Cocupation         Capelal Healthcare       Legal Ops Director         Receipt For:       Aggregate Year-to-Date ▼         Steve nR. Brumfield <td< td=""><td></td></td<>	
A. Brian Bell       Date of Receipt         Mailing Address 501 Corporate Centre Drive       06       30       20         City       State       Zip Code       Transaction ID : SA11AL6106         Franklin       TN       37067       Amount of Each Receipt Ins P(         Receipt For:       Occupation       Aggregate Year-to-Date ▼       Amount of Each Receipt Ins P(         Receipt For:       Other (specify) ▼       210.00       Parasection ID : SA11AL6016         B. John Bradford       Aggregate Year-to-Date ▼       210.00       Parasection ID : SA11AL6001         Mailing Address 501 Corporate Centre Drive       Suite 200       20'       20'         City       State       Zip Code       Transaction ID : SA11AL6001         Parasection ID : Satial Cool       Receipt For:       Suite 200       20'         City       State       Zip Code       Transaction ID : SA11AL6001         Precipt For:       Suite 200       Cocupation       Casel Acceipt His P(         Cocupation       Legal Ops Director       Receipt For:       Aggregate Year-to-Date ▼         Name of Employer       Cocupation       280.00       Transaction ID : SA11AL6002         City       State       Zip Code       Transaction ID : SA11AL6002         Facil Name (	
06     30     20       City     Transaction D: SA11AL616       Franklin     TN     37067       FEC ID number of contributing federal political committee.     C       Capelal Healthcare     Hospital COO       Receipt For:     Aggregate Year-to-Date ▼       Other (specify) ▼     State       Zip Code     Transaction D: SA11AL616       Mailing Address 501 Corporate Centre Drive Suite 200     Date of Receipt       City     State     Zip Code       Franklin     TN     37067       FEC ID number of contributing federal political committee.     C       Name of Employer     Occupation Legal Ops Director       Receipt For:     Aggregate Year-to-Date ▼       Pill Name (Last, First, Middle Initial)     C       Name of Employer     Occupation Legal Ops Director       Receipt For:     Aggregate Year-to-Date ▼       Pill Name (Last, First, Middle Initial)     C       C.     State     Zip Code       Full Name (Last, First, Middle Initial)     Date of Receipt       City     State     Zip Code       Transaction D: SA11AL6081     TN       Mailing Address 501 Corporate Centre Drive Suite 200     Aggregate Year-to-Date ▼       City     State     Zip Code       Transaction D: SA11AL6082     Agoregate Year-to-Date ▼<	
Franklin       TN       37067       Amount of Each Receipt this Particle Contributing federal political committee.         Name of Employer       Occupation       Aggregate Year-to-Date ▼       Amount of Each Receipt this Particle Contributing federal political committee.         B. John Bradford       Aggregate Year-to-Date ▼       Date of Receipt for:       Date of Receipt for:         B. John Bradford       Mailing Address 501 Corporate Centre Drive Suite 200       Date of Receipt for:       Date of Receipt for:         Franklin       TN       37067       Transaction ID: SA11AL6081         Amount of Each Receipt for:       Cocupation       Legal Ops Director         Receipt For:       Cocupation       Legal Ops Director         Receipt For:       Aggregate Year-to-Date ▼       Mount of Each Receipt this Particle Initial)         Name of Employer       Occupation       Legal Ops Director         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Full Name (Last, First, Middle Initial)       Cocupation       Legal Ops Director         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         City       State       Zip Code       Transaction ID: SA11AL6082         Mailing Address 501 Corporate Centre Drive       Suite 200       City       Transaction ID: SA11AL6082         Ma	2012
federal political committee.       C         Name of Employer       Occupation         Capella Healthcare       Hospital COO         Receipt For:       Aggregate Year-to-Date ▼         Chter (specify) ▼       210.00         Full Name (Last, First, Middle Initial)       Date of Receipt         B. John Bradford       Date of Receipt         Mailing Address 501 Corporate Centre Drive Suite 200       State       Zlp Code         Franklin       TN       37067         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼         Mailing Address 501 Corporate Centre Drive Suite 200       Occupation       Date of Receipt         Full Name (Last, First, Middle Initial)       C       Aggregate Year-to-Date ▼       Date of Receipt         City       State       Zlp Code       Transaction ID: SA11ALS082         Full Name (Last, First, Middle Initial)       C       State       Zlp Code         Mailing Address 501 Corporate Centre Drive Suite 200       State       Zlp Code         Franklin       TN       37067       Transaction ID: SA11ALS082         Amount of Each Receipt Entre       Occupation       State       Zlp Code         Franklin       TN       37067       State       Zlp Code <td></td>	
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Primary       General         Other (specify)       210.00         Full Name (Last, First, Middle Initial)       Date of Receipt         B. John Bradford       Date of Receipt         Mailing Address 501 Corporate Centre Drive Suite 200       State       Zip Code         City       State       Zip Code       Transaction ID : SA11AL6081         FEC ID number of contributing federal political committee.       Occupation       Amount of Each Receipt this P4         Name of Employer       Occupation       280.00       C         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Date of Receipt         City       State       Zip Code       Transaction ID : SA11AL6081         Aggregate Year-to-Date ▼       280.00       C       Transaction ID : SA11AL6082         Full Name (Last, First, Middle Initial)       C       State       Zip Code       Transaction ID : SA11AL6082         Mailing Address 501 Corporate Centre Drive Suite 200       State       Zip Code       Transaction ID : SA11AL6082         FEC ID number of contributing federal political committee.       C       C       Transaction ID : SA11AL6082         Name of Employer       Occupation       C       C       Amount of Each Receipt this P4         FEC ID number of contributing federal political committe	
B. John Bradford       Date of Receipt         Mailing Address 501 Corporate Centre Drive Suite 200       Date of Receipt         City       State       Zip Code         Franklin       TN       37067         FEC ID number of contributing federal political committee.       C       Transaction ID : SA11AL.6081         Name of Employer       Occupation       Legal Ops Director         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         Other (specify) ▼       280.00       Date of Receipt         Full Name (Last, First, Middle Initial)       C       State       Zip Code         City       State       Zip Code       Transaction ID : SA11AL.6082         Mailing Address 501 Corporate Centre Drive       280.00       Date of Receipt         Suite 200       City       State       Zip Code         Franklin       TN       37067       Transaction ID : SA11AL.6082         Amount of Each Receipt       06       30       20         City       State       Zip Code       Transaction ID : SA11AL.6082         FEC ID number of contributing federal political committee.       C       Maunut of Each Receipt this Pe         Name of Employer       Occupation       Vice President/Assistant PAC Treasurer       Aggregate Year-to-Date ▼	
Mailing Address 501 Corporate Centre Drive Suite 200       State       Zip Code         Franklin       TN       37067         FEC ID number of contributing federal political committee.       C       Transaction ID : SA11AL6081         Name of Employer Capella Healthcare       Occupation Legal Ops Director       Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 501 Corporate Centre Drive Suite 200       State       Zip Code       Transaction ID : SA11AL6082         C       Primary       General       Occupation       Date of Receipt         Mailing Address 501 Corporate Centre Drive Suite 200       State       Zip Code       Transaction ID : SA11AL6082         Franklin       TN       37067       Amount of Each Receipt       Memount of Each Receipt this Pe         FEC ID number of contributing federal political committee.       C       Memount of Each Receipt this Pe       Amount of Each Receipt this Pe         Name of Employer       Occupation       Occupation       Aggregate Year-to-Date ▼       Amount of Each Receipt this Pe         PEC ID number of contributing federal political committee.       Occupation       Vice President/Assistant PAC Treasurer       Amount of Each Receipt this Pe         Receipt For:       Primary       General       <	
Franklin       TN       37067         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Performance of Employer         Name of Employer       Occupation       Legal Ops Director         Receipt For:       Aggregate Year-to-Date ▼       280.00         Full Name (Last, First, Middle Initial)       C       State       Zip Code         City       State       Zip Code       Transaction ID : SA11Al.6082         FEC ID number of contributing federal political committee.       C       Mount of Each Receipt this Performance         Name of Employer       Cocupation       C       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       C       Date of Receipt         City       State       Zip Code       Transaction ID : SA11Al.6082         FEC ID number of contributing federal political committee.       C       Mount of Each Receipt this Performance         Name of Employer       Occupation       Vice President/Assistant PAC Treasurer       Aggregate Year-to-Date ▼         Name of Employer       Occupation       Vice President/Assistant PAC Treasurer       Aggregate Year-to-Date ▼	012
Field ID number of contributing federal political committee.       C       Innomination of Euclin Trecopy into the polymer of contributing federal political committee.         Name of Employer Capella Healthcare       Legal Ops Director         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       Date of Receipt         C.       State       Zip Code         Franklin       TN       37067         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         C.       State       Zip Code         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Capella Health, Inc.       Vice President/Assistant PAC Treasurer         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	
federal political committee.       Occupation         Name of Employer       Occupation         Capella Healthcare       Legal Ops Director         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       280.00         Full Name (Last, First, Middle Initial)       Date of Receipt         C. Steven R. Brumfield       Date of Receipt         Mailing Address 501 Corporate Centre Drive       Date of Receipt         Suite 200       City         Franklin       TN         FEC ID number of contributing       C         FEC ID number of contributing       C         Mame of Employer       Occupation         Vice President/Assistant PAC Treasurer       Aggregate Year-to-Date ▼         Primary       General       Aggregate Year-to-Date ▼	<sup>2</sup> eriod
Capella Healthcare       Legal Ops Director         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       280.00         Full Name (Last, First, Middle Initial)       280.00         C. Steven R. Brumfield       Date of Receipt         Mailing Address 501 Corporate Centre Drive       Date of Receipt         Suite 200       City         Franklin       TN         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Capella Health, Inc.       Vice President/Assistant PAC Treasurer         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	40.00
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       Date of Receipt         C. Steven R. Brumfield       Date of Receipt         Mailing Address 501 Corporate Centre Drive       06         Suite 200       Transaction ID : SA11AL6082         City       State       Zip Code         Franklin       TN       37067         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Capella Health, Inc.       Vice President/Assistant PAC Treasurer         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	
Primary       General         Other (specify)       280.00         Full Name (Last, First, Middle Initial)       Date of Receipt         C.       Steven R. Brumfield         Mailing Address 501 Corporate Centre Drive       Date of Receipt         Suite 200       State       Zip Code         City       State       Zip Code         Franklin       TN       37067         FEC ID number of contributing       C         federal political committee.       Occupation         Name of Employer       Occupation         Capella Health, Inc.       Vice President/Assistant PAC Treasurer         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	
C. Steven R. Brumfield       Date of Receipt         Mailing Address 501 Corporate Centre Drive	
Suite 200     Of     30     200       City     State     Zip Code     Transaction ID : SA11AL6082       Franklin     TN     37067     Amount of Each Receipt this Performance       FEC ID number of contributing federal political committee.     C     Amount of Each Receipt this Performance       Name of Employer     Occupation     Vice President/Assistant PAC Treasurer       Receipt For:     Aggregate Year-to-Date ▼	
City     State     Zip Code       Franklin     TN     37067       FEC ID number of contributing federal political committee.     C       Name of Employer     Occupation       Capella Health, Inc.     Vice President/Assistant PAC Treasurer       Receipt For:     Aggregate Year-to-Date ▼	012
FEC ID number of contributing federal political committee.       C       Affiduit of Each Receipt this Peterse         Name of Employer       Occupation       Occupation         Capella Health, Inc.       Vice President/Assistant PAC Treasurer         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	32
federal political committee.       C         Name of Employer       Occupation         Capella Health, Inc.       Vice President/Assistant PAC Treasurer         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	Period
Capella Health, Inc.     Vice President/Assistant PAC Treasurer       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	91.00
Receipt For: Primary General Aggregate Year-to-Date ▼	
Primary General Aggregate real-to-Date V	
SUBTOTAL of Receipts This Page (optional)	161.00

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS			for each category Detailed Summary		X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Si for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AFFAI	RS COM	IMITTEE
<b>A</b> .	Full Name (Last, First, Middle Initial)         Sarah Clark         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         CANN         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occupation CFO Aggregate	Year-to-Date ▼	250.00	Date of Receipt
в.	Full Name (Last, First, Middle Initial)         S. Ray Coffey         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) ▼		rnment Programs Year-to-Date ▼	540.96	Date of Receipt
C.	Full Name (Last, First, Middle Initial)         Beverly Craig         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)		Zip Code 37067 ty Management Year-to-Date ▼	350.00	Date of Receipt
	UBTOTAL of Receipts This Page (optional)				177.28
11	OTAL This Period (last page this line number of	y)		•••••• •	

Use separate schedule(s) for each category of the

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Ary information capled from such Reports and Statements may not be sold or used by any person for the purpose, offer than using the name and address of any polical committee to solicit contributions from such committee.         NAME OF COMMITTEE (in Full)         Ary information capled from such Reports and address of any polical committee to solicit contributions from such committee.         Full Name (Last, First, Middle Initial)         Ary information capled from such Reports and Statements may not be sold or used by any person for the purpose, other than using the name and address of any polical committee.         Full Name (Last, First, Middle Initial)         Ary in Edmondson         Mailing Address 601 Corporate Centre Drive         Suite 200         City       State         Prankim       TN         JAX       CEO         Receipt Fire       Aggregate Year-to-Date V         Other (specify) V       Cocupation         JAX       CEO         Full Name (Last, First, Middle Initial)       Elizabeth Estep         Mailing Address 501 Corporate Centre Drive       Suite 200         Suite 200       City         Full Name (Last, First, Middle Initial)       Cocupation         Elizabeth Controlbusing       Cocupation         Pankin       TN         YOP, Physician Services       Aggregate Year-to-Date V         O	ITEMIZED RECEIPTS			for each category Detailed Summary		×	11a 13		11b 14	11c	12		17
APELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE         Full Name (Last, First, Middle Initial)         A. Jim Edmondson         Mailing Address 501 Corporate Centre Drive Suite 200         City       State         Premine of contributing federal political committee.         QED         Name of Employer JAX       Coccupation QED         Receipt For: 										f soliciting	contrib	utions	
A. Jim Edmondson       Date of Receipt         Mailing Address 501 Corporate Centre Drive Suite 200       State       Zip Code         City       State       Zip Code         Franklin       TN       37067         FEC ID rumber of contributing federal political committee.       Occupation CEO       Amount of Each Receipt this Period         JAX       CEO       Aggregate Year-to-Date ▼       00000         Built Name (Last. First, Middle Initial)       B.       Elizabeth Estep       Date of Receipt         Mailing Address 501 Corporate Centre Drive Suite 200       City       State       Zip Code         City       State       Zip Code       Transaction ID: SAt1AL6117         Anount of Each Receipt in Period       C       66       30       2012         Built Name (Last. First, Middle Initial)       Eice Contrebuting federal political committee.       Date of Receipt       Anount of Each Receipt His Period         FEC ID number of contributing federal political committee.       C       C       7500         Name of Employer       Occupation       Queet VP. Physician Sarvicea       Queet of Receipt         Receipt For:       Aggregate Year-to-Date ▼       Primaxy       Date of Receipt         Mailing Address 501 Corporate Centre Drive Suite 200       Suite 200       Zip Code		· · · · ·	GOVER	NMENT AFFA	IRS COM	/MI	TTE	Ξ					
B. Elizabeth Estep       Date of Receipt         Mailing Address 501 Corporate Centre Drive Suite 200       State       Zip Code         Franklin       TN       37067         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Capella Healthcare       VP, Physician Services       Aggregate Year-to-Date ▼         Other (specify) ▼       C       225.00         C       Eugene A. (Tony) Fay       Date of Receipt         Mailing Address 501 Corporate Centre Drive Suite 200       State       Zip Code         City       State       Zip Code         Franklin       TN       37067         Mailing Address 501 Corporate Centre Drive Suite 200       State       Zip Code         City       State       Zip Code       Transaction ID : SA11AL6086         Amount of Each Receipt this Period       C       2012       Transaction ID : SA11AL6086         Amount of Each Receipt this Period       Each Receipt this Period       85.00       2012         Subte Of Receipt for:       Aggregate Year-to-Date ▼       Second       85.00       212.0         Subte Of Receipt This Page (optional)       Second       Second       210.00       210.0	Α.	Jim Edmondson         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         JAX         Receipt For:         Primary       General         Other (specify) ▼	TN C Occupation CEO	37067	600.00		06 Trans	/ sacti	30 on ID :	SA11AI.	2012 <b>6118</b> is Perio	d	
C. Eugene A. (Tony) Fay       Date of Receipt         Mailing Address 501 Corporate Centre Drive       Date of Receipt         Suite 200       State       Zip Code         Franklin       TN       37067         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Occupation       85.00         Capella Healthcare, Inc.       Vice President         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       595.00	В.	Elizabeth Estep 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	TN C Occupation VP, Physicia	37067 an Services	225.00		06 Trans	acti	30 on ID :	SA11AI.	2012 <b>6117</b> is Perio		]
	C.	Eugene A. (Tony) Fay         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare, Inc.         Receipt For:         Primary         General	TN C Occupation Vice Presid	37067 ent	595.00		06 Trans	/ sacti	30 ion ID :	SA11AI.	<b>6086</b> is Perio		]
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	r information copied from such Reports and Sta or commercial purposes, other than using the								soliciting			
\ \	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT AF	FFAIRS COM	MM	ITTE	E					
A M G F f f	Full Name (Last, First, Middle Initial)         Kevin Fowler         Mailing Address 501 Corporate Centre Drive         Suite 200         Dity         Franklin         FEC ID number of contributing         ederal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)	State TN C Occupation Hospital CE Aggregate		875.00			sacti	30 on ID :	/ Y SA11AI. leceipt th	is Perio	_	]
B    f   	Full Name (Last, First, Middle Initial)         Donald Frederic         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         ederal political committee.         Name of Employer         St. Mary's         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occupation CEO Aggregate	Zip Code 37067 Year-to-Date ▼	625.00			sacti	30 on ID :	SA11AL	is Perio	d	]
C M G F f	Full Name (Last, First, Middle Initial)         Jim Geist         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         ederal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)	State TN C Occupation Hospital CE Aggregate	Zip Code 37067 SO Year-to-Date ▼	700.00			sacti	30 ion ID :	SA11AI. Receipt th	is Perio	d 0.00	]
	BTOTAL of Receipts This Page (optional)				<u> </u>			5		35	0.00	1
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### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.		
Full Name (Last, First, Middle Initial)         Brian Hitchcock         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TN       37067         C       Occupation         VP & Materials Management         Aggregate Year-to-Date ▼         598.36	Date of Receipt
Full Name (Last, First, Middle Initial)         Neil Kunkel         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TN       37067         C       Occupation         SVP - Chief Counsel       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       820.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Bill Little         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         CANN         Receipt For:         Primary       General         Other (specify) ▼	State TN       Zip Code 37067         C       Occupation         Occupation       CEO         Aggregate Year-to-Date ▼       540.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		357.48

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Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		category of the Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE						
A. Full Name (Last, First, Middle Initial) Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin	State Zip Co TN 37067		Date of Receipt			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) v	Occupation Hospital CFO Aggregate Year-to-Dat	e ▼ 350.00	]			
Full Name (Last, First, Middle Initial)         Jerry Mabry         Mailing Address 501 Corporate Centre Drive         Suite 200		4.	Date of Receipt			
City Franklin FEC ID number of contributing federal political committee.	State Zip Co TN 37067		Transaction ID : SA11AI.6103         Amount of Each Receipt this Period         100.00			
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	Occupation Hospital CEO Aggregate Year-to-Dat	re ▼ 700.00	]			
Full Name (Last, First, Middle Initial) C. Mike McCoy			Date of Receipt			
Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin	State Zip Co TN 37067		06       30       2012         Transaction ID : SA11AI.6100         Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee. Name of Employer	Occupation		130.00			
Capella Healthcare Receipt For: Primary General Other (specify)	Aggregate Year-to-Dat	e ▼ 910.00	]			
SUBTOTAL of Receipts This Page (optional)			280.00			

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

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

Use separate schedule(s) for each category of the

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	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St or for commercial purposes, other than using the	erson for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.		
Full Name (Last, First, Middle Initial) A. Tim McGill 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	State     Zip Code       TN     37067       C     Occupation       Hospital CEO     Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mark Medley	875.00	Date of Receipt
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	State       Zip       Code         TN       37067         C       Occupation         Division CFO       Aggregate Year-to-Date ▼	Minim       /       Dip       /       2012         Transaction ID : SA11AI.6088         Amount of Each Receipt this Period         150.00
C. Dirk Morgan 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 □ Other (specify) ▼ General Other (specify) ▼ General Other (specify) ▼ Full Name (Last, First, Middle Initial) Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: □ Other (specify) ▼ General Other (specify) ▼ Cother (specify) ▼ Cother (specify) ▼ Capella Healthcare Cother (specify) ▼ Cother (specify) ▼ Cother (specify) ▼ Capella Healthcare Cother (specify) ▼ Cother (specify) ♥ Cother (specif	1050.00 State Zip Code TN 37067 C Occupation Division CFO Aggregate Year-to-Date ▼	Date of Receipt 06 30 2012 Transaction ID : SA11AI.6089 Amount of Each Receipt this Period 75.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	525.00	350.00

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

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FOR LINE NUMBER:

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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 or for commercial purposes, other than using the		person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS CC	MMITTEE
Full Name (Last, First, Middle Initial)         A.       Dan Ordyna         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare	State Zip Code TN 37067 C Occupation Hospital COO	Date of Receipt
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	]
B. Full Name (Last, First, Middle Initial) Mailing Address 501 Corporate Center Dr Ste	200	Date of Receipt
City Franklin FEC ID number of contributing federal political committee.	State Zip Code TN 37067	Transaction ID : SA11AI.6098           Amount of Each Receipt this Period           50.00
Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) v	Occupation Hospital CFO Aggregate Year-to-Date ▼ 350.00	]
Full Name (Last, First, Middle Initial)         C.       Matt Romero         Mailing Address       501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         MRMC         Receipt For:         Primary       General         Other (specify)	State       Zip Code         TN       37067         C       Occupation         CFO       Aggregate Year-to-Date ▼         275.00       275.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		

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

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		for each category of the Detailed Summary Page	11a 13		11b 14	11c	12	17
Any information copied from such Reports and St or for commercial purposes, other than using the			or the		pose o	f soliciting	contribu	utions
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.								
Full Name (Last, First, Middle Initial)         Benjamin Ross         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)	State TN C Occupation VP Physician Aggregate	Zip Code 37067 n Services Year-to-Date ▼ 416.65		/ sact	30 ion ID		is Period	
Full Name (Last, First, Middle Initial)         B.       Charles Self         Mailing Address 501 Corporate Centre Drive Su         City         Brentwood         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occupation VP/Risk Mgr	Zip Code 37067 nt Year-to-Date ▼ 656.25		/ acti	30		is Perioo	Y 3.75
Full Name (Last, First, Middle Initial)         Dan Slipkovich         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare Company         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occupation Chief Execu Aggregate	Zip Code 37067 tive Officer Year-to-Date ▼ 1420.00		/ sact	ion ID		is Period	
SUBTOTAL of Receipts This Page (optional)			_		5		372	2.08

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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
. ,	State Zip Code TN 37067 C	Date of Receipt
Poppint For:	Senior VP & Development Officer Aggregate Year-to-Date ▼ 1035.83	
Capella Healthcare	State Zip Code TN 37067 C Decupation IP, CIO Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Capella Healthcare	State       Zip Code         TN       37067         C       C         Decupation       C         Dospital Finance Officer       Aggregate Year-to-Date ▼         246.75	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	▶	275.25

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and State or for commercial purposes, other than using the na		ny person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. G	OVERNMENT AFFAIRS	COMMITTEE
A. Full Name (Last, First, Middle Initial) Wendell Van Es Mailing Address 501 Corporate Centre Drive		Date of Receipt
City	State Zip Code	06 30 2012 Transaction ID : SA11AI.6101
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	58.40
Capella Healthcare	Occupation ospital CFO	
Receipt For:       Primary       General         Other (specify) ▼	Aggregate Year-to-Date ▼ 408.80	D
Full Name (Last, First, Middle Initial) B. Robert Wampler		Date of Receipt
Mailing Address 501 Corporate Centre Drive, Ste 2	06 30 Y Y Y Y Y 2012	
City	State Zip Code TN 37067	Transaction ID : SA11AI.6094
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period
Conalla Llastihaara Company	Occupation P & Operations CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00	
Full Name (Last, First, Middle Initial) C. Michael Wiechart		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		06 30 / Y Y Y Y Y
City Franklin	StateZip CodeTN37067	Transaction ID : SA11AI.6105 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	185.00
Name of Employer C	Occupation	
	:00	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1351.25	5
SUBTOTAL of Receipts This Page (optional)		

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NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AF	FAIRS CO	MMITTEE
Full Name (Last, First, Middle Initial)  A. Teresa Williams  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 Others (page)	State TN       Zip Code 37067         C       Occupation         Director - Clinical         Aggregate Year-to-Date ▼	250.00	Date of Receipt
Other (specify) ▼         Full Name (Last, First, Middle Initial)         B. James R. Wiseman         Mailing Address 501 Corporate Centre Drive		250.00	Date of Receipt
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     Zip Code 37067       C     Occupation       VP of Tax       Aggregate Year-to-Date ▼	560.00	06     30     2012       Transaction ID : SA11AI.6095       Amount of Each Receipt this Period       80.00
Full Name (Last, First, Middle Initial)         C.       Lori Wooten         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Brentwood         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State TN       Zip Code 37027         C       Occupation         VP/Financial Ops       Aggregate Year-to-Date ▼	700.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).		•••••	230.00

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

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NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	C. GOVERNM	IENT AFFAIRS CO	MMITTEE
Full Name (Last, First, Middle Initial)         A.       Beth Wright         Mailing Address       501 Corporate Centre Drive         Suite 200       Suite 200         City       Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify)			Date of Receipt
Full Name (Last, First, Middle Initial)         B. Lee Yuill         Mailing Address 501 Corporate Centre Drive         Suite 200         City         Franklin         FEC ID number of contributing         federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	State		Date of Receipt
Full Name (Last, First, Middle Initial)         Mailing Address         City         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:         Primary       General         Other (specify) ▼	State C Occupation Aggregate Year	Zip Code	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			120.00 3416.49

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 19 OF 19					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	/ one)					
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c <b>X</b> 29 30b					
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or use name and address of any politica	d by any perso	on for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
CAPELLA HEALTHCARE, INC.	GOVERNMENT AFFA	IRS COM	MITTEE					
Full Name (Last, First, Middle Initial) A. OHPAC			Date of Disbursement					
Mailing Address 400 Kruse Way, Suite 100			06 / 29 / Y Y Y Y 2012					
City Lake Oswego	StateZip CodeOR97035		Transaction ID : SB29.6130					
Purpose of Disbursement PAC to PAC contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type	1000.00					
Senate President	sement For: Primary General Other (specify)							
State: District: Full Name (Last, First, Middle Initial) B.			Date of Disbursement					
Mailing Address			M = M / D = D / Y = Y = Y = Y					
City	State Zip Code							
Purpose of Disbursement			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type						
Office Sought: House Disbur Senate President	sement For: Primary General Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)			Date of Disbursement					
Mailing Address								
City	State Zip Code							
Purpose of Disbursement			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type						
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼							
SUBTOTAL of Disbursements This Page (optional	ıl)	····· •	1000.00					
TOTAL This Period (last page this line number o	nly)	•••••• •	1000.00					